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# Ellingwood's Therapeutist

*Finley Ellingwood MD.*  
EDITOR AND PUBLISHER  
100 STATE ST., CHICAGO

Vol. 2, No. 12



Dec. 15, 1908

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# Ellingwood's Therapist

A MONTHLY JOURNAL OF  
DIRECT THERAPEUTICS

VOL. II

DECEMBER 15, 1908

No. 12

## Leading Articles

### ACUTE CYSTITIS

FINLEY ELLINGWOOD, M. D., CHICAGO,  
ILL.

While not as common as many acute inflammations, an inflammation of the urinary bladder is one of the most trying conditions with which a physician must contend, and acute inflammations dependent upon direct causes are usually more especially trying.

The ordinary form of acute inflammation affects only the mucous membrane which lines the walls of the bladder, but there are cases where from severe cold, or from direct injury, or indirect traumatism, not only the mucous membrane, but the walls of this organ become immediately involved, inducing a condition which demands the most strenuous effort, the utmost skill, and the closest watching on the part of the physician. The larger

majority of cases, however, belong to a milder type.

CAUSES.—I am confident that sudden cold, abrupt changes in the atmosphere, prolonged exposure to extreme cold, are among the most common causes of the acute form of this disease. When the body is in this chilled condition, a desire to urinate occurs sooner than normal, and an inclination to hold the urine at that time is strong, and may result in distension of the bladder and stretching of the walls, thus attracting the blood to that organ, and initiating a primary congestion.

Distention of the bladder walls from neglect to pass urine at any time, or in inability to pass urine, which results in decomposition of this fluid, will cause this disease. This is especially true where there is an inclination to prostatic irritation in elderly men, or when that irritation is increased from

some immediate local cause, as horseback riding when not accustomed to it, or prolonged walking, or prolonged muscular strain.

A fall, striking upon the perineum, has induced cystitis, or a blow over the abdomen, or over the pubic bone, or other direct injury. It is caused by introduction of the catheter, inducing either direct injury or septic infection, or it may be caused by operations on the urethra, as the dilatation or cutting of a stricture. It follows labor from pressure or injury from the passage of the fetal head, and from subsequent septic infection of the bladder. This latter results from the lack of cleanliness, or from the nurse's carelessness in using the catheter. In one of my patients it resulted from carelessness in removing a small urethral caruncle, in an elderly woman.

The most common, severe and intractable of all septic causes is that of gonorrhoeal infection, especially in men, and specific or non-specific leucorrhoea in women. The disease also results from infection during the course of infectious diseases, especially in eruptive fevers, diphtheria and tuberculosis.

Local inflammations, as orchitis, ovaritis, salpingitis, peritonitis, pelvic cellulitis, enteritis, or proctitis, may be extended to and involve the bladder, and, as has been stated, it may readily extend directly from the various forms of kidney disease, and from urethritis, and from specific or non-specific

urethritis. Local abscesses or tumors are possible causes also. The use of irritating drugs as medicines, and working among irritating chemicals, may induce the disease.

**SYMPTOMATOLOGY.**—The symptoms are usually unmistakable. There is a chill, usually quite pronounced, followed by fever, with a temperature of about 102.5° F., the pulse is hard, sharp and quick. There is seldom any vomiting. Immediately with the chill there is a frequent desire to urinate, which is accompanied with tenesmus and irritation, with sharp, cutting and burning pain.

There is soreness also from the bladder, which is localized first above the pubes and also in the perineum. The pain extends to the testicles and to the head of the penis in the male, and in all patients to the back—the loins and sacrum—and into the thighs. It is increased by pressure above the pubes, and when the urine is retained for even a few moments. The urine is passed with increasing irritation, and as the disease progresses the tenesmus extends to the rectum, and strangury occasionally results.

Usually the urine is decreased in quantity, is even quite scanty, and of high specific gravity, and of acid reaction, but this is not invariable. In septic cases I have observed an immediate increase of pale, ammoniacal urine, very acrid and irritating. There may be more or less blood in the urine, and often a

considerable quantity of mucus. Occasionally the sediment is heavy, dark and fetid, especially on standing. It is composed of mucus, blood, pus and mucous shreds, with urates and perhaps the triple phosphates.

Later, in the progress of a severe case, there may be septic infection from direct absorption of these products, when exfoliation of the mucous lining of the bladder has taken place, and nephritis with urinary suppression and marked uremic symptoms may appear. This absorption may induce constitutional symptoms resembling those of typhoid fever.

**COURSE.**—The course of this disease is from ten to fourteen days. It may terminate favorably, it may assume a chronic form, or it may extend to contiguous parts and result in abscess. The acute form of this disease may occasionally appear as an exacerbation during the progress of the chronic form of this disorder.

**DIAGNOSIS.**—There will be no difficulty in diagnosis. The occurrence of an acute form of symptoms referable directly to the bladder, especially the pain and urinary irritation with frequency of urination and tenesmus, are pathognomonic. The condition is confirmed by the rather abrupt appearance of marked urinary changes, especially if the urine contains mucus in large quantity and some blood. There is but little albumin in the urine, unless from the serum of the blood and pus which may be present.

In acute nephritis there is scanty urine, which is highly albuminous, even when there is no sediment. Where there may be no extreme pain in the back and loins in nephritis with urinary irritation, the extreme local pain and tenesmus of cystitis cannot be mistaken.

**PROGNOSIS.**—Well-managed cases, without serious complications, will usually terminate favorably in from four to eight days. Severe cases will last from ten days to two or even three weeks. Death seldom results from the disease unless the bladder wall is involved. Kidney complications are serious.

**TREATMENT.**—Because of the liability to extension of the disease to the kidneys, especially when caused by gonorrhoeal or other septic infection, and because of the liability to other serious complications and to the possibility of its assuming a sub-acute or chronic form, the treatment must not be conservative. There must be no waiting nor temporizing. Positive, direct and efficient measures must be immediately adopted, and the physician must know that his orders will be executed in detail.

At the onset, the patient should have a hot sitz bath, which should be prolonged as long as no discomfort arises from it. This immediately gives relief to the pain and urinary teasing, as well as encouraging elimination from the skin and serving as a prompt

revulsive or derivative. If the bowels are constipated they should be thoroughly flushed with a hot flush, and later a mild saline laxative may be given. The patient should be put to bed and kept in a mild perspiration. Hot applications should be applied over the pubes and kept hot for six or eight hours. The application of libradol to the lower abdomen and to the perineum will be of much service, applied at the onset, but this may well follow the hot applications.

For the fever, aconite should be given, but this should be combined with full doses of gelsemium, for its influence on the nerve distribution in the mucous membrane of the bladder, and consequently upon the irritation and local congestion, both of which it promptly relieves. One of my favorite prescriptions is the following:

Tr. aconite .....drops 10  
Specific gelsemium .....drs. 1<sup>1</sup>/<sub>2</sub>  
Specific hydrangea .....drs. 5  
Cinnamon water, q. s. ad...ozs. 4

Mix. A teaspoonful every hour. When the physiologic ptosis or tightness of breathing occurs from the action of the gelsemium, it may be suspended for one or two doses, or half doses may be given for a few hours, when it can be slowly increased to the full dose. As the symptoms abate, less of this agent may be given. When the fever declines somewhat, the aconite may be replaced by half of a dram of macrotys in the four-ounce mixture with the other

constituents

If the urine is concentrated and of acid reaction, mild, soothing diuretic remedies containing a large quantity of water, as infusions of althea, murshmallows or epigea, should be given to reduce the specific gravity of the urine and to retain irritating substances in solution. An occasional dose of twenty grains of sodium bicarbonate may be administered, or the effervescing carbonate or citrate of lithium may be given for neutralization of the acids.

Such a course is usually very prompt in allaying all the sympioms, unless the urine is alkaline and contains a large quantity of mucus. To correct this at first (and there is but little benefit from other specific treatment until this is corrected) I use the following prescription:

Benzoic acid .....drs. 4  
Sodium borate .....drs. 6  
Cinnamon water, q. s. ad.....ozs. 8

Mix. From a dessertspoonful to a table-spoonful every two hours until the acute symptoms of painful urination and tenesmus abate. This is an evidence of the disappearance of the alkalinity and of an abatement in the quantity of the mucus. I know of no combination more prompt and satisfactory in its influence upon this group of symptoms than this.

Our specific remedies will meet many indications promptly, but the

conditions of concentrated, irritating urine or of extreme acidity and alkalinity, or of excess of mucus must be considered and may have to be overcome with special measures as suggested. Among the specific remedies are the following:

**Hydrangea:** Quick, sharp, cutting ureth-ral pain.

**Agrimony:** Deep-seated, sharp pain, with foul-smelling urine and excessive outpour of mucus.

**Cantharides:** In minute doses for sharp pain and tenesmus.

**Apis:** Burning, scalding pain, with tenesmus, especially if there is any local edema.

**Pichi:** Excess of mucus and pus, with tendency for the disease to assume a chronic form.

**Chimaphila** and **Thuja** will control the pain and distress in urinating in the sub-acute forms of the disease often more satisfactorily than other remedies.

**Eryngium aquaticum** will also relieve tenesmus and pain and exercise a soothing influence over the mucous membranes.

Irrigation of the bladder is usually avoided in the acute cases, unless there be a very large quantity of decomposed residuary urine with heavy sediment and much pus in the later stages. Then

two or three washings will usually suffice, but they may be repeated, if the sediment persists.

All complications must have immediate treatment; extension of the disease to the kidneys must be anticipated and met with the indicated remedies. Uremic symptoms or septic infection must be treated with echinacea or calcium sulphide and with proper eliminatives.

Morphine should be avoided, as it is apt to increase local conditions. Opium or belladonna in a suppository may be introduced into the rectum for pain, but I have almost invariably succeeded in controlling pain by the specific measures suggested.

#### THE SUCCESSFUL TREATMENT OF SYPHILIS WITHOUT MERCURY

Syphilis has been considered an incurable disease by the profession at large, except by the use of mercury, often in toxic doses, and the iodides. The older physicians of our school believed, with some of these writers, that many of the after symptoms charged to the disease were induced by the mercury. They also believed, that the disease could be cured with perfect satisfaction, especially if taken at the onset, with vegetable alteratives. They also proved that when so treated none of the severer manifestations of the disease, except in extreme cases, would appear.

So strong, in the last fifteen years, has been the sentiment of the old school, that mercury must be used in treatment of this disease, that many of our own physicians have become impregnated with this idea, and have used mercury in their cases. I have long felt that some effort in a general way should be made to convince the profession that this disease is eminently curable with the alteratives we have access to.

With this idea in mind, I began early in this year to collect from some of our best physicians their experiences concerning the treatment of syphilis, which I could present in one article to the readers of this journal, to establish in them a sure confidence in this simple, rational method of treatment. I have succeeded beyond my expectations, in collecting some splendid papers, and I consider the mass of evidence here produced sufficient to establish a fixed and permanent confidence in this course of treatment.

Probably the most satisfactory result of this method is the perfect health of the patient subsequently, and his entire freedom from the permanent sequelae so commonly observed after the mercurial treatment. It will be observed that but few of these prominent men use the iodides, although there can be no objection to these if correctly indicated. Although these individual physicians have been widely separated in their practice, it will be also observed that they use in

most part the same remedies.

Among the peculiarities of each, we will note that Prof. Whitford depends upon veratrum. Dr. Farnum, also, uses this remedy, which is also depended upon as a most active alterative by Prof. A. L. Clark, who has used it for many years. Dr. Boyer tells us plainly how to use the potassium iodide, and names as his dependence our most reliable vegetable remedies. Dr. Farnum uses cascara sagrada to preserve the integrity of the intestinal tract. I believe it does more than that. Some of our physicians on the Western coast believe that syphilis can be cured by the use of cascara amarga alone, another species of this plant. I am anxious to learn of the individual experiences of those who have used this latter remedy.

Prof. Boskowitz and one or two others use rumex crispus. This was an especial favorite with the earlier physicians of our school, who believed that its influence was very important. I am certainly inclined to agree with them.

I desire to call especial attention to the marked innovation in the treatment of syphilis, made by Prof. L. E. Russell of Cincinnati. I was so impressed with his statement, when I first received it, that I wrote him an inquiry, as to how he had had this remedy suggested to him in the treatment of this disease. His answer is so plain and so exceedingly interesting, that I have added it as a part of his contribution. It is a surprising thing that two of the most

prominent surgeons in our school, whose practice has been widely separated as that of Prof. Russell and Prof. Farnum, should agree upon the fact that iron is a most important remedy in the treatment of this disease.

The plain indications given for the use of each remedy by Prof. Mundy and Dr. King are in line with our specific observations. Dr. Kinnett gives some very excellent reasons for depending upon the tissue remedies and claims superior results. Dr. S. B. Munn is one of the old school of our physicians. His prescription, as given here, was at one-time very popular among the early practitioners and was certainly curative. Lappa, alnus, and galium were great favorites with this class of physicians. Lappa is also suggested by Dr. King, whose grandfather was one of the prominent Eclectics of the state of New York 35 or 40 years ago.

Iris, phytolacca and echinacea, as named by Dr. Hauss, are those that will be found most frequently named by all these writers. The method of Dr. Baker is peculiar in that he depends upon lobelia. The use of this remedy as a powerful eliminant, dates back to the later part of the 18th and to the beginning of the 19th century. It has been superseded in this influence by agents that do not induce nausea, which is to many a very objectional factor. I believe Dr. Baker is right in his observations.

This article is entitled "The Cure of

Syphilis Without Mercury." I have received some excellent letters from a few other physicians in which they use the above remedies in conjunction with some preparation of mercury. I have thought best to reserve these letters and publish them in a separate article at an early date, as they are not comprehended under this head. I shall probably present both sides of the subject.

**W. E. BLOYER, M. D., CINCINNATI,  
OHIO**

With the exception of perhaps four or five cases I think I have been successful in curing all the cases that I have treated in twenty years, and all without mercury.

I depend upon the following vegetable remedies, berberis, iris, phytolacca, cory-dalis, echinacea, stillingia, and chionanthus, as well, also, as upon the indicated remedy. Podophyllum is frequently the remedy.

I have now under treatment three or four cases that have never had mercury or the iodine compounds. They have never had a skin eruption, nor lost a hair. They had mucous patches and enlarged glands but nothing further. If I give the iodine preparations at all, I give tliem alone.

For the characteristic skin eruptions or other skin disorders, incident to the disease, I use berberis, iris, or chionanthus, as it is plainly indicated at the time. For ulcerations in the throat,

the constitutional treatment as above, of course, contributes very materially to a cure. If local applications are necessary, I use thuja or a solution of carbolic acid locally.

Too many physicians prescribe for the disease, because it is syphilis. They at once prescribe the antis and overlook all the indications. The older Eclectic writers were discerning; they said, give potassium iodide only when the mucous membranes are pale, when the tissues are full and sodden. I believe they were right.

The initial sore mouth should be treated kindly. There should be no caustics nor burning, no more than you would burn the eruption of small pox. The chancre "is the outward sign of an inward faith," or inoculation. No time can be saved nor trouble avoided by burning a chancre.

**E. J. FARNUM, M. D., CHICAGO,  
ILL.**

In the treatment of syphilis, if I were to make an approximate estimation of the number of cases that I have reason to believe I have treated during a period of twenty years, here in Chicago, I would say that, there were at least two hundred cases. All of these have been treated without mercury. Those vegetable remedies, which I have learned to depend upon, to accomplish the results, are veratrum viride, echinacea, phytolacca, berberis, and cascara sagrada. In addition to these vegetable remedies, I find iron a most

important agent, at times. It is seldom that I do not use it. Furthermore, I have been able to cure these without iodine or its compounds.

I believe that berberis, echinacea and veratrum have an especial influence upon the condition of the skin, in correcting those eruptions that are apt to occur during the course of this disease. For the throat I use some simple, mild, and astringent wash.

In prescribing these remedies, I give them about as follows: Veratrum is given in doses from one to three drops, four times a day. This is persisted in if the pulse continues from about sixty to seventy beats per minute. The pulse must not be too greatly depressed. Echinacea is given for its antiseptic influence within the blood. It exercises a direct influence upon the various eruptions also, and assists in correcting any debility that may be present. Berberis is directly important in relieving the characteristic syphilitic eruptions.

Cascara preserves the integrity of the intestinal tract, and contributes to free normal bowel action. Phytolacca and iris are directly indicated where there is glandular involvement. I would prescribe these remedies to preserve the integrity of the function of these organs.

Shortly after the appearance of the eruptive stage of this disorder, debility begins to show itself, and usually anemia, and for these I invariably

prescribe the precipitated carbonate of iron, with gentian if needed.

In addition to the above remedies, I invariably select any other remedy that may be indicated by the conditions I find present, or that may be needed to preserve the healthiest possible state and all the body functions.

**GEORGE W. BOSKOWITZ, M. D.,  
NEW YORK, N.Y.**

I have been treating syphilis for thirty years, without using mercury. Those vegetable remedies upon which I have learned to depend are iris, Podophyllum, phytolacca, echinacea, thuja, berberis, corydalis, rumex and stillingia. In addition to these, specific indications may appear, which point directly to other specific remedies, in which case they must be prescribed. I use the iodides in combination with the vegetable alterative?, usually by adding a solution of the iodide of sodium, to the vegetable compound which I have thought best to prescribe. Those remedies which I find influence to the best advantage the condition of the skin, are phytolacca, berberis and iris.

For the ulceration of the throat, if I must use an application, I use a solution of the chlorate of potassium, and echinacea.

**L. E. RUSSELL, A. M., M. D.,  
CINCINNATI, OHIO.**

On my return from my vacation I find the Editor's letter in regard to the

treatment of syphilis without the use of mercury, and I wish to state that I never gave a dose of mercury in any form in the treatment of syphilis, and I believe that I have treated as many cases of this disease when I was in the general practice of medicine as any other half dozen physicians in my community. Neither did I give these cases the iodides.

My favorite formula in the treatment of syphilis after the eruptive stage had taken place, so that there was no doubt about the lesion, was as follows:

Muriate tincture of iron.....oz. 1  
Glycerin .....ozs. 2  
Acetate of potassium.....dr. 1  
Water, q. s.....ozs. 8

Of this I directed the patient to take a dessert-spoonful before meals and at night. I also directed the patient to avoid the use of greasy foods and anything in the line of pork.

I never found a case that I could not clear up in a very few days, so far as the skin eruptions were concerned.

I alternated this prescription with phytolacca and echinacea and, as I remember now, these two prescriptions filled the bill in every particular. I believe the muriate tincture of iron is as much a specific in syphilis as it ever could be in different forms of erysipelas.

This may seem a little strange in the way of medication. I used the glycerin

to counteract the burning or escharotic effect of the muriate of iron, and its bad effect on the teeth. Where the case was slow to respond, in clearing up the skin, and if the ulcers in the throat persisted, I often used a little swab with the pure muriate tincture of iron and the results were satisfactory.

I found by observation, that cases that came to me that had been treated for months with mercury and the iodides, when placed on iron we very soon got the proper returns. I do not know that I can refer you to any work or authority for this line of medication, but if the practitioner will give the remedies mentioned a thorough trial he will not be disappointed.

Further, replying to your inquiry in regard to how I came to use muriate tincture of iron in syphilis, I would say that, as near as I can remember, some thirty years ago we had a great many cases of malignant sore throat, and as a local remedy we used muriate tincture of iron with great success. I was then accustomed to using the muriate tincture of iron in erysipelas, painting the tissues involved and anticipating extension with the application of iron.

Reasoning in this direction, I prescribed for a patient who had been broken out for many weeks all over the body and face with syphilis, and I was greatly pleased to notice that under the influence of this remedy the syphilitic eruption also very speedily disappeared. I tried it on several cases following this, adding the acetate of

potassium and the glycerin as given in the prescription, and treated the syphilitic sores in the throat, swabbing them with pure muriate tincture of iron; I treated the syphilitic ulcers in whatever part of the body they obtained, with this remedy. So marked were the improvements, that for years my partner and myself used this remedy in a great many cases.

We thought if it was good in zymotic and diphtheritic condition? and in those cases of chlorosis where the face was broken out with sores of the nature of acne, that the remedy was worthy of a place in the treatment of syphilis.

I know that quite a number of cases that I treated had been through the hands of my old school friends, taking mercury and iodide of potassium, and quite like Simon Peter's wife's mother, "were nothing better, but rather grew worse." Under the influence of the iron prescription we had very marked benefit, which seemed as if by magic.

**DR. H. K. WHITFORD, ELGIN, ILL.**

In reply to your first question, as to how many cases of syphilis I have treated without mercury, I will say all that I have ever treated in 62 years of practice amounting to hundreds of cases. Those vegetable remedies which I find to give the best results are veratrum viride, aconite and belladonna as indicated. I have never used iodine or its compounds unless [desired to counteract the effect of

mercury. If I have used this remedy, I have not combined it with vegetable remedies, but have added one dram of the potassium iodide to three ounces of water, and have given this in teaspoon-ful doses three times a day for a week or more at a time, as needed.

For those conditions of the skin, which appear, I use a wash of the sulphuret of potassium in solution. For the throat I apply the dark pinus canadensis, or perhaps some other of our vegetable astringents. For swollen glands I give phytolacca, internally, in sufficient doses. I never use caustics on the chancres, but usually apply the subnitrate of bismuth.

**E. H. KING, M. D , SARATOGA,  
N. Y.**

In the treatment of syphilis, it would be impossible for me to state how many cases I have treated without mercury, as I have not kept a record of my cases. Those vegetable remedies which I have found to give the best results are iris, phytolacca, stillingia, rumex and lappa major. As a part of my routine treatment I always use potassium or sodium iodide. I prescribe the iodides in conjunction with the vegetable alteratives, but give them in gradually increasing doses.

Those remedies which best influence the skin disorder are berberis and lappa major. In the treatment of the ulcers in the throat I apply thuja, first, and to the throat in general I apply

Churchill's tincture of iodine, either in full strength or diluted, as seems to be indicated.

I give iris where there is an inactive, stagnant or congested condition of the abdominal viscera; I give Podophyllum according to the strict specific indications which are well known to every one of our practitioners. I prescribe phytolacca where there are enlarged and inflamed glands, or where the throat is ulcerated, or where there are nodular manifestations in the skin. In addition to the application of this remedy to the throat ulcers, I use thuja locally, in the treatment of the chancre. I use berberis in all the skin manifestations, especially those of pustular or vesicular character.

As general treatment, I advise that these patients take plenty of water; often I have them drink freely in preference of some alterative mineral water. I also believe in the free use of baths during the course of the treatment.

**W. N. MUNDY, M. D., FOREST,  
OHIO**

In the treatment of syphilis I have seldom, if ever, used any mercury. I recall distinctly the satisfactory cure of cases in the early years of my practice, without either mercury or the iodides. Those remedies which I find give the best results are stillingia, berberis, phytolacca and iris. If I give the iodides at all, it is for the tertiary state, though not always in this. I would not hesitate,

if giving iodine in any form, to combine it with the vegetable remedies.

Those agents which I have found to act best upon the skin are berberis and phytolacca. In the treatment of ulceration in the throat, I use phytolacca internally and pencil the throat with a solution of the nitrate of silver.

If I prescribe echinacea, it is as a general blood maker, and where ulcerations exist, as in tertiary syphilis. Iris is indicated where there is glandular involvement. I use Podophyllum to increase waste, where I have a full-blooded patient; where the bowels are inclined to be constipated and where there is a jaundiced skin. Phytolacca, I prescribe where there is sore throat, or where the cervical glands are enlarged.

In addition to the action of berberis on the skin, this remedy is a general stomachic of much power, where the condition of the digestion is poor, dyspeptic conditions being conspicuous. I have not used thuja to any great extent except where I had bladder complications.

**W. E. KINNETT, M. D., PEORIA, ILL.**

I am very much interested in your symposium on the treatment of syphilis, and am glad of an opportunity to contribute to it.

In reply to your first question as to about how many of cases of syphilis I

have cured without mercury, I have kept no record, but it is certainly all that I have ever cured, as I do not use mercury in the treatment of syphilis or of any other disease. I very much doubt if any case was ever cured with mercury. Usually this remedy produces gastralgia, diarrhea, causes necrosis of the bones and teeth, and leaves the patient in a worse condition than he would be in from the disease for which the remedy was prescribed, if the patient had had no medication. I believe that many of the awful effects ascribed to syphilis are caused by the mercury, and not by the syphilis. (This was a common belief of many of our old writers.—ED.)

Those vegetable remedies, upon which I depend the most in this disease, are echinacea, iris, berberis aquifolium and phytolacca. I have cured cases without iodine in any form; but I have sometimes thought best to use this remedy, believing it was directly indicated. I do not combine iodine or its compounds with my vegetable compounds, but I give this remedy alone, only during the time its indications are present.

For the characteristic eruptions of the skin, I use echinacea, berberis, iris, and the tissue remedies. These I also depend upon if there is ulceration of the throat.

If I prescribe echinacea, iris, podophyllum, phytolacca, thuja, berberis, corydalis, or any other of our remedies, I endeavor to prescribe them

according to the specific indications present, which I know demand them.

In addition to these remedies, I believe I have obtained splendid results from the use of the tissue remedies, which I administer as follows: Where there is a chancre with a white discharge, and the patient has a white coated tongue, I give kali mur. Where the chancres are phagedenic, I add kali phos., and where they are hard and indurated I give calcaria fluor. Bubos that are tender, hot and throbbing are cured by ferrum phos. and kali mur., both internally and externally. For external use I make a solution of these remedies and apply hot on compresses, changing frequently. Kali mur. is the chief remedy when using the tissue remedies, and if indicated I give it from start to finish.

It is my opinion that many cases of syphilis are made worse by meddling medication. The doctor and the patient desire to get too quick results, and they are prone to use harmful medication. My plan is to treat the patient and not syphilis; to treat the conditions present, as we treat other diseases—give the indicated remedy.

#### **S. B. MUNN, WATERBURY, CONN.**

I have kept no record of the cases of syphilis that I have treated during the fifty years in which I have been actively engaged in the practice of medicine, but for the last forty years I have had cases on hand nearly all the time.

I do not use mercury in the treatment of this disease. The combination that I depend most upon is a compound fluid extract which is made from the following remedies in about the proportions named:

Stillingia, phytolacca, corydalis, xanthoxylum berries, lappa minor, of each four ounces; euonymus and iris, of each two ounces; I give this fluid extract, according to the age and condition of the patient, as is indicated.

Most of my cases I treat without iodine. In those in which this remedy is demanded, I have added one or two drams of the potassium iodide to four ounces of the above compound, and given this in teaspoonful doses three times a day. Sometimes I have used soluble iodine, half of a dram, in four ounces of the above formula.

Those remedies which I find act best upon the skin are apis, ascepias tuberosa, ainus rubra, and galium aparine. For the throat symptoms I use one part of the oil of sassafras to seven parts of the tincture of myrrh, painting the throat with this, using a camelhair brush.

I find echinacea of much service in this disease, and have used it also in anthrax. I find iris excellent where the glands are enlarged. In addition to its use in syphilis, I have used it both internally and externally in the treatment of goitre. I use podophyllum

in combination with other alteratives at times, to stimulate the action of the liver, giving it where there is a full tongue, covered with a yellowish coating. Phytolacca is indicated for almost any glandular involvement that may arise in this disease. Thuja acts upon the urinary apparatus, correcting irregularities and incontinence in addition to its influence upon the skin, which is important. I have used it successfully in skin cancers. Corydalis, when indicated, is an important remedy in this disease.

**Q. R. HAUSS, M. D , SELLERSBURG,  
IND.**

I cannot at this time, approximately even, state the number of cases of syphilis which I have treated without mercury. I depend mostly upon iris, echinacea and phytolacca. I usually employ iodine in some form. A favorite prescription of mine is to give the iodide of potassium and phytolacca in conjunction. For the skin troubles I rely upon active elimination and frequent baths, and give the acetate of potassium internally as a waste remover. For the throat I have found nothing better than echinacea and phytolacca.

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

In the treatment of syphilis during the years of my long practice, I have treated several hundred cases that were apparently cured. The course of treatment that I have depended upon,

and that which has given me very satisfactory results, is the use of the ethereal tincture of lobelia, which I have always kept up until the symptoms disappeared. If I have used the iodides, I have used them with a compound syrup of stillingia, but I regard lobelia inflata as the best single remedy. For me it has been very nearly a specific. My method of using the iodides in conjunction with vegetable remedies has been that which is recommended in the American Dispensatory.

The condition of the skin with me has been always relieved by the influence of the internal treatment. I have depended upon this also for the throat symptoms, unless they were quite severe, in which case I have sprayed the throat with echinacea. Later I have added echinacea to the above internal treatment and I have kept this treatment up for a period of from six to nine months.

Discipline in diet I find absolutely essential. Highly seasoned victuals must be prohibited, especially meats. This is imperative. The patient must be perfectly regular in his habits of eating, and I believe that the use of boiled water, exclusively, for drinking purposes is of advantage. No alcoholic liquors whatever are to be allowed, but an alcoholic vapor bath once or twice each week should be ordered, inducing free perspiration. This should be followed by rubbing with considerable friction with towels and a flesh brush.

## THE TREATMENT OF SEPTICEMIA AFTER CONFINEMENT

F. J. LONGFIELD, M. D., LATHROP,  
MISSOURI.

By the term septicemia we mean the absorption into the system of ptomaines or toxins generated by putrefaction of hypertrophied decidua, blood clots, shreds of membrane, pieces of placenta, or the lochial discharge.

Therefore, in the treatment our first aim would be to rid the uterus of all infecting material, which cannot successfully be done except by the curette and irrigation. I wish to state that I don't believe that it is really necessary to curette every case, as we can tell by the symptoms, such as recurring hemorrhages, which are passing everytime the patient moves, with a cadaveric odor, clots and etc. In such a case as this I would curette; but where we are minus the above symptoms I would not think of curretting, would rely upon irrigation, as I am confident that a great many times there is more harm done by curretting than there is without. Whether this be a case for curettment or irrigation, I first prepare my patient as I would in any other surgical operation, irrigate the. vagina and cleanse the parts thoroughly with the "Germicidal Disc. P. D. & Co.," 1 to 5,000, sterilize all instruments, hands and everything else which is to be used

about the field of operation. The beauty of using the Germicidal Disc is that it does not coagulate fibrin, or cause corroding of the instruments like the bichloride of mercury, which makes it a much better antiseptic, and can use a much weaker solution with the same results.

When it is necessary I always use a Russell scoop curette, and not too much force, being careful not to lacerate the womb, gradually going around until I have thoroughly cleaned the endometrium of all loose membranes, remains of placenta and blood clots.

In all cases I irrigate with a 50 per cent solution of peroxide of hydrogen, which should be gradually injected into the uterus, using care not to cause uterine colic. The amount of peroxide to be used can be governed by the clearness of the return flow. I generally follow this with a solution of permanganate of potassium, cherry red in color, or if the parts have a cadaveric odor I use chlorate of potassium, saline solution, the antiseptic previously mentioned, or whatever antiseptic I deem indicated, using from one to three quarts at a time. If the patient is in a condition of profound septic prostration, with a high temperature and a feeble rapid pulse, I generally paint the endometrium with full strength campho-phenique, or two parts tincture of iodine and one part of 95 per cent carbolic acid, after which the uterus should be irrigated. The irrigations

should be repeated according to the conditions of the patient, if the temperature is very high and discharge profuse, I generally have them repeated every two hours, if not so bad every twelve to twenty-four hours. If we succeed in these cases, we must keep the uterus as aseptic as possible.

If the case goes from bad to worse after repeated curettments and irrigations, we are justified in believing that the seat of infection is in the uterine wall or is due to multiple abscesses, and if such be the case there isn't anything to do but operate. This requires great diagnostic skill and judgment on the part of the physician. He should be absolutely certain that the infection has involved the wall of the uterus before resorting to the operation. The systemic symptoms should be met here as in any other disease, which is a very important factor, especially in these cases. The following remedies may be needed according to their special indications as here given.

**Sp. Med. Aconite.**—Increased temperature, dry hot skin, small frequent pulse, restlessness.

**Sp. Med. Veratrum.**—Full bounding pulse, sthenic inflammations.

**Sp. Med. Belladonna.**—Congestion, patient drowsy, dull and sleepy, cold extremities.

**Sp. Med. Gelsemium.**—Flushed face, bright eyes, pupils contracted,

restlessness, increased heat of the head.

**Sp. Rhus Tox.**—Sharp stroke of pulse, tongue red at end, restlessness, starting in the sleep, typhoid conditions, tympanites.

**Sp. Med. Bryonia.**—Sharp knife-like pains in abdomen, worse on motion.

**Sp. Med. Hyoscyamus.**—Delirious, generally excited nervous condition, low muttering, not sleeping, face usually red.

**Sp. Med. Apis.**—Puffiness of the eyelids, scanty urination, stinging sensations.

**Sp. Med. Macrotys.**—Muscular soreness, decrease in amount of lochia.

**Lachesis 6x.**—Great prostration, red face, lower jaw dropped, bluish condition of mucous membranes, tongue dry and purplish, heart very weak, abdomen very sensitive to touch, cannot stand the cover pressure.

**Sp. Med. Baptisia.**—Face and mucous membranes purplish, sweetish breath, pasty fur on the tongue, looks like had been exposed to the cold for a very long time.

**Sp. Med. Echinacea.**—The tongue is dark and sometimes black, full, besotted appearance, sordes, offensive diarrhea, sweet breath, gangrenous conditions. This is the best general antiseptic in the materia medica, or at

least I have found it so.

**Quinine Sulph.**—Periodicity, pulse soft, skin moist and soft, tongue clean and moist.

**Sodium Sulphite.**—Broad, pallid, dirty, pasty, moisty white-coated tongue, bad breath.

**Potassium Chlorate.**—Tongue moist and yellow, cadaveric odor.

**Muriatic Acid.**—Dry, brown, cracked tongue, sordes, great prostration.

**Sulphurous Acid.**—Spoiled beef tongue, glutinous fur, bad breath, sepsis.

**Nitric Acid.**—Violet colored tongue.

If my patient continued to grow worse in spite of all that I could do, I would not hesitate to use antistreptococcic serum. I have never as yet had to resort to this method, but certainly would try it once if my other treatment seemed to be a failure.

To encourage the flagging heart we may need some of the following remedies:

Strychnia, digitalis, cactus, aromatic spirits of ammonia, glonoin, etc., according to the indications.

The bowels should be carefully watched and kept open with whatever remedies seem indicated, but most generally the salines, oil, cascara are

about all that will be needed. The diet should be light and of such material as can easily be digested, such as soups, milk, buttermilk, broths, beef extracts, gruels, milk punch, egg nog, albumin water, etc.

The patient must be kept sweet and clean; she should have a sponge bath at least once per day in which we might use either soda or vinegar according to the indications. She should also have plenty of fresh air, light, and be kept in bed at the very least one week after her temperature has been normal, as getting up too soon may be the cause of relapse and deaths from this disease.

## THE TREATMENT OF EPILEPSY

BISHOP MCMILLEN, M. D., SHEPARD, O.

Most epileptic patients are chronic medicine takers. They like medicine. They expect results. But most physicians have lost faith in finding a drug that will cure, so they fall back on potassium bromide in some combination, and often one physician after another gives the patient bromides. The patient learns to buy it by the ounce and takes it in repeated doses day after day.

I seldom see a simple case of epilepsy. They are usually complicated with bromine poisoning. Many patients take from 80 to 100 grains of potassium bromide a day for months. Some of our larger institutions where these patients

find a home use such routine treatment. As a result their bodies become saturated with the drug.

The mental degeneration which is noticed in epileptics is caused by the abuse of the use of potassium bromide, as much, if not more, than to the secondary motor degenerations which follow after years of motor convulsions.

More than twenty years ago I called attention to the distorted fingers and toes seen in chronic epileptics, due to secondary degeneration, as a symptom in prognosis. When this symptom is present we should not hold out a promise of recovery. But if there is no degeneration and no distortion of the fingers, the chances of a recovery are much more favorable. I have never seen a case that recovered after the fingers became distorted, and there are but few chronic cases that do not have this symptom.

I believe a constant use of the bromides in large doses contributes its share to increase the secondary degenerations with their attendant mental enfeeble ments.

The sympathetic nervous system controls all the involuntary functions. Epilepsy in its early stages would seem to be entirely a disease of the sympathetic nervous system and caused by an irritation of some function which it controls. The brain symptoms are secondary. The bromides are given to relieve these

secondary symptoms. The digestive tract is usually disarranged where the primary symptoms originate. So it must be to relieve these primary causes that treatment should be directed. Potassium bromide disturbs digestion and nutrition. But the bromides are a necessary evil when the attacks are severe.

I usually give the bromide of potassium in 20-grain doses four times a day for eight days. Then I stop it. If the attacks become severe in two or three weeks I go back to this bromide again. But keep the intervals between the giving of the bromide as far apart as the patient's condition will admit. But it must be used to reduce the severity of the attack. Nothing else seems to do so well. It is the abuse of its use that should be avoided. And eight days seems to be long enough to give it to modify the attacks. Then allow it to get out of the brain cells by elimination.

Gelsemium, passiflora and valerian, either may be combined with the potassium bromide according to their specific indications.

Hydrastis is one of our best remedies to relieve irritation of the sympathetic, through its effects on the mucous membranes. Saw palmetto, leptandra, collinsonia, and many other remedies that influence the mucous membrane or an organ which is supplied with mucous membrane should benefit epilepsy. Cures are made by remedies that remove causes, not by these that simply suppress the attacks.

(An advanced step has been recently taken in the study of this serious disease, by a writer in *The Medical Record* who says that in its treatment the profession is yet groping in the dark. This is especially true of idiopathic epilepsy. He makes, however, the following important statement: "There exist certain epilepsies which occur from reflex causes. These are amenable to treatment, especially in the early stages of the disease. He says that failure to search for the cause in these cases, *constitutes almost criminal negligence.*"

This writer's ideas correspond with ours to an extent. He says we can no longer say, "this patient has epilepsy, therefore give him a bromide." Many have abandoned the bromides, except in certain few cases where they are needed as palliatives. The writer quotes good authorities, who claim that 25 per cent of these cases can be cured. All of our writers claim that each patient must be studied individually and treated with reference to the conditions there existing. The above mentioned writer makes the following suggestions as to diet.

"Have the meals regularly, with the last meal of the day early and light. Do not eat until there is a sense of fullness. Do not eat peas, beans, veal, much meat or cereals. A vegetable diet is the best. Fish and milk are permissible. Use as little salt in the food as possible and forego tea and coffee. Do not eat much at one setting. Keep the bowels free

and the intestinal tract aseptic by the use of some antifermentative. Flush the colon frequently. Take warm salt baths, not remaining in the water sufficiently long to fatigue.

Sleep with the head high, and keep the feet warm at all times and especially at night. See that any defects in the eyes are corrected and do not use the eyes for a long time without resting. If glasses are worn, have the frames straightened at regular intervals. Take as much outdoor exercise as possible without fatiguing. Spinal douches and massage should be taken regularly. If seizures come early in the morning take 15 grains of the bromide of sodium before retiring."—ED.)

## PHASEOLUS NANA

A. M. GUSHING, M. D., SPRINGFIELD,  
MASS.

Mr. Editor, as you have sent me a copy of your journal containing an article, "Phaseolus Vulgaris," you may be interested in my experience with the bean:

When a boy, I stuck the tine of a hayfork forcibly into the top of my bare foot, and it was thought it would either make me a cripple for life or lame all summer. A "herb doctor" split open a common white bean, phaseolus nana, and bound the flat, split side dry on to the wound. The pain was so severe I became delirious, but went to

sleep and woke well.

During the fifty-two years I have practised, I have tried it many times in punctures by rusty nails, etc., and never a failure, cured in a few hours, but painful. A number of years ago I had a patient badly bloated from uterine cancer. I steeped some dry pods of phaseolus nana and gave it pretty fully. It greatly relieved the dropsy, but after a few days she screamed, "O, my head," and was dead. I had no idea then that the bean water produced the result, but now I fear it did, for not long after in another case of a middle-aged man, he said, "You must do something for my head, or I shall go wild." I stopped the bean water and the headache ceased. Now if the vulgaris has the power of the nana (and I don't believe it has), I don't see how Dr. Romm can give it in such large and repeated doses, without disastrous results. I think the resinoid of the bean is a deadly poison similar to atropine.

Physicians in your own building will tell you I have tried to practice "homeopathy" for fifty-two years, and during that time I have probably proved more remedies upon myself than any other one living, and one of them was "Phaseolus Nana." I prepared it, triturating the bean with sugar of milk, one to ten to the fourth attenuation. With this I made my proving. I had taken it a few days, watching the action of the kidneys, when my heart almost stopped, only a little feeble pulse. That stopped the proving, but I think that was all the

scientific proving that has been made of the remedy.

In the usual way I made other attenuations, first by distilled water, then equal parts water and alcohol, then pure alcohol, one part to nine, and put a vial of this in my pocket. Soon after I was called by an old school doctor to a case of confinement. The patient was 25 years old, with her first child, was badly bloated, the urine was loaded to albumen, there were violent convulsions and heart failure, which did not yield to the usual remedies. We gave a dose of that preparation from the vial. In five minutes the action of the heart was improved, in ten minutes it was normal, and the doctor was happy and wanted the vial.

Soon after I was called to see a gentleman, 44 years of age, so badly bloated that he could not wear his pants, he had to sleep on his knees, with his head on a bed or on a lounge, the urine was full of pus and albumen, hyaline and glandular casts. The pulse was but 28. In one week he was out of the city visiting friends, three months later he was working six days in the week. I gave him phaseolus nana, the 15th attenuation, once in two hours. The next day he had such a violent headache that I had to omit the remedy. He took but little other medicine.

Some five years ago, a lady of 55 years came to me, with a report from an expert chemist, that she had Bright's

disease. Her objective symptoms certainly pointed to it. There was general anasarca, with sacks under the eyes. I gave her phaseolus 25 x, once in two hours (I knew no better then). The next day I had to omit it on account of a violent headache. For two years she did not have a symptom of the trouble. Then she lost an only brother, and grieving over that brought on the symptoms again. I then gave her one dose of the 200 attenuation. The next day she said she had a busy night with her kidneys and bowels. She had no more trouble with her kidneys. Recently she has had a severe attack of pneumonia, and has recovered with no sign of the former disease.

A returned soldier has reported to me, whose pulse had been from 120 to 150 for thirty years; he was cured in a month. A prominent clergyman, given up to die from fatty degeneration of the heart, took the 25th, and in three months he wrote me from Toronto, "I am all right." Two months ago, a minister, who had retired from active work several years ago, suffering from heart and nervous trouble, came to me. For two years he had been under the constant care of the homeopathic physician, and was suffering from constant burning pain, in the upper left arm. He was said to have neurasthenia. I gave him phaseolus, 200. In three days, the pain was all gone, and there has not been any pain since. I report these cases to show how much better this is than to give it daily. I think it is better to make it by trituration than in the tincture.

## Brief Contributed Articles

### DID CACTUS CURE

ARTHUR V. LYON, M. D., BROCKTON,  
MASS.

In these days, when from experiments on the lower animals, cactus is pronounced absolutely inert, it may be interesting to ask if in the following case it had any value or not.

L. J. F. 54 years old. Ice cream manufacturer; married; well nourished; habits excellent; family history negative; past history uneventful. Consulted me at the office for difficulty in breathing, which had been increasing for some six weeks. Pulse was 140, of fair character. Appetite fair; no evidence of digestive disturbance. Examination of chest: lungs negative; heart, apex in mammary line—no murmurs. Abdomen, negative. Urine, large quantity, s. g. 1010. Solids, normal, no albumen or sugar; phosphates increased; urea practically normal; no casts.

Diagnosis: Dilated heart and tachycardia.

Treatment: He was advised to rest, to have a simple diet, and keep the bowels well open. He was given aconitine gr. 1/134 every 2 hours. Strychnia 1/60 gr. four times a day. He was asked to report in a week. At the end of the week he reported, and no improvement

was manifest, but he confessed that he had kept at work, doing all he could, reasonably. The aconitine was replaced by sparteine, and the strychnia was increased to gr. 1/50 at a dose. At the end of another week he reported again without improvement, and I insisted that he must give up and rest, or I should not treat the case farther. This was January 25, 1907. He concluded to change physicians, and placed himself under the care of a colleague, who treated him largely with tinct. digitalis and infusion of digitalis with an iron preparation. On March 8th I was called to his home. He was now taking rest as a matter of necessity. He was unable to lie down, and his feet and legs were swollen up to his body. The heart was in much worse condition than when last seen—apex beat in sixth interspace two inches outside the mammary line, and as a result presumably of the dilatation there was incompetence of both mitral and aortic valves. Pulse was very rapid and could not be counted at the wrist. By auscultation it varied from 150 to 160, and was very weak. There was marked pulmonary oedema, The prognosis was very grave. An ice bag was ordered over the heart. He was placed on strychnia sulph. gr. 1/30, every 3 liours, strophanthin gr. 1/134 and digitalin gr. 1/67, every 2 hours. Later caffeine gr. 1/6 and convallamarin gr. 1/3 were used to replace the former combination. He grew worse rapidly, marked ascites developed, ard he could rest only in a perfectly upright position. The end seemed near. Sleep and relief for his great distress were secured only by

hypodermic of morphine and atropine.

At this time, while desperately looking for something which might promise better than the treatment used so far, I recalled, cactus, a remedy I had used in a few cases of functional heart trouble with satisfactory results. On March 22nd, deciding that at least cactus could do no harm, and that he was going to die anyway, I stopped all other medicine, and ordered three drops Merrell's tincture cactus, every two hours. Inside of twenty-four hours his condition began to improve. He had had but 1/4 gr; morphine, his dyspnea was less severe, the pulse was countable at the wrist. Within another twenty-four hours improvement was marked.

To make a long story short, from that time his improvement was rapid and steady. He went back to work, avoiding heavy lifting, and severe exertion of all kinds, and is as well subjectively as he ever was, although he has grown very fleshy, which discommodes him some. His heart shows evidence of compensatory hypertrophy, but beats regularly. The murmurs are very slight.

The question is thus raised, what did it? Was it a miracle, for such would a change like that, occurring spontaneously, appear to me, when I consider the outcome in comparison with many cases in a similar condition; or, was it cactus? Satisfactory results from its continued use, although in less desperate cases, since then, have left me still choosing as the one best in this

case— cactus.

## ECHINACEA<sup>1</sup>

E. A. NORTH, M. D., DALLAS, TEXAS.

As the most interesting part of any drug to the doctor is its use and therapeutics I will not dwell on the botany and history of the plant, but pass immediately to a discussion of its action, medical uses, and dosage. The use of echinacea is not confined to internal administration, but either alone or in combination it often proves invaluable as a local application.

If we were to use the old classification we would call echinacea an antiseptic, or an antizymotic, but as this method of classifying drugs is rapidly becoming obsolete, for lack of a better term we will say it is a corrector of perverted body fluids; however this does not cover the ground, for echinacea has proven beneficial in conditions where we would hardly say we had a perversion of the fluids, for instance it has some virtue in the nausea of consumptives and in the vomiting of pregnancy. In the above conditions we would hardly consider them perversions, although in speaking of consumption most any condition imaginable may be present, and of all others we certainly have a perversion of the body fluid. Like all good agents as well as worthless ones, the value of echinacea has been over estimated; granting that this be true there is enough left to make it among the first

of our remedies.

Being practically a new remedy we are not as able to give as pointed and definite indications for the use of this drug as with some of our older specifics. But in a general way we will say there are no contraindications for its use wherever there are symptoms of sepsis, or in other words perverted or depraved body fluids. And in thinking over the numerous diseases to which the human body is heir, we can call to mind but few exceptions wherein a septic condition may not develop. Such being the case it would be waste of time and space to mention all the ills in the treatment of which we may have the indications calling for echinacea.

In order to give you some of my personal experience with this drug, let me recite to you a few cases wherein echinacea proved beneficial. On the 22nd of January, '08, a man came into our office complaining of a rising as he called it upon his back; he further stated that he had been suffering for several months with the pesky things, and had thus far been unable to find a doctor that could check their development. On examining his back we found it literally covered with scars as evidence of what he had told us, the rising however proved to have several openings, and would be designated a carbuncle.

Our prescription:

Echinacea .....oz. 4  
Aqua q. s.....ozs. 4

<sup>1</sup> Read at the Texas Eclectic Medical Society

Sig.: One teaspoonful every four hours.

Locally

Echinacea .....ozs. 2  
Peroxide of hydrogen.....ozs. 2  
Aqua q. s.....ozs. 8

Sig.: Apply absorbent cotton to affected part and keep moist with solution.

This treatment was continued for about six weeks, and resulted in a permanent cure. It is needless to say in this case echinacea gained us a staunch patron.

My room mate was unfortunate enough to break the skin on the back of his hand a few weeks back, and as is generally the case the little and seemingly insignificant wound was neglected it became infected, and one night as I came in pretty late I found him rolling and tossing, complaining of severe pain in hand and arm. Upon examination I found it very much swollen and red to the elbow, with kernels in the arm pits. I immediately applied a milk and bread poultice to hand, leaving it on for the night. This afforded quite a good deal of relief. In the morning I dressed his hand with absorbent cotton saturated with equal parts of echinacea and peroxide of hydrogen, with instructions to keep it moist with this medicine, and also take twenty drops of echinacea internally three times each day.

He went to work the following day, and

since that time whenever he gets the least scratch he never fails to ask for that liniment as he calls the medicine.

Among the diseases in which we find echinacea indicated, typhoid fever stands out pre-eminently; to my mind we can make no mistake in using it in this disease as a routine measure, because we can hardly conceive of a case of typhoid fever without evidence of sepsis.

Of course I do not mean to say that echinacea is all that will be needed, neither do I mean to say that where you have that tongue which calls for hydrochloric acid that you will get the results from echinacea that you can get from the acid.

We must not become so wrapped up in the virtues of any one drug, that we overlook the great values possessed by others.

## CHOREA

H. L. HENDERSON, M. D., ASTORIA,  
OREGON.

Anent the several articles and reports on the above subject recently appearing in THE THERAPEUTIST, I desire to report the following:

About twenty years ago, I was occupying a position in one of our medical colleges, the duties of which required me to demonstrate the various clinical cases presented before

the class. On one occasion, a sister of one of the students appeared before the class, suffering with a well marked case of chorea major. I carefully excluded everything that could be a causative factor in producing the disease, such as gastro-intestinal diseases, genito-urinary disorders, menstrual derangements, etc. I then proceeded to impress upon my class, the tediousness, and oftentimes uncertainty of our treatment in such cases, and pointed out the indications, in the given case being unquestionably toward macrotys and hyoscyamus.

Just then one of the students in the class, an old practitioner who was attending a post graduate course, said to me in a whisper, "Professor, if you will let me prescribe for that case, I will cure the case in forty-eight hours, and will then tell you what medicine I use." I readily consented, and directed him to go into the dispensary and procure whatever medicines he might require. He came from the dispensary holding in his hand a half ounce bottle containing a straw colored liquid. He directed that the patient should take thirty drops of the liquid in a full glass of water, immediately after each meal, and that the patient should again appear at the clinic rooms on the second day following, without fail.

On the second day following, when I entered the clinic room, there sat the chorea patient, as quiet as a statue, and reported that the improvement began immediately after the first dose of medicine, being so marked that she

slept well the first night, and after about the fourth dose of medicine, she had almost perfect control of all muscles. The student then confided to me that the medicine used, was Fowler's solution of arsenic. I am free to say that I was absolutely dumbfounded! The student assured me that he had been using the remedy, in the dose mentioned, for many years and had never known it to fail to cure the case, nor had he ever seen it cause any trouble.

From that day to this, I have used the remedy mentioned, in the dose given, and I do not remember a single case that has failed to yield in from one to five days. I have never known a stomach to reject the medicine, nor have I ever seen a case with puffy eyelids. I will modify the first, by saying, that on one occasion the patient took the medicine straight, and then took a glass of water following it. and in that case there was vomiting which subsided immediately, when the medicine was mixed with a full glass of water.

I believe as strongly in specific medication as does any one, and I do not believe in giving a medicine because a given disease exists; but in this case, twenty years and numerous cases have convinced me that thirty drops of Fowler's solution in a full glass of water, taken immediately after each meal, will cure the idiopathic case of chorea, with as much certainty as will castor oil produce an evacuation of the bowels. I don't know the indications in

this case, nor do I care for the indications, but I do know what result will follow.

COMMENT:—The suggestion made by Dr. Henderson for the use of Fowler's solution in the treatment of chorea is by no means a new one. It is the classic method of the old school. It is the first suggestion made by all their medical writers. It is their principal dependence in all cases. Unfortunately, they make but few suggestions for medical treatment beyond this. The doctor has been very fortunate in having a class of cases that were cured by this remedy, as the reports from the general use of this agent do not show nearly as good results, in fact many who have depended upon this remedy for years, administer it with doubt and fear, in each new case, hoping that it will be beneficial, but feeling by no means confident.

Another undesirable feature connected with the use of this remedy is, that while with our remedies the patient's general condition improves all the time, with this remedy if the chorea is cured, the condition of the patient is such with anemia, disordered stomach, disordered glandular action and general debility, that it takes a long time with the best of other remedies to restore him to health.

It is but justice to the doctor to state that the dose that he advises may have had something to do with the promptness of his results, as this is a larger dose than is usually advised. Both Hare and Anders advise from two to five drops with children, given three or four times a day. Carefully increased doses are given adults, but thirty drop doses I am not able to find in any of their works, as it is certainly a dangerous dose to be continued. Carr advises in young people that twenty drops may be given with caution three times a day, but claims that if no other toxic symptoms appear, arsenical neuritis is apt to be produced.

Perhaps Dr. Henderson expects of this very large dose that it will accomplish its results in from three to five days and can be discontinued before serious results appear.

## A FEW PRACTICAL SUGGESTIONS

F. A. PINELES-MONTAGU, M. D., DRURY,  
NEW ZEALAND

In the July number of this excellent journal, Dr. A. W. Dortch requests a diagnosis and treatment of a peculiar case—that of a lady, age 45. I am of the opinion that the lady is suffering from inflammation of the pancreas, or possibly of scirrhus of the pancreas, and I should prescribe, two drams of citrate of caffein, one dram of the tincture of the chloride of iron, and five drops of specific nux vomica. A small quantity of glycerin should be added, and enough water to make four ounces. Of this a dram should be taken three times a day, in a little water. If this should cause constipation I would give a vegetable cathartic pill, and a restricted diet. Peptonized food would materially improve the condition of the patient.

In the July number, Dr. J. C. Dunn requests the diagnosis of the case in which there is presented some peculiar symptoms. It is my opinion that the gentleman is suffering from neuralgia of the 5th nerve—infra orbital. I should prescribe salol in from five to ten grain doses, only when the pain is severe, and if possible on an empty stomach,

the salol to be placed upon the tongue and washed down with a small glass of cold water. I have also the opinion that his blood must be greatly deficient in red corpuscles and he most likely suffers from constipation.

For this I would give a tabloid of Blaud's pill, with cascara three times a day. I should also advise him to wear colored glasses of a green tint, in the sunlight, and have his spine massaged with olive oil every morning, for a week. I should demand that he did no reading for at least one month and that he do not on any account wash his face or his neck in cold water.

I do not think there is any connection between the pain in the eye and the action of the heart. Of course the drugs mentioned in the request are heart depressants. There may be, perhaps, neurasthenia spinalis, or perhaps a slightly enlarged prostate gland, or progressive prostatitis, in which latter case I would prescribe an elixir of saw palmetto with santal compound, and I should restrict his smoking and his drinking.

Mrs. M. aged 55, complained of pain in the stomach. I had found my patient in bed, with a look of depression and anxiety on her countenance. The pain was in the epigastric, right lumbar and umbilical regions. She had been in bed some days, when I was called. She also complained of a suffocating feeling and tightness of the chest, with shortness of breath on exertion.

Temperature was 99.6°; pulse weak and compressible; both the impulse and the sounds of the heart were feeble. The tongue was broad, flat, furred and covered with a creamy coat. I diagnosed the case as one of fatty infiltration of the heart, accompanied with indigestion. She suffered greatly, also, from anorexia, constipation, and insomnia.

For the above conditions I prescribed 16 drops of *cereus grandiflora*, five drops of the tincture of *nux vomica*, B. P., two drams of the tincture of cardamon, B. P., in two ounces of water, and advised that two drams of that be given every three hours.

I called the following day, and found the temperature to be 98.6°; pulse stronger; breathing easier. The pain in the stomach and bowels had disappeared. The patient had had a good night's rest. I changed the medicine and gave the following: Fluid extract of *cereus grandiflora*, 64 minims; tincture of cardamon compound, three drams; water sufficient to make eight ounces. Of this, I advised that two drams be given every four hours.

For the constipation I prescribed the vegetable cathartic pill of the U. S. P. (No. 808, in the catalogue of Parke Davis & Co., of Detroit,) and advised that one pill be given *pro re nata* for this condition, as the pill was needed.

Diet. For breakfast, bread and milk or bread and butter, with weak tea or

milk and water, and a lightly boiled egg. For dinner, mutton or chicken broth with bread. Farinaceous puddings, custards all made with plenty of milk. For tea, the same as breakfast with the addition of a biscuit soaked in tea.

I allow the patient to be up after three days, but order that she should do no manual labor of any description. I saw her a couple of months after, and all the symptoms had disappeared.

## A PECULIAR CASE OF HEART TROUBLE AFTER PARALYSIS

P. J. STOUFFER, M. D., PITTSBURG, PA.

About five years ago I was severely stricken with paralysis of the left side from which I have fully recovered. Since then I have had five different attacks, each one milder than the first, all having occurred on the left side.

A peculiar feature in my case is that after each paralytic attack the nails on my hands show a ridge or depression which run transversely across the nail, as though the root had been injured, thus, impeding or interfering with their growth. The nails upon the right hand showing deeper depressions than on the left. The toe nails have not thus been affected on either foot.

The voice was affected at first, but this has gradually grown stronger and more natural. As this change took place, a distressed feeling in and about the

heart became apparent, as though a heavyweight were on it; also, a constriction of the throat as if being choked. These disagreeable sensations occur upon slight over exertion occasioned in going up stairs or up any elevation hastily. After resting a short time, they gradually disappear. Walking on the level or down grade does not occasion any discomfort.

After having used the various specific cardiac remedies with out obtaining satisfactory relief I began experimenting with crataegus and scutellaria. Obtaining some relief, but not yet satisfied, I added the oil of peppermint to the above, and this has given such prompt relief that I believe it will prove to be a specific in such cases. I herewith quote the formula as follows:

Specific crataegus.....drops 60  
Specific scutellari a.....drops 20  
Olei. mentha peperita.....drops 5

Mix. Sig.: Take from one-half to one drop on the tongue every five minutes until relief is obtained. This being a concentrated preparation it can be conveniently carried in a small vial for the emergency, and if used upon the approach of an attack it will ward off the unpleasant conditions almost instantly, thus enabling the afflicted one to continue at whatever he may be engaged.

Care must be taken to see that the stomach, liver, kidneys and bowels are kept in good condition.

The above mixture has given such satisfying results in my own case I decided to test its merit on my patients who were suffering with enfeebled and nervous cardiac affections. All have, so far, responded with most gratifying results.

## NASAL, BRONCHIAL AND LUNG TROUBLES

J. L. WOLFE, M. D., CEDAR FALLS, IA.

The changeable weather of the past month, and the few unsettled days of the present month, should remind us of the necessity of guarding against the usual train of bronchial, lung and throat disorders, as the changing from cold to warm weather in the spring has less deleterious results than the changing from warm to cold in the fall.

In acute coryza gelsemium is the indicated remedy. It is usually given in full doses, and in severe cases it may be given until its characteristic effects are induced. Cimicifuga may be given in conjunction with it, if the cold is general and there is muscular aching and soreness.

A superb remedy for coryza in its early stage, is the salicylate of sodium in fifteen or twenty grain doses, repeated two or three times at intervals of two hours. Its action is specific, if the frontal and supraorbital pain is well marked with extreme fullness of the head.

Ten to twelve drops of the tincture of the chloride of iron well diluted, given every two hours in many cases of sudden cold, especially in persons who have been exposed to cold and dampness, will work very promptly and satisfactorily. The inhalation of camphor gum is excellent for children. Euphrasia for infants, is a specific remedy also.

Many children in furnace-heated houses, will have a hoarse bronchial cough with the first cold weather. With many it closely resembles the hoarse ringing cough of croup. Bryonia is the indicated remedy, if the cough is continued until fever is present; but if there is no fever, no remedy will be more effectual than two or three doses of specific ipecac. If given at once, it should abort most of the cases in a few hours. The sudden change of temperature with the dry irritating heat of a furnace and poor ventilation, will cause these coughs to recur during the winter in some families, all the young children being effected.

With all the suggested improvements in the treatment of bronchitis and pneumonia, in the past few years, nothing has given better results than the methods of the Eclectic school followed for the past many years. With all of our physicians who are not constantly experimenting with some new remedy, the mortality is less than two per cent, in marked contrast to the official hospital reports of from twenty-five to forty per cent. The

method is remarkably successful with children. The chest is covered with a poultice of meal, or a hot compress for the first twenty-four hours, or in children the larded cloth with compound lobelia powder upon the chest, in all cases to be replaced with a covering of warm cotton or a cotton jacket. In every case, the air of the room should be kept full of moisture. For internal use in the first stage, we have aconite and belladonna in one prescription, alternated with bryonia and ipecac in another prescription; the doses are small, and are given every half hour with infants, and every hour with adults. The results are marvelous. After the first stage is past and resolution is progressing, we give tonics as indicated. Digitalis or cactus is indicated in feeble hearts; hyoscyamus for restlessness and delirium, ergot in passive congestion, and stimulants in the first stage of convalescence.

With this course carried out properly, violent measures are never indicated. Bleeding is barbarous and unwarranted, and a cold bath or cold to the chest are absolutely criminal, whoever advocates them to the contrary notwithstanding.

When the pulse is large, full and hard in the first stage, a few full doses of veratrum will sometimes work wonders.

## SEVERAL CLINICAL FACTS

M. SHADID, M. D., KIMSWICK, Mo.

The nocturnal variety of incontinence of urine is often cured by administering the one-five hundredth of a grain of sulphate of atropine, night and morning, increasing the dose a little every few days. When the physiologic effects become manifest, or when some improvement takes place, maintain the dose for a week, then gradually reduce.

Other non medical auxiliary measures at the same time are helpful. Among them are sleeping on a hard mattress, elevation of the foot of the bed, prohibition, or at least limitation of the amount of fluids taken at supper time, cold sponging to the lumbar and perineal regions, waking the child an hour after going to sleep, and an hour before rising, to empty the bladder.

In the treatment of palpitation, about one-sixtieth of a grain of strychnine arsenate before meals and one-thirtieth of digitalin two hours after has given results, in a number of cases which I have been called upon to prescribe for.

In persistent vomiting, a few cases have yielded to codeine, one-fourth of a grain usually suffices, though the dose may be repeated if necessary.

Tinea versicolor, may be cured by washing the parts morning and evening with green soap and warm water, and then applying the following as needed:

Sodii hyposulphitis.....drs. 6  
Aqua dist.....ozs. 4

Mix.

In the constipation of convalescence, especially in children, I have given relief by having the patient eat a prune three or four times a day, which was previously stewed in an infusion of senna leaves, as advised in Ellingwood's *Materia Medica*.

Chronic constipation due to deficient excretion is aided by the application of a good lubricant. Water given freely with a little sodium bicarbonate to prevent excessive absorption, is a good auxiliary; cascara sa-grada in from two to ten drop doses three or four times a day gradually decreased is good.

When due to enervation or deficient muscular action, massage to abdomen, sponging of the spine and abdomen with cold water each morning with the addition of a stimulating laxative, I find that Dr. Waugh's laxative in gradually decreasing dose is often curative.

In pediculosis capitis saturate the hair two or three times a day with ordinary petroleum, and keep it wrapped during twenty-four hours. Then wash it with soap and warm water twice a day, followed with an application of tincture of cocculus indicus, usually full strength, dry and saturate with official ointment of ammoniated mercury, or blue ointment.

The free inunction of the blue ointment or a ten per cent oleate of mercury ointment, or the petroleum salve of Kaposi alone is effectual. Kaposi's salve is made in the following manner:

Petroleum .....5 parts  
Olive oil.....2 parts  
Balsam peru.....1 part

For herpes zoster, use the following treatment:

Resorcin .....grs. 30  
Alcohol (90 per cent)...ozs. 3

Mix and apply freely.

Later boric acid in solution is a good application. Morphine sulphate from five to ten grains to the ounce of collodion applied over the lesions, aids much in controlling pain if present.

## SQUAMOUS ECZEMA

LUCIAN N. YOST, M. D., FAIRMONT, VA.

I desire to report the following case and ask if the editor or any reader can suggest to me anything that might do this case some good.

The case is that of my mother, aged 78, who always had remarkably good health, has raised eight children, all living except one, who died at the age of 22 years, of typhoid fever. I am the youngest, at the age of 37. My mother always lived in the country, and enjoyed an out-door life, last spring,

during the month of February, she took to her bed, and has been confined to it, and the room, since that time.

For several years she has had a small patch of eczema on left ankle, which during the last two or three years had given her a great deal of trouble. During the month of February she overheated herself, and was taken down at once with the following symptoms: A fine eruption appeared over the upper extremities and the body, extending all over the body until the whole seemed to be one solid eczematous eruption, which from time to time has been better and worse. The body scales off frightfully, the heart seems to be in pretty fair condition for one of her age, the kidneys are now acting fairly well, but at one time the whole body assumed a general anasarca, but by the use of apocynum, that was soon overcome. The appetite is ravenous, and while we have tried to diet her, yet she seems to grow no better, that is, to remain better. All of her hair has come out, and she will take spells of itching that are frightful; at night it seems to be worse.

Now, Doctor, it would be impossible to tell you what all has been done for her. She has been in the hospital for weeks, where we have had the very best care that could be given her, and I have several doctors-of the regular school to see her. Some say she will get well, and others say not, but none has suggested anything yet that seems to do the case any good, and as she is a dear old-fashioned mother and one that is very

dear to all of her children, I write you if you can suggest to us anything that might do the case any good.

I have tried to give you the case as it is. My diagnosis is squamous eczema, and it seems to me to be a typical case in every particular, according to all the text I can find upon the subject.

COMMENT:—The above case is an extreme one and the doctor certainly has my sympathy. I do not feel equal to advising him in this case. I have seen excellent results in the treatment of stubborn cases of eczema, but the chances of a cure in this case are lessened by the age of the patient. For external treatment mild, unirritating, local antiseptics over a given area, closely covered, so as to exclude the air as much as possible, have been of service in my cases.

For internal treatment every condition must be closely considered. I believe for a time rhus tox. will accomplish a good result. Berberis is very important and should be persisted in. I believe that iris, either alone or in conjunction with podophyllum, and perhaps phytolacca, should accomplish a good result also. In the treatment of severe forms of this disease, in babies, I have cured a number of cases by the use of phytolacca, Podophyllum, yellow dock, with the acetate of potassium in one, two or three grain doses every three hours. I like the eliminative effect of the acetate of potassium in feeble cases better than the alterative influence of the iodide.

I am quite confident that half of a grain of the carbonate of iron every two or three hours for twelve or fourteen days would be of material benefit in this case. I have received this suggestion both from Prof. Whitford and Prof. Clark, both of whom use this form of iron in certain intractable skin disorders.

I shall be very glad, indeed, to publish the suggestions of any of our readers who may feel inclined to respond to the doctor's request for suggestions in this exceedingly interesting case.



### PLEURITIS

F. A. PINELES-MONTAGU, DRURY,  
WAKATO, NEW ZEALAND.

I was called at one time to attend Mr. H., aged 50 years, who had been for three weeks under treatment for bronchitis, by the local chemist. As he felt that he was becoming gradually worse, and as I had just arrived in the neighborhood, he sent for me. I found the temperature 102°, pulse 120, right side slightly enlarged, movements diminished, percussion sound dull, respiratory sounds feeble. Signs of fluid plainly observed. The tongue was furred, broad and flat. I ordered him to bed at once, and directed that a linseed poultice be applied on the affected parts for about four hours. The bowels were regular, and the urine febrile. There were insomnia and anorexia. I prescribed two and one-half drams of the tincture of aconite, twenty drops of the fluid extract of bryonia, and three drams of the fluid extract of asclepias in four ounces of water. Of this, I advised that a teaspoonful be given every three hours. For the insomnia, I gave him a dram of passiflora in an ounce of water to be taken at bedtime. Improvement was rapid, and on the seventh day he was able to attend to business.

### Arnica After Confinement

I have used the tincture of arnica internally, after protracted or difficult labor where the patient suffers from muscular soreness, or muscular tenderness, or lameness, from the severe muscular strain. I add a few drops of the tincture of arnica to a little water and give this in small doses frequently, but I also dilute the tincture and apply it externally in the same cases.

During many years of my practice I have used macrotys and pulsatilla, to prepare my patients for labor. I have not previously had my attention called to mitchella. I shall have no hesitancy in using it in my next case, and I believe from what I have read that I will find it as good, if not better, than those I have named.

J. C. ANDREWS.

COMMENT:—In the above statement, I take it that the doctor depends more upon the external action of arnica, than he does upon its internal influence. In the condition he describes he has given us the precise, specific indications for the internal use of arnica. Ten drops of the tincture, in four ounces of water, given every half hour or hour, will be found to exercise a specific influence upon the condition named. The remedy is also demanded for much the same condition induced

by injury, or resulting from a severe surgical operation. The extreme soreness as the sequel of an operation, or in the wound, and the muscular aching accompanying it, are all beneficially relieved by this remedy. The external use of arnica is demanded in the same class of cases, but its influence is local, while internally it has a stimulating influence upon the central nervous system.

### **Treatment for Erythema Multiform**

I have found a course of treatment in which rhus tox. is given internally, and a solution of epsom salts is used externally, to be the best treatment for the above named disease of many I have tried. I add five drops of specific rhus to four ounces of water, and advise the patient to take a teaspoonful of the mixture every one to three hours. I then dissolve two ounces of the sulphate of magnesia in two pints of water and apply this solution with compresses of gauze, keeping the surface moist constantly for 24 hours. Then I advise a bran bath and apply mild zinc ointment. If the bowels are at all constipated I advise that half a dram of the salts be taken every two hours, until the bowels move freely.

I repeat this course, about once in two days, both the external and internal treatment until the skin is normal.

THOMAS W. MUSGROVE, M. D.

### **Chorea and the Cough of Measles**

After long and frequent use I have placed phoradendron flavescens—the mistletoe—at the head of my list of remedies for the treatment of chorea. I usually add one dram of the fluid extract to four ounces of thin syrup, and give a teaspoonful of this every two hours to the patient when awake. Some cases may need the medicine stronger, and some will get along with less than the above. The results of this treatment have been very satisfactory.

For the cough of measles, I use the same remedy in the same way, varying the quantity and time of the dosage to suit the age and condition of the patient. I consider drosera clear out of sight, as compared with this remedy.

OVID S. LAWS, M. D.

### **Congestive Chill**

In all of the writings concerning malaria we find but few suggestions for the treatment of congestive chill. In order to obtain a reaction while the chill is on, I have used the following prescription: Spiritis frumenti, drams four; chloroform, dram one-half; Mix. Give this at a single dose, and the chill is usually gone within thirty minutes.

Thirty years ago I saw my first case of congestive chill. I followed the treatment of the books and lost the patient. I then began to do some thinking for myself, and I evolved the

above formula, with which I have treated a number of cases since, and all successfully.

After the chill is relieved, I combine forty grains of quinine and 15 grains of powdered capsicum, and fill eight capsules. I give one of these every two hours, this is a treatment for a well-developed strong man. For a woman I would use 25 per cent less chloroform. If brandy is not available, I use water with which to combine the chloroform, but use about 10 per cent more chloroform. I have learned to believe this a reliable specific for this class of cases.

C. B. DEAN, M. D.

### Supra Orbital Headache

For those cases of severe periodical super-orbital headache, that occasionally accompany or follow an attack of influenza I give Fowler's solution of arsenic, thirty drops; water four ounces. Mix. A teaspoonful every three hours. This will soon effect a cure. When there is tenderness on pressure in the skin about the eye ball, I add to the above mixture ten drops of bryonia.

T. D. HOLLINGSWORTH, M. D.

COMMENT:—The above quantity represents one drop only of the solution to each dose. If that is to be given every three hours, one would naturally think that the cure would be but slowly brought about. Fifteen

grains of the salicylate of sodium will sometimes relieve the above pain described in twenty or thirty minutes. Whatever remedy we use we want the quickest and most satisfactory results.

### Tetanus, a Case

Mrs. S. stepped on a rusty nail and did not have the wound dressed for three days, when it began to be very painful. The wound was then opened, thoroughly cleansed and kept open. Seven days from the date of injury, tetanus developed. I gave the patient three thousand units of antitetanic serum, and injected hypodermically, ten drops each of gelsemium, carbolic acid and water every six hours. The wound was treated every six hours, with the peroxide of hydrogen and a solution of iodine.

In twenty-four hours there was an apparent improvement which gradually continued for five days, when the patient was without any symptoms, except a slight stiffness of the Jaws, which also gradually disappeared.

It is unfortunate that I am unable to state whether the good results in this case were due to the injection of serum or to the use of the medicines above named hypodermically as I used them both at the same time, but I am inclined to give a large share of the credit to the hypodermic medication. My faith is based upon the fact that I have lost two cases, previously, in which the serum was used freely,

alone, without the gelsemium and carbolic acid injection. As an external application, I think more favorably of a solution of iodine, than of the ordinary antiseptic.

J. R. BOLLES, PH. G., M. D.

### A Sore Nose

I have a patient that for many years has been troubled with a sore nose at times. The nose will become red, swollen and very tender at the tip. This would be followed by malaise and severe headache. I early learned to relieve this with an ointment made of the nitrate of mercury. This was applied freely once a day, usually at night, on the inside of the nose. Relief would follow very quickly.

I have found this same simple, but painful trouble in others of my patients a number of times, and have always been able to relieve it with great satisfaction to all concerned by an application once daily of this ointment.

W. D. EUSTIS, M. D.

### Trifacial Neuralgia—Hot Flashes

I was recently called to attend a lady who was suffering most severely from neuralgia, of the trifacial type. For immediate relief I made a small swab by wrapping a piece of absorbent cotton around the end of a toothpick. I dipped this in chloroform and wrapped

that in another piece of dry cotton, and stuck it into the ear, and kept it there until the burning sensation could not be longer borne. I then removed it and— presto—the neuralgia was gone. I relieve toothache in this same manner, and find it a simple thing, very effectual, and reliable, I therefore send it along for the family.

As medical treatment for neuralgia, I give ten drops of specific gelsemium at a single dose. When I expect to give the medicine in repeated doses, I follow up with three drop doses every hour. I find this same treatment to be excellent for the hot flashes that are apt to occur during the menopause.

Another course that relieves some cases of facial neuralgia, is to apply a one to one thousand adrenalin solution in vaseline rubbed over the cranial nerve, where the nerve comes out through the foramen.

GUSTAV E. HENSCHEN, M. D.

### Æsculus, Collinsonia and Hamamelis

In reading your September THERAPEUTIST I noticed a list of remedies on which you ask for observations from other doctors. In reply I will say that I have used æsculus glabra in hemorrhoids with excellent results, also collinsonia and hamamelis. Esculus is indicated by pain or a sense of constriction in the rectum, whether there is hemorrhoids or not.

Collinsonia, by heat or burning pain, and hamamelis is given to improve the circulation of hemorrhoidal veins. Collinsonia, when given in this trouble, should be given in small doses. My prescription is usually as follows:

Æsculus.....dr. 1  
Collinsonia .....drs. 1/2  
Hamamelis .....oz. 1  
Aqua, q. s. ....ozs. 4

M. Sig. Teaspoonful four times a day. Your THERAPEUTIST is one of the best journals I take; I wish that all journals were edited in the same way, precise, practical and to the point.

Fraternally yours,. A. HELBING, M. D.

COMMENT:—The above comparison of these three remedies, in the treatment of hemorrhoids, or of their influence upon the lower bowel, is a very important one. I want further reports, confirmatory or otherwise of the doctor's statements, from any physician who has used these three remedies separately, and who is able to make a clear report of the specific indications for each.

### **An Antiseptic Dressing**

The following I find to be the best antiseptic and healing lotion that I have ever used: Specific echinacea, drams six; asepsin, grains six; water q. s., ounces eight. Mix. I use this as a wet dressing, on all sorts of sores and bruises. I find it especially valuable for infected wounds. There are no

constitutional symptoms. No blood poisoning ever develops when this is used.

If given internally in teaspoonful doses every two hours, it is a perfectly reliable blood purifier. I have also used it with much satisfaction, as an injection, in the treatment of gonorrhoea. Indeed its uses are numerous. It can be made much stronger. In fact I have used pure echinacea on fresh cuts and abrasions, with rapid healing.

L. H. DEMARR, M. D.

### **Peculiar Tongue**

I have a patient with a peculiar tongue. I will describe it as nearly as I can, and will ask your readers to tell me what is indicated by it. The tongue is usually very red, the surface may be white or it may have a brown coat, but the red foundation at the base of the papilla is plain. Upon this there are very many little spots of a deep red color, which closely resemble flea bites. I have heard the name of flea-bite tongue; I should think it would be applicable to this case. Occasionally, there is only a brown streak down the center of the tongue, with these red spots. I have never read anything that suggests what this symptom is diagnostic of.

The patient is a young lady who has a long train of unpleasant symptoms. She has chronic indigestion, which is accompanied with vomiting spells.

After vomiting she feels much better. Certain kinds of food, as beans and sour kraut, will lay for days in her stomach. She lives in a malarial neighborhood. She is anemic and poorly nourished. About two years ago she was operated on for ovaritis, and a ventral suspension was done. Now she is frequently troubled with a persistent dull pain in the pit of the stomach.

If the editor or the readers of this journal would kindly give me an explanation of this tongue, and a diagnosis of the underlying conditions of which this patient suffers, and would suggest a plan of treatment for me, I should certainly appreciate it very much indeed.

DR. DUNN

COMMENT:—I am not able to find a description of the condition of the tongue similar to that described above. It does not correspond to the strawberry tongue of scarlet fever, but seems to be in some particulars similar to that which indicates the use of rhus tox. at any rate, I should give rhus tox. and echinacea in this case, based upon that indication. However, the nervous system first needs attention. The operation on the ovaries and the ventral suspension have undoubtedly produced an influence upon the sympathetic nervous system, and a shock to the general nervous system, which must have the utmost care and attention. The digestive apparatus must be put into the best possible condition also.

A close study of the existing conditions, and of new conditions as they appear, will enable the doctor to prescribe single remedies in this case with beneficial results.

### Practical Suggestions

In the treatment of angina pectoris I have used specific lobelia, made from lobelia seed. I have given from ten to twenty drops for the relief of the pain, every twenty or thirty minutes, until the pain ceases. I have found cactus a good remedy for this condition, but I have obtained better results from lobelia.

In the treatment of hemorrhoids the tincture of the horse chestnut, with me, is preferable to *esculus glabra*. The remedy must be given in small doses. I prescribe twenty drops of the tincture to four ounces of water, and give a teaspoonful four times a day.

In the treatment of gastric acidity I use the acetate of potassium in from 5- to 10-grain doses, dissolved in water. This has proven to be an excellent remedy.

I use *hamamelis* for varicoses, either alone or combined with *crataegus*.

In the early stages of diabetes mellitus, I have obtained good results from the use of *chionanthus* in 15-drop doses, given about four times a day. This remedy has been mentioned for this condition in this journal a number of times. I would like to add my testimony in its favor.

There are certain forms of painful menstruation that have yielded, for me, very satisfactorily, to the action of

macrotys and pulsatilla. In certain spasmodic cases, black haw is added.

With me, as with several other writers for this journal, staphisagria is an excellent remedy for irritation of the testes, and associate organs, as well as for impotency. I believe we should have more definite, detailed reports of the action of all of these remedies.

J. C. ANDREWS, M. D.

### Potass Bichromate and Potass Chlorate

I would like to suggest in response to the request made by Dr. S. M. Henry in the October THERAPEUTIST that he give his son the bichromate of potassium when his tongue is coated with a yellowish coat, and that he change to the chlorate of potassium after meals when the tongue becomes bluish, as it sometimes will. The chlorate of potassium is certainly a specific for certain forms of nervousness, when it is not contraindicated by acidity of the stomach. It is always specific for foul breath, as an antiseptic. I have had it relieve some of my bad cases of so-called water brash, when it was caused by nervous irritation. Prof. J. M. Scudder. in his specific diagnosis recommends bichromate of potassium, especially in catarrhal conditions, when the tongue has a yellowish coating. This is also one of the indications for Podophyllum. I have sometimes used the two remedies in conjunction.

LENA R. WHITFORD, M. D.

### Class of '93

I would like to hear from the members of 1893 class of Bennett College. I wish they would report through the columns of this live journal by sending in one therapeutic fact for the January '09 number. We can all come together in that issue. I have scanned the columns of every issue of this journal for two years and have only seen the names of two of that class. Let us all report.

A. SCHREIBER, M. D.

### A Valuable Effervescing Formula

There is a combination of remedies found in the following formulae which I have found valuable indeed.

Sodii bicarbonate C. P.....ox. 1/2  
Sp. triticum.....drs. 3  
Aquae, q. s. ad.....ozs. 8

Mix. Sig.: Take two drams in two ounces of water every four hours.

Mark this No. 1.

Acid citric.....drs. 3  
Aquae .....ozs. 4

Mix. Sig.: Take one dram with No. 1. Drink while effervescing.

Mark this No. 2.

This I find helpful in that frequently encountered condition where the eliminating organs are not doing their whole duty (or, rather, where, by reason of overeating on the part of the sufferer, his eliminating organs have been overtaxed), indicated by a furred tongue, usually white or yellowish white, foul breath; epigastric and hepatic fullness and tenderness; bowels sluggish or constipated; urine scant, high-colored and occasionally offensive or painful in passing, oftentimes accompanied by muscular soreness or pain.

A few preliminary doses (from four to six) of calomel 1/4 gr. with Podophyllin 1/12 gr. every hour—clears and renders somewhat more aseptic the upper bowel and prepares the patient for the mixture.

There are other indications that cause me to substitute for or rarely add to the triticum—the remedy that will meet the need; for instance, if the above described condition is encountered during pregnancy mitchella does well added—or where there is evidence of a chronically congested and sore liver, chelidonium or chionanthus is better than the triticum; or, again, if the muscular soreness or pain is marked—add macrotys in appropriate dose.

The saline diuretic mixture has done me good service in kidney affections where because of deficiency in its eliminating function, the stomach is chronically squeamish and sore, and

the appetite is impaired or lost. The effervescing draught in this condition is grateful to the stomach and helps it in a manner only secondary to its benign effects upon the urinary tract.

T. J. WEST, M. D.

### Pain in the Sigmoid from Inflammation

A recent writer in *American Medicine* concerning pain in the region of the sigmoid, says that opium and morphine should not be given. Usually, the evacuation of the bowels is followed by the subsidence of the more intense pains. Hot applications and counter-irritants may be applied to the abdomen, the buttocks and the thighs. In case the painful sensations continue, suppositories containing belladonna (the extract of the powdered leaves) should be inserted into the rectum, as high up as possible. If tenesmus is present, it is advisable to add lupulin in gram doses to the suppository, which should have for its base a glycerogelatinous mass.

\* \* \* \* \*

An additional suggestion is made by an English physician for the use of turpentine for bottle fed or breast fed babies who suffer from flatulence and colic, which are likely to produce local irritation. He rubs up one minim of the rectified oil, with three minims of castor oil, and two grains of gum tragacanth, in a teaspoonful of water,

and gives this regularly every four hours, to an infant from eight to twelve months old.

\* \* \* \* \*

We are having increasing evidences of the curability of certain external forms of cancer. A German writer has cured twelve consecutive cases of uterine cancer. He believes in first removing all removable portions, as is commonly advised in mammary cancer.

### ACONITE HOMEOPATHICALLY CONSIDERED

E. B. NASH, M. D., PORT DICKINSON,  
NEW YORK.

The following is the leading homoeopathic characteristic of this remedy. Too great stress cannot be placed upon it as a guide in prescribing.

FEAR. *General jearjulness; fears approaching death which she predicts. Fears to go into a crowd; or into the streets.* Fears many things, but is fearful of death the most of anything.

In regard to other remedies having the symptoms of fear, ARSENIC ALB. comes the nearest, perhaps, to *Aconite* of any other remedy. And it has anguish and restlessness equally; but *Aconite* fear takes place in the beginning of acute inflammatory affections and before organic changes have occurred, while *Arsenic* come later, and after, or when

such changes are present. The *Aconite* patient is sure death is imminent, right at hand, while *Arsenic* is sure of impending death from his disease, from which he can never recover. *Aconite* is on the move with more than usual activity, throwing himself about, while *Arsenic* is just as restless, but cannot move so freely on account of too great prostration. *Aconite* has no great changes, as of decomposition of blood, while *Arsenic* has it very positively; and, also in many instances, even malignant degeneration. So it is not very easy to confound these two remedies, or necessity for alternation, or combination of them.

2nd. *Anguish and restlessness.* Hering put it in his original *Materia Medica Cards* —*Excessive restlessness and agonized tossing about for hours.* It could not be much better expressed. Like the fear which we have described, this condition is found in the first stage of inflammatory affections, though it may exceptionally appear during the course of sub-acute affections and in such cases a dose of *Aconite* may be interpolated with great advantage. Here, again, *Arsenicum* comes out prominently for comparison, for it has anguish as well as restlessness in a fully equal degree. In my “Leaders in Homoeopathic Therapeutics,” I placed in trio *Aconite*, *Arsenicum* and *Rhus tox.*, and so far as restlessness is concerned they belong there, but the anguish or as Cowperthwaite aptly terms it—the “Mental Distress,” is not prominent under the *Rhus tox.*, for the patient may here be more or less

indifferent.

3rd. PAIN must be considered as belonging to *Aconite* as a characteristic. The *pains* are *intolerable* and *drive* him to *desperation* with *loud cries* and *lamentations*. Like *Chamomilla* and *Coffea*, they seem unendurable and are often wonderfully met and relieved by one or the other of these three remedies. The subject of pain in disease is of paramount importance to the homoeopathic physician and guides to the choice of the curative, where the pathological hobby rider is helpless. These are only a few of the many instances of characteristic indications, which guide to the choice of similia in prescribing.

4th. *Aconite* has another condition which is equally characteristic with that of pain numbness and tingling.

This may occur in the left side, tongue, lips, spine, left arm and fingers. If you want to test this chew fine a leaf of the "Monk's Hood" and you will probably be satisfied within twenty minutes.

5th. *Aconite* centers its action most positively in the region of the heart and respiratory organs. No remedy more excites or depresses the circulatory system. *Aconite* for accelerated circulation, such as is generally present during the first stages of high grade inflammatory affections, and especially when located in the respiratory organs so contiguous to the heart. Of course such inflammatory affections are not

confined to these organs, but a general affection like inflammatory rheumatism may call for its employment to the exclusion of all other remedies, but even here the *quick pulse and rapid breathing* will be prominent. Indeed the *mental distress* upon which we have put so much stress is almost always in connection more or less with heart and circulatory disturbances.

6th. Chill, fever and sweat.

All schools acknowledge the importance of this part of our subject. Not many serious complaints either acute or chronic but have indications more or less pronounced under one or all of these heads. Chas. J. Hempel, of old "dubbed" *Aconite*, the "back bone of homoeopathy," because it was so generally (as he supposed) the remedy with which to begin the treatment of most diseases having high grade inflammatory fever present, so he placed great reliance upon his *concentrated tincture* of *Aconite*, and became a routinist in regard to this remedy. Now while we would not estimate lightly this property of *Aconite*, we would most earnestly protest against its use simply for inflammatory fevers.

7th. THE MODALITIES. We have already mentioned the cause—exposure to cold dry air, and will add by way of putting them all together—checked perspiration; fright; operation.

The diseases most common after these

causes are croup, pneumonia, pleurisy, rheumatism, jaundice, suppressed menses, etc. *Aggravation*, evening and night, warmth, covering, rising, lying on offended side; *Amelioration*, open air, assurance, encouragement .

To recapitulate, under seven heads we have: 1st. Fear; fright, and effects of it. 2d. Anguish and restlessness with agonized tossing about. 3d. Pain; tearing, cutting, driving to desperation. 4th. Numbness and tingling; left side, tongue, lips, spine, etc. 5th. Heart and respiratory organs (location). 6th. Chill, fever and sweat (especially synochial fever). 7th. Modalities, causes (exposure to dry, cold air or checked perspiration; fright; operations, increase in evening and night, by warmth, covering and rising. Decrease in open air, assurance and encouragement.

Around these seven revolve the whole pathogenesis of this remedy. It will be noticed that of the seven, five are subjective symptoms, and two might be properly classed as objective.—*Homeopathic Record*.

### GLEET

I have recently had an experience with a very intractable case of gleet, in which the discharge had resisted all ordinary methods of treatment for months. There was considerable tenderness in spots up and down the urethra. I cured the condition completely, by advising the patient first

to evacuate the bladder, then to fill the bladder with a solution of bichloride, 1 grain in from 20 to 24 ounces of water at the body temperature, passing through the urethra, after removal of the catheter, as much as could be introduced into the bladder through a soft catheter. This was done at first every second day; later every third day, and during the last month very four or six days. A small quantity of gelsemium and macrotys was given at first to overcome the irritation, and later an infusion of marshmallows for its soothing influence.

\* \* \* \* \*

The Medical Summary editorially writes concerning or in reply to the question, "Are we all crazy?" as follows: "It is nevertheless true that we have more varieties of mental decadence, more shades and differences of abnormal mentality than existed in times remotely past. Modern psychiatry reveals this fact. Neuroses and psychoses that are embryo material for the making of insane people were never so numerous. There are now so many vices and pernicious habits that did not exist in times past that it is not surprising that the habitue breeds offspring with degenerate tendencies, and a mental deterioration that is passed down the line. Dope fiends, sexual perverts and cigarette lunatics were never so numerous as now.

# Ellingwood's Therapeutist

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

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

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



## FOR OUR SUCCESS

At this the end of our second year, I feel that every reader of this Journal is to be congratulated on the success it has attained, during its short two years. Of its success, I am not judging by my own knowledge; I am taking the earnest words poured in upon me by the subscribers, in praise and congratulations, during the past year.

Much of the success is due to the co-operation of every reader. The large number of practical truths that have been given us, have come from them; I have collected, arranged and commented, adding only the results of my own experience and observations when it seemed best.

The outlook for the coming year is unusually bright. I have so many assurances of assistance, of co-operation from my subscribers, that I feel confident of making the greatest success this year that I have yet made.

I want every reader to at once charge his mind with his personal responsibility in this work. I want the fact, your comments, and your experiences. I also want your influence in impressing other physicians with the value of this journal and urging them to subscribe for it. It would be but a simple thing for every reader to send me their own and one other subscriber's name, thus immediately doubling my subscription list, and enabling me to add very much to the value of this journal.

Further affirming the above statements and as I stated a year ago, the object of this Journal is clear. *I want to interest every Doctor in studying direct drug action.* There are specifics to be found for every exact condition. The whole profession must know them. We must have them. To obtain them, I am trying to "work" every individual doctor for all he knows. I want to make ELLINGWOOD'S THERAPEUTIST a Therapeutic Clearing House, as it were, for straight clinical Facts.

*Doctor, you must be with us, in this important work.* If you neglect to help in the advancement of this plan, you will commit a sin of omission, for which you will never be forgiven.

Whatever other journal you subscribe for, for 1909—whatever you do hereafter—for this once put this journal as the first on your list, and send us the dollar and your fact promptly. Your subscription will be entered to January 1910.

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## AS THEY ARE ADVANCING

In its earnest effort ostensibly to improve the study of therapeutics in the United States, *The Journal of the American Medical Association*, and the Powers that be, especially the celebrated Council of Pharmacy and Chemistry are advising, yea, are almost insisting, that the Regular profession prescribe only those remedies and compounds which are authorized by the U. S. P. and the National Formulary.

In order to facilitate such a plan, they have devised a series of compounds to take the place of certain well known and reliable proprietary medicines which it seems, the physicians are prescribing quite generally. In other words they authorize the use of liquor antiseptius, but discourage the use of Listerine, from which the formula of the former is copied. Also the liquor antisepticus alkalinus, instead of Glycothymoline and the Digestivum Compositius, instead of Lactopeptone.

They denounce Antikamnia, and rule its advertisements out of all of their journals, but advise the pulvis acetanilidi comp. made from the antikamnia formula, and so on, with such compounds as Antiphlogistine Bromidia, Fellow's Hypophosphites, Gray Glycerine Tonic Compound and Pepto-mangan.

In my opinion instead of encouraging the study of therapeutics this is simply another grand dodge. The National Formulary is supposed to give every

pharmacist a formula for the manufacture of the compound advised. I don't believe it is possible for any pharmacist, with the formula given, even if the formula is correct, to duplicate these acknowledged superior compounds, and produce a preparation that for fineness of manufacture, will be in any way comparable, with these which are manufactured in most cases, with the utmost care and skill, for the profession at large. It is the pharmacy of these compounds, as well as their constituents, that has forced the profession to recognize their superiority and the National Formulary to acknowledge that superiority by authorizing and formulating their duplication.

Let any one who has used Listerine or Bromidia or Gray's Glycerine Tonic Compound or Fellow's Hypophosphites, and especially Glycothymoline, undertake to have their best pharmacist duplicate these preparations and see what will come of it. The palatability, the stability and the appearance of the duplicated preparation will in nearly every case show the compound to be exceedingly inferior. I can see no reason whatever, if they are going to use the compounds, why they should not use the proprietary compounds, which by virtue of the fact as stated, that they are made for the entire profession, and have been evolved by increasingly superior methods of manufacture, are plainly in every way superior. If the physician prescribes the product advised by the above named

authorities, he is not doing his duty by his patient. He is prescribing an inferior product, and is enabling the druggist to make a large profit.

It seems to me, as I have constantly argued, that it is the duty of these authorities in the study and manufacture of remedies, to insist upon the study of the individual drug, thus enabling a thorough student to meet the indications in each case, if not possible by a single remedy, by a compound that is indicated, correct!} and definitely, for that particular case. Furthermore, the narrowness of any board or any authority in insisting that a body of men should prescribe only as they dictate, when they cannot deny that they have been influenced by prejudice in many particulars, is absolutely inconsistent with the spirit of advancement today. So far the entire work of the Board of Pharmacy has been with compounds and proprietary remedies to give them a definite place. Such advancement is retrogression (?)

## CLINICAL STUDY AND LABORATORY METHODS

I am continually arguing in favor of clinical teaching in all colleges. Clinical instruction is the essential, the practical, the basic method in my mind, for the medical student. The laboratory methods of the leading colleges are highly scientific and have their place, but they should not exclude clinical methods. A writer in the Lancet Clinic, while favoring laboratory methods, makes some very

sensible statements concerning them, and in favor of practical, clinical observation. He says:

It is not so necessary for a physician to be able to make the test for arsenic in the gastric contents in a suspected case of poisoning, as to be thoroughly conversant with the symptoms, to estimate the exact per cent of polynuclear leucoctyes in a case of suppuration as it is to know the really more reliable clinical symptoms of such a condition. The combination would be nearly ideal, but other circumstances— and there are many —govern our careers.

Grant the average young physician a good laboratory training. He, as a rule, at the outset finds himself poorly equipped to carry on the work in the thorough manner required. He has the time but little opportunity is afforded him. from his all too limited clientele, to exercise his knowledge. Patronage from older practitioners is not of sufficient frequency or regularity to keep the work going constantly. The result is that any special adaptability he may have had declines for want of practice. His reports become of decreasing value or possibly misleading, thereby bringing a most valuable adjunct to medical diagnosis—and possibly himself—into disrepute.

Too much laboratory instruction, especially when practical methods have been neglected or considered of secondary importance, destroys in a

great measure clinical confidence and self-reliance. There is a prevailing tendency to view the world through the small aperture of a microscope, to see a little, great, and the great, but little. The laboratory doctor—and there are such —rushes to his microscope and reagents, gets their reports—often unreliable, as we have seen, before he ventures an opinion, and then, more frequently than not, places the responsibility of the final decision upon the practical diagnostician.

The five senses with which we all are endowed serve us better collectively, especially when trained a little, than any acquired sixth or laboratory sense. Laboratory sense should always be considered, for it is a positive value, but should never be given preference. It is a valuable adjunct, an adjunct only, to medical instruction as well as to medical practice. All too frequently, problems present themselves which with all our acumen, with all our senses, sixth included, remain problems still, and will, until some one, perhaps a laboratory man, comes to our assistance.

Laboratories are, but should not be, given preference to clinical and practical training in general college work.

More attention should be given to direct clinical and practical instruction.

The establishment of clinical laboratories conducted by experts, should be encouraged.

## ECHINACEA IN IMPETIGO CONTAGIOSA

Dr. John Phillip Gibbs, of Fullerton Ave., Chicago, has given me the results of his use of echinacea in the treatment of impetigo contagiosa. This skin disorder is indeed a most stubborn, intractable and troublesome one, with even the best known methods of treatment of the past. Any one who has had experience with it will confirm this statement. Any method of cure that will be readily accessible and reasonably prompt in its influence will be hailed with delight.

The doctor had seven severe cases. He made a fifty per cent solution of the fluid extract of echinacea and of this he gave to children fifteen drops and to the adults thirty drops internally, every two hours. He bathed the diseased surfaces—the eruption—freely with the solution, and in some cases applied gauze compresses wet in the solution. So rapid was the favorable progress of the cure that all of the cases were free from the disease within eight days. There were discolorations at the seat of the severe eruptions, which required a little more time for their complete removal.

## PASSIFLORA IN THE SLEEPLESSNESS OF TUBERCULOSIS

Dr. Emmett Keating, of Dearborn Ave., Chicago tells me that for perhaps two years he was assigned to the tuberculosis wards of the Cook County

Hospital, and has had a very extensive experience in the treatment of tuberculosis since that time. He early learned to use passiflora to soothe these patients at night, to produce quiet and restful sleep, unbroken by cough. He says that in the treatment of hundreds of cases under the circumstances named above, with this remedy, he does not recall a single disappointment. That is certainly claiming a great deal, and is important in our knowledge of this remedy.

He adds two drams of passiflora, to three ounces of water, and gives dram doses every half hour or hour in the latter part of the day or in the early evening, and if needed, during the night.

He relies upon this remedy with perfect confidence. In occasional cases, he increases the strength of the mixture, until instead of giving five drops at a dose, as above suggested, he gives ten drops at a dose. This is only occasional, however, as he usually finds the five-drop dose to be sufficient. He is assured that this remedy has a peculiarly favorable influence as a soothing and sleep producing remedy during the progress of tuberculosis.

I have been told by a number of physicians that they obtain especially desirable results from the use of lycopos in tuberculosis. I would like to have someone who has now under observation one or more of these patients use lycopos and passiflora in conjunction and report the results to

me. From my knowledge of these two remedies, I believe they would work excellently well in conjunction, in this disease.

### **PODOPHYLLUM IN BILIOUS HEADACHE**

There are certain forms of bilious headache in which there is general depression and more or less extreme dizziness, in which Podophyllum is directly indicated. The head feels heavy, and the face is usually pale. The tongue is large, thick, full, and covered with a yellowish coat, thicker and slightly darker at the base, and the abdomen feels full. There is usually fullness in the right hypochondrium with dullness on percussion, and small, sharp pains, perhaps some tenderness on pressure. For these symptoms, Podophyllum triturated one grain with two drams of sugar of milk, and given in two, three or four-grain doses of the triturate every two hours, will be found a good remedy.

### **OIL OF WINTERGREEN**

The use of the oil of wintergreen in certain conditions affecting the bones, is not as well understood as it should be. The application of this oil to painful joints or where the bone has been fractured, or where there is pain in scars, in fibrous tissue, or where deposits have been made around the joints, will be found to relieve pain in a more or less permanent manner, especially if the pain recurs with the changes of weather, as if rheumatic in

character.

I recently treated a protracted case of gonorrhoeal rheumatism with this remedy, and produced a perfect cure. The right wrist joint was considerably enlarged. This joint and the elbow were both very painful.

The arm was swollen more than one-half an increase of its natural size. The pain through the arm and hand had been great. The oil was applied externally four times a day, and six or eight drops was given internally every four hours. From the time this treatment was begun, there was a steady relief of all symptoms and progressive benefit.

#### **BONESET FOR HICCOUGH**

I have recently had a marked proof of the claims I have made for several years, that boneset will cure severe cases of hiccough. A patient suffering from extreme, almost fatal exhaustion from intestinal hemorrhage, with most violent inflammation of the descending colon, involving the sigmoid, gradually settled into a condition closely resembling the later stage of fatal typhoid, but with less fever. Hiccough had lasted four days, the tongue and mouth were coated with a membranous substance that resembled diphtheritic membrane, except that the membranes were very dry, and on a dark red base. For the hiccough I first administered an infusion of capsicum, although the indications were not plain. This failing, I gave 15 drops of the fluid extract of

boneset every hour or two, in hot water, which produced immediate relief. With the relief the remedy was stopped. At first the hiccough would return after two or three hours. Later, not until six or eight hours had passed, and finally only once or twice during the twenty-four hours, until it disappeared entirely.

As the membranes of the mouth were tender, under the exudates, I administered an infusion of oak bark, to which a little boric acid was added, and this cleaned the membrane nicely, and, with the boneset, restored a normal condition of the mouth and stomach. The influence of the medicines was very plain.

#### **THERAPEUTIC PHILOSOPHY FROM DR. JOS. R. HAWLEY**

It occurs to me that our patients consult us for results—possibly I am wrong.

Therapeutic pessimism leads to nihilism. How unfortunate that this does not lead to ostracism.

The farther internal medicine advances in abstract theory the farther its textbooks recede in treatment—and Mrs. Eddy smiles.

Pseudo-psychiatry, under its many disguises, religious and irreligious, is the natural child of modern no-medicine medicine.

In top-rank medical journal

contributions, non-surgical, the great guiding word is, be abstract, theorize, crowd the bibliography; *therapeutic contributions received at writer's risk.*

All patent medicines live on the credulity of laymen, and most proprietaries on the credulity of physicians—and the credulousness of both is largely the fault of the latter.

The highly qualified diagnostician who is not a thorough therapist, is a much more incompetent practitioner than the thorough therapist who is just an average diagnostician.

If it is true that the majority of practitioners are sadly weak in diagnostic skill, it is equally true that the majority of the remaining minority are criminally weak in treatment. There is an excuse for the former, but none for the latter.

Oh, for a medical Moses to lead us out of the wilderness of words into the land of deeds! The medical journals publish annually a verbose mass of abstract theory and hypothetical rot sufficient to confuse a medical giant—their original therapeutic contributions wouldn't confuse a medical gnat.

If our textbooks are right therapy has practically stood still since antitoxin in '93, and according to the most popular practice, Osler's, it has gone backward.

*If the latter-day fashion of scorning clinical results, per se, as proof of an*

*agents therapeutic value, had been universal formerly, we would now know nothing about the specifics and most of the other life savers. Practical experience always has been and for years must continue to be the parent of therapeutic progress,*

In all professions, from religion to politics, the minority rules, that is, establishes precedents, organizations, interprets ethics, sets the pace—but in no profession does such a small minority rule as in the medical. Indisputably medicine of all professions is the most useful and indispensable, therefore, the greatest. Is it right that in the greatest profession the size of the ruling minority should be in inverse ratio to the relative utilitarian value of that profession?

There must soon be a renaissance of therapeutic enthusiasm and fairness. It is sure to come eventually, but for every year it is delayed many more years will be required to overcome the inroads on legitimate medicine and human credulity which have been and are to be made by those who, knowing nothing about disease, treat it with illogical verbiage based upon a sacrilege of the scriptures, and those who, knowing a little about disease, treat it with blatant sophistry based upon a sacrilege of sense.

Grand, old-time, general practitioner, you never had more than echo of adequate monetary compensation — your pay was largely genuine gratitude,

respect, love. Overfilling of the profession, excessive specialism, and latter-day commercialism have greatly thinned your ranks, but you have left a great precept in the highest concept of medical practice. You have stood for the best in executive medicine and the best in potential citizenship. Your work was the concrete, you had to do, and in spite of inadequate, crude and largely empiric equipment, your results compare most favorably with those of today, and infinitely surpass those of the eminent agnostics who try to teach us treatment via the Great Abstract.

No science and no profession has made such radical revisions in its basic elements during any two centuries of its life as medicine has made in the last thirty years. During the same thirty years there has been a steadily increasing epidemic of therapeutic doubt. Unless they can discuss an absolute specific, such as antitoxin, or a theoretic mirage, such as the opsonic index, the leaders in internal medical literature are (outside of textbooks) practically silent on the end purpose of their art. The transformation of internal medicine into an actual if not absolute science logically necessitates theoretical as well as practical reconstruction and construction. But they must be correlated.—*Editorial, Bulletin of Animal Therapy.*

### MASSAGE OF THE PROSTATE

George A. Holliday, in *The American Journal of Dermatology*, explains that by massage we endeavor to thoroughly

empty the gland, ridding the ducts and the glands as well, of the retained inflammatory and irritating products which otherwise would not be discharged, and thus accomplish in intermittent drainage. Venous stasis is diminished, the arterial circulation increased, the lymphatics made more active—the nutrition of the gland thus improved—the absorption of the inflammatory exudates is aided, and the muscles and nerves stimulated.

Massage by the prostate can as a rule be easily accomplished with the patient in a mere stooping posture. The elbow-knee or leapfrog attitude is usually a satisfactory position, permitting easy access to the gland and counter-pressure over the abdomen with the fist. Some prefer the dorsal position which relaxes the muscles and permits the counter-pressure to be easily done.

If the upper border of the gland is not accessible the patient may be placed in the lithotomy position with exaggerated flexion of the thighs and legs upon the abdomen, or in the knee-chest position. In the elbow-knee posture the prostate is within reach of an index finger of ordinary length even in quite corpulent individuals, although an examination of the seminal vesicles may be accomplished with some difficulty.

The finger covered with a well oiled cot is carefully and slowly introduced, avoiding the anal hairs, and the gland at once outlined. This procedure is at first usually quite annoying and

somewhat disagreeable to the patient and may be quite painful. The extreme sensitiveness of the gland may not allow of its palpation; some will cry out with pain; others will experience only a little unpleasantness or a burning sensation along the urethra to the head of the penis during firm pressure on the gland. During the treatment partial or complete erection of the penis may occur, and there is an inability to urinate for several minutes after.

No unnecessary force should be used in attempting the first massage of a gland, but the manipulation should be conducted as gently as possible, particularly where the patient makes complaint. The first treatment, if the pain is severe or the patient becomes faint, should be limited to a few seconds and a thorough expression not attempted. Succeeding treatments are less painful and soon the massage can, as a rule, be prolonged and sufficient force exerted to accomplish the desired result.

Pressure is made over the gland with the finger which is passed from the base to the apex (from above downward and inward), or a rotary movement of the ball of the finger is executed, or the finger may make lateral sweeps inward (from side to side toward the center). The last maneuver is often best tolerated by the patient.

Usually massage may be practiced for from two to five minutes every third or fourth day to good effect. It may be

performed daily when the urine is cloudy with frequency of urination, and dull heavy sensation in the perineum. Where the gland is exquisitely tender, an effort should first be made to favorably influence the diseased process by other measures, particularly hot rectal irrigations, preparatory to this measure. Massage is useless in the hard contracted fibrous prostate and harmful in tubercular conditions.

To rid the gland of infection or irritating products must be accepted as a desirable result, and as massage is the most efficient means to this end at our command, it is adopted as the routine treatment, though the procedure is not always without ill effects.

By expression and dissemination of the infective materials, bacteriuria, cystitis, epididymitis, and gonorrhoeal rheumatism may be untoward results.

An acute exacerbation may be evoked, or by rupture of the retention cysts and diffusion of the contents the parenchyma of the gland may become infected and abscess be a possible result (evidently not a frequently observed effect). The production of gluteal and sciatic neuralgia from irritation of certain nerves of the sacral plexus has been observed, and harm can doubtless come from violent pressure upon the perineum, stretching of the anal canal, and bruising of the rectal mucous membrane. Massage should not be practiced where marked

irritation follows its performance.

An effort should be made to prevent the occurrence of cystitis, bacteriuria, and epididymitis by the employment of copious irrigations preceding and following each treatment, the nature of the infection determining the solutions to be used. When the gonococcus is present the silver albuminates are the best; when secondary organisms, the mercurial salts; and when pus only is present (an aseptic catarrh) the nitrate of silver or copper sulphate.—*Medical Standard*.

\* \* \* \* \*

The free use of olive oil in many forms of stomach disorder is increasing. It is not unpalatable, especially given in conjunction with some fruit juice, or if stirred into hot milk. It is a food, and assists in building up the patient. It prevents irritation of the stomach and bowels and assists in removing irritating substances. It is of value, both internally and applied externally with poorly nourished, delicate infants.

### **WRITE SPECIFICALLY AND WITH EXACTNESS**

Some of our readers make a reasonable complaint that many of the writers are not careful enough in their diagnosis, and that in recommending remedies for the cure of exact conditions, they are not at all specific, as to the dosage. They believe we must have a more exact diagnosis and a closer dosage stated in every case.

If our writers will bear this in mind, it will bring us nearer and nearer to the point we are so vigorously striving for, an exact method of practice.

### **CHLOROFORM IN SUNSTROKE**

The use of chloroform in the treatment of sunstroke is suggested by some French writers. They claim it to be an almost infallible remedy. It is given where there are intense cerebral disturbances. It is given best by swallowing, if possible, diluted with water, but may be administered by inhalation.

They argue that the collapse and syncope are not due to momentary paralysis, but are due to the sudden extreme work the heart has been called upon to do; the heat has overworked the heart. The convulsions are caused by the rapid absorption of excrete, organic poisons. The chloroform acts immediately upon the heart, diminishing the excitability of that organ and the nerve centers, at once readjusting the circulation and normal equilibrium.

\* \* \* \* \*

Ischemia is a condition in which, while there is an appearance of anemia, there is not a deficiency of the red blood corpuscles. The condition is probably due to a diathetic state, known as lithemia, from which there is a contraction of the peripheral capillaries, so great as to produce a

pallor, which is mistaken for anemia. Agents calculated to overcome lithemia will correct this condition better than iron.

\* \* \* \* \*

The *Summary* says that if quinine is given to a patient during treatment for gonorrhoea, the gonococci will penetrate much more deeply into the tissues, rendering the disease more difficult of cure.



- DISEASES OF CHILDREN. By William Nelson Mundy, M. D., Professor of Pediatrics in the Eclectic Medical Institute, Cincinnati, O. Second Revised Edition. Illustrated. 8-vo, 512 pp. Cloth, \$3.00. The Scudder Brothers Co., Publishers, Cincinnati, O.

Dr. John M. Scudder's work on Diseases of Children, published about 1870, was a safe and reliable guide to the physician in the treatment of children's diseases, and at the time it was written it was a pioneer in the field. Prof. Mundy has been a close student of Dr. Scudder. In addition to this, and perhaps because of this, he has become an expert in the close observation of disease manifestations in childhood as well also as in the observation of the action of drugs upon these conditions of disease. This with a very extended experience in

practice has especially adapted him to the position of author of such a work.

His first edition, written a few years ago, became at once very popular, and placed the author deservedly in an enviable position, but changes take place very rapidly in our knowledge, either of the cause of disease or of the action of drugs, and the changes that have taken place since this book was written, have made it necessary that it be rewritten at this time, and be altered, enlarged and illustrated, consistent with the growth of our knowledge.

That the author has succeeded well in this goes without saying. The book contains more than five hundred pages. It is printed on excellent paper, large octavo in size, and contains many illustrations.

I am particularly pleased with the definiteness of the symptoms, and the clearness, fullness and especially the specific character of the treatment. Consistent with the character of the school, the author has gone into careful detail in pointing out in each case, the specific indications for treatment. In this, the work is in sharp contrast with most of the writers on pediatrics. Where one of the best of old school writers gives a dozen lines for the medical treatment of scarlet fever this work devotes about three pages to specific treatment. Where most writers would advise antitoxin alone in the treatment of diphtheria, this book speaks well of that method, but

devotes nearly four pages to specific conditions that may arise and the reliable remedies that are applicable to them.

I am glad to have an opportunity to review this excellent work, and I feel that I can conscientiously recommend it, to every one who desires to become proficient in the treatment of diseases of children.

- MODERN PHYSIO-THERAPY. A System of Drugless Therapeutic Methods, with Chapters on Suggestion and X-Ray Diagnosis. By Otto Juettner, A. M., M. D. 3rd Edition. Published by the Cincinnati Medical Book Co., Cincinnati, Ohio.

A distinction should certainly be made at times in our literature between the use of drugs and medicines in the cure of disease, and the use of other measures. This work considers in its first part, hygiene, dietetics, heat and cold, massage and vibration; light, in its various forms, the X-ray, electricity, galvanism, and suggestion.

In its second part it presents a Therapeutic Index, in which is arranged in alphabetical order, the names of the various diseases or conditions of disease, presenting in order in a very condensed and practical form the various measures suggested in the first part of the work.

The work is well illustrated and introducing, as it does, the most modern methods, is well calculated to

fill an important place in our literature.

- TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION OF THE UNITED STATES OF AMERICA, together with the essays and papers presented at that meeting. Edited by the Secretary, William P. Best, M. D., Indianapolis, Ind.

The work of the year here reported was indeed important and the record that has been made here should be read by all who are interested in the advancement of our methods. The society was fortunate this year, in having for its president, an active, energetic, enthusiast for the cause, Dr. L. A. Perce, of Long Beach, California. Under his direction an excellent lot of papers were collected. To be especially commended, were the special addresses the President had had prepared on the several departments of our work by prominent men. All this with the Transactions appear in this volume. It is common to look upon the volume of transactions of a medical society as a book to be filed away for reference, only as concerns the society itself. This will be found to be a valuable book of reference for the record it makes of important advancement in our knowledge of the treatment of disease, as the papers are largely on that topic. It is to be regretted that this work is accessible only to the members of the Association. A change is being made, however, this year, in the relationship the State Societies bear to the National, which will make it possible within

another year to have the entire membership of the State Societies registered as members of the National, and entitled to a copy of the Transactions.

### FOR MEDICAL STUDENTS

Plans have been perfected by Bennett Medical College by which a new semester of the college course will begin the 1st of February, 1909, for Freshman students, and continue until the first of October. By this plan it is determined that a number of students will be accommodated in their preparatory course, who could not be accommodated by the usual method.

The college is now giving an unusually good course. It has the largest class ever registered in the institution in one year. The students are well satisfied, the faculty are filling their time fully, and the students say "We have no kick coming." All that speaks well for the college.

### CLUB RATES

The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

JOURNALS	Price	Club Rate
<b>American Medical Journal</b> 5255 Page Ave., St. Louis, Mo	\$1.00	.80
<b>California Eclectic Medical Journal</b> 818 Security Bldg., Los Angeles	1.00	.80
<b>Chicago Medical Times, 412</b> Fulton St., Chicago, Ill.	1.50	1.20
<b>Eclectic Medical Gleaner, 224</b> Court St., Cincinnati, O.	1.25	1.00
<b>Eclectic Medical Journal, 1009</b> Plum St., Cincinnati, O.	2.00	1.60
<b>Eclectic Review, 140 W. 71st St.,</b> New York, N. Y.	1.00	.80
<b>Ellingwood's Therapeutist, 100</b> State St., Chicago	1.00	1.00
<b>Medical Harbinger, 910 Lami</b> St., St. Louis, Mo.	.50	.40
<b>Jour. Therapeutics and Dietetics,</b> 703 Washington St., Dorchester Dist., Boston	1.00	.80

You can subscribe to any or all of the above through this office, the only condition being that you include a "paid in advance" subscription to ELLINGWOOD'S THERAPEUTIST at One Dollar.

# TO ALL A MERRY CHRISTMAS AND A HAPPY NEW YEAR

For two years this journal has carried its message to many doctors hungry for straight therapeutic truths.

We have derived great pleasure from the strong and happy expressions of every reader, that we are giving them exactly what they were craving.

Practical facts without stint, from many readers, have poured in upon us, and unusual and important case reports and valuable experience written in a specific manner; these we have given to all.

The truth from all, for all and to all, has become exceedingly popular with our

readers. A single truth from each doctor, and many truths for every doctor, is the practical plan that has



Very truly yours,

THE EDITOR

members of the family are close friends. Doctor, WE NEED YOU AND YOU NEED US for the coming year.

won universal approval, and has been carried out to the extreme satisfaction of all.

We have been flooded with praises, compliments, congratulations and blessings, for giving to our readers the meat of the nut in therapeutics.

Doubt has no place in this journal. Hope, assurance and confidence are our winners.

We started with seven hundred in our family with our first number and have increased, many-fold, and all the mem-

**COME WITH US AND WE WILL DO YOU GOOD**