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Finley Ellingwood MD
EDITOR AND PUBLISHER
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Mar. 15, 1908

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A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

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Leading Articles

THE TISSUE REMEDIES

W. E. KINNETT, M. D., PEORIA, ILLINOIS,
(THIRD PAPER)

In my last article under "kali phosphoricum" on page 4, second column, twelfth line, I should have written "strych. sulph." instead of "strych. phos.," so please read it so, as it was the last word "sulph." that made him think it was some form of sulphur.

KALI SULPHURICUM

While I have not used the sulphate of potassium as often as I have other of the tissue remedies, it is a very important remedy. It is just as positive in its action as any of the others, but is not called for as often.

Dr. J. M. Scudder recommended this salt in doses of from five to ten grains three times a day in a glass of water, where the skin is dirty, tissues full and sodden, and skin scaly, and where wounds heal slowly, or inflame and suppurate.

This remedy acts on the epithelial covering of both the cutaneous and mucous membranes, and in diseases that are characterized by yellow discharges. We have the main indications for it in the tongue, where there is a slimy, yellow coating; slimy, thin, yellow or greenish discharges from any of the mucous membranes; scaly desquamations from the epithelium or epidermis. This remedy is one of the oxygen carriers, and a companion remedy with iron, and as such is indicated in cases where the patient feels better in the open air and worse in warm rooms or in the evenings. Many patients lie awake for hours until they are exhausted because of not having enough oxygen in the blood. The kali sulph. patient feels worse in the evening with rise of temperature.

Coughs that are better in the cool air and worse in a warm atmosphere are benefited by it. A suffocative feeling, with a desire for fresh air, calls for it. It is an excellent remedy in scaly conditions of the epidermis. It aids

desquamation in eruptive diseases, cures dandruff and dry, itchy eczemas. In wandering, shifting muscular pains of a rheumatic or neuralgic character, worse in the evenings or heated rooms, and in cases of long standing rheumatism with debility and soreness of muscles this remedy sometimes works wonders.

Dr. Palmer, in his "Diseases of the Digestive Organs," states that "This remedy has the yellow tongue and a sensation of fulness and pressure at the pit of the stomach; water gathers in the mouth. It is a very good remedy in chronic catarrh of the stomach where the tongue is slimy and coated yellow. In all these cases where the water accumulates in the mouth, natrium muriaticum should be prescribed with it. Pain that commences in the stomach and wanders through the intestines and finally settles in the right hip just above the crest of the ilium, will be relieved by this remedy."

This is an old remedy and I am not studying it in the older sense but as one of the tissue remedies and in small doses. The dose of this remedy is from two to five grains of the 3x trituration either in powder, tablets or solution.

MAGNESIUM PHOSPHORICUM

It is stated that this remedy is found in the muscles, nerves, bone, teeth, brain and blood corpuscles. It is more abundant in the white nerve fibers and seems to act mostly on these fibers, and when a deficiency of this salt

occurs these fibers contract and produce one form of cramps or spasms. This occurs sometimes in tissues of the stomach and causes the walls of the stomach to contract, and producing pain. If it were not for the gas that forms at these times and helps to prevent a collapse, the pain would be intense. Belching of gas that does not relieve is a prominent indication for this remedy. Magnesia phos. is indicated and in some cases acts better combined with calcaria phos.

Magnesia phos. is a curative agent in spasmodic conditions—a typical antispasmodic. Magnesia phos. and kali phos. are very closely related in their action on nerve tissue. Kali phos. acts on the gray fibers and magnesia phos. acts on the white fibers, and when we remember that these two kinds of fibers are very closely allied we can understand why they work so well together. This remedy acts in opposite conditions from ferrum phos. Magnesia phos. relaxes tissues while the iron contracts them. When we realize that all pain is caused by impingement of a nerve or nerves, and that this remedy relaxes tissue we can better understand *how* it acts, and yet we are not so *much* concerned as to *how* it acts as that it *does* act.

This drug is indicated in all sharp, cutting, lancinating pains, convulsions, spasms of all kinds unless caused from mechanical pressure, without reference to the name of the disease. Name it what you will, we are treating conditions. It acts well in all the

neuralgias, and their names are legion. It acts best where heat relieves and cold increases the pain. Perhaps a few clinical cases will fix this more permanently on the mind of the reader.

Some years ago when I was practising in the country and while passing a home, a lady came out with her head thoroughly wrapped in a large woolen shawl, under which was a large bread and milk poultice covering a very badly swollen face. She asked me if I had my tooth forceps with me, and on being informed in the negative, began crying, and said she did not know what to do as she had not slept for two days and nights because of toothache. She could not go to the village to have the offending member extracted.

I gave her some ferrum phos. in small doses and magnesia phos. in much larger doses, each to be taken in hot water every half hour till relieved. Two days afterward I passed that home again, when to my surprise the same lady came skipping out and wanted to know what my bill was, and what I gave her as she wanted a lot of it to keep for future emergency. She stated that after taking the second dose she experienced marked relief and in two hours was free from pain. The next day the swelling all left her face and she felt as well as though she had never had the toothache. There was no abscess in this case. This occurred very soon after I commenced the study of these remedies and I have treated many similar cases since and the results while as positive, were not so

surprising.

Mrs. H. P. brought her year-old baby to my office stating that the child had had a severe diarrhea for four or five days and some vomiting. That every few moments, it would have severe cramping pains and scream and draw up its legs and arms in a spasmodic condition. These spasmodic conditions had no connection with the bowel movements which were thin and green in color. On examination I found an excess of temperature of four degrees, tongue coated white. I gave ferrum phos. for temperature and kali muriate, and magnesia phos. for the spasmodic condition. Inside of twenty-four hours the child had entirely recovered.

I was called to see Mrs. B., a farmer's wife, who had just returned from a visit to some relatives, one of whom was a physician. While there, she was taken with a severe attack of sciatica. The physician relative treated her for several days with no apparent relief. She was brought home on the train and carried to her home, and when I got to the chair-side, for she could not lie down, she would scream with pain when moved the least, and sometimes when she was not moved.

I put the patient on magnesia phos. and kali phos., in alternation, in ten-grain doses of the 3x trituration, in hot water every half hour. This was in the evening. The next morning she stated that she was no worse and perhaps some better, but was taking nothing

but sweetened water. My evening visit found her entirely free from pain and we moved her to her bed, where she slept all night and next day she was up and dressed and free from pain, although a little sore. She has had no return of the trouble, and ten years have passed since then.

Possibly this is enough of my own cases. I will give you a case or two from that staunch eclectic therapist, Dr. John Fearn, of Oakland, California. "In an obstinate case of singultus, magnesia phos. worked like a charm. The patient was suffering from typhoid fever. The fever had subsided nicely and the patient seemed to be doing well when this unpleasant feature commenced; the hiccup was almost continual, and so violent in character that the patient was shaken till he was sore for three days. I tried all the remedies I could think of with no satisfaction. Finally I put him on magnesium phosphate. The result was remarkable; when I called the patient was so much better that as I went into the room he said, 'Doctor, why did you not give me that medicine before?' After the medicine was laid aside for a while the trouble partially returned, but it was not nearly so violent; it resembled a sobbing, and this yielded speedily to the remedy."

The same writer says: "A patient sought my services a little while ago for the relief of acute sciatica. In a few days he was much relieved and thought the worst passed. I cautioned him to avoid taking cold and bade him continue the

treatment. In about three days more he again called, and said, 'Doctor, I thought I was cured, but the last two nights and today I have suffered terribly.' The pain was not continuous, and yet it was not a periodic pain. It was a sharp, shooting pain, with a sense of constriction occupying the hip joint, the region of the sciatic nerve and the right hypochondrium. It was not regular in its action nor constant, but would come without warning and leave without saying goodbye; in short, it was spasmodic in character.

"Remembering from experience that magnesium phosphate is antidotal to this spasmodic character of pain, I gave him the 3X in small doses every two hours. The condition was removed-the pain completely relieved."

"In another case a lady about six months advanced in pregnancy suffered with spasmodic pain radiating from the umbilicus, to the pubes, not constant, but coming and going, and quite severe. Remembering that such a condition can be removed with magnesium phosphate I gave it here; results very satisfactory, as in other cases."

One more case, and I am through with this remedy. This is from another stalwart eclectic, Dr. W. N. Holmes, of Nashville, Tennessee, and it was published in the Transactions of the National, but all readers, of this journal are not members of the National and do not get the Transactions. This was written at my request and reads like a

romance.

"Some eight years ago, having been then for some years troubled with a restless, nervous, uneasy feeling in the back of my head and neck, I was attacked one night, after retiring, with very severe pain, one and a half inches to the right and half an inch below the occipital protuberance. If I had been pierced by a nail, the pain could not have been worse. After waiting a few moments, hoping that it would pass away, I arose, got my chloroform bottle and proceeded to burn the surface over the seat of pain. This relieved it for only a few moments, when it returned with greater violence. I battled with it through the night, and sent for a doctor next morning. He came and soon exhausted his skill to no purpose, then another and another. This pain continued for five weeks. The patient was growing feeble and anxious. I scratched a letter to my nephew, Dr. D.W. Holmes, of Bellevue, Texas, telling him that my time was about up, describing to him my condition. He wrote as follows: 'Take five grains of magnesia phosphate in a swallow of hot water. In fifteen minutes repeat this and continue till you have taken four doses, when the pain will be gone. Then take kali phosphate, five grains before each meal, for sixty-days, and your head will be entirely well and your mind as clear as when you were twenty years old.'

"Knowing that no one could find the medicine in my office but myself, I arose, dressed myself, and proceeded

to the office, with the forlorn hope that I might be, at least, benefited. I very soon had the remedy and with my pen knife I guessed at a five-grain dose, and instead of warm water, I laid the medicine on my tongue, being a 2X trituration, and washed it down with water from a bucket that had been standing in the office for the past five weeks. I took a seat and waited for fifteen minutes to take another. Before the fifteen minutes were up, I experienced a very peculiar sensation in the painful area—a sensation of antagonism between two forces, the one endeavoring to continue the pain, the other, with mandatory vehemence, repelling the effort of the first. This, I soon began to enjoy with supreme delight, as I could feel every paroxysm grew lighter. I waited another fifteen' minutes, when, to my gratification and utter astonishment—the pain was entirely gone.

"I subsequently found that by weight I had taken ten grains instead of five. Returning to my home, my wife asked me how I felt. I told her that I was as well as I had ever been in my life. I sat down and read till time to retire, with perfect immunity from pain. Before retiring, I took another dose and no one ever slept more profoundly, calmly, and sweetly, than did I that night. The next day I drove seven miles to see a patient."

NATRIUM MURIATICUM

I will admit that it is a difficult proposition to reconcile the medicinal

influence obtained from triturations of sodium chloride, and in many cases almost as difficult as the coffee, tobacco and whisky problem. Many people, and many physicians as well, do not seem to realize that the very commonest things of life are often very potent for good as well as evil. So it is with chloride of sodium. About 70 per cent of the weight of our bodies is water, and if it were not for the presence of natrium muriate in the system we could not live. It is the power that this salt has to use water, that renders it of so much value to animal and vegetable life. When we take too much salt with our food we are continually drinking water to preserve the proportion the superabundance of salt in the system demands; and, again, when there is too little chloride of sodium, the fluids within the body call for it in many ways. It makes its appearance in many different channels, as in watery pimples or blisters, frothy, watery bubbles on the tongue, excessive flow of tears, excessive flow of saliva, watery secretions from the nose, vomiting of this watery fluid, waterbrash not acid, and in any condition where there is an excess of watery exudate.

At one time especially in the South, chloride of sodium was used in the treatment of ague, and in many cases with marked success where quinine and many other well known antiperiodics had failed. I presume that many of my readers will at once take issue with me when I say that in ague

there is an excess of water in the blood. I make this statement with all due respect for the mosquito, who is blamed, like some people, for deeds never committed. I learned this when a boy, but never saw anything written about it, until I found it in works on the tissue remedies. Will it be out of place for me to relate here a case before I write further of this remedy?

When I was a boy I had the ague, as nearly everybody did in those days, and had been treated by physicians, and with patent medicines, and by the neighbors, without success. I continued to have "chills and fever" every day or every other day. My parents were away from home for a day and that day an old friend of my father's came to visit him and decided to remain until he returned. About ten o'clock in the forenoon I began my usual "stunt" of stretching and yawning and crawling up to the fire.

The visitor asked me what was the matter and I told him that I was getting ready to have the ague. He said there was no need of that for he could stop the chill coming and cure me. Those of you who have "been there" know what blessed news that was. He asked me if we had any good cider vinegar and some eggs, and I assured him that we had plenty of both. He took an ordinary tumbler, filled it two-thirds full of strong vinegar, broke into it an egg, and thoroughly stirred it. He then told me to drink the whole at one dose.

It was an awful looking mixture, but it

did not taste badly. Immediately after swallowing the potion he put me in bed and covered me up well, and in a few minutes I was in one of the most profuse sweats that could be imagined. I verily thought I would drown, but in due time the sweating ceased and I felt fine, in fact, better than I had for months. I did not have my chill or fever and ate a good dinner and never felt better. He further said: "Three times a day take a glass of water with a very small pinch of salt in it, and your ague will not return," and it did not.

David Harum said: "Do unto others as they would do unto you, but do it fust."

And it is the same way with the ague. The chills and fever, the "forming, cold and hot stages" are preliminary to the fourth or "sweating stage," and if by any means you can cause the sweating stage to appear "fust," you will not have the other three stages. Try it. You can by any of our good remedies produce profuse diaphoresis before the chill comes, and no chill will come. The next old fashioned case of ague you are called to treat and you are there just before time for the chill, give the patient a good dose of jaborandi or pilocarpine, or the vinegar mixture, put him to bed and sweat him thoroughly, and, my word for it, he will not have the chill and fever which are Nature's manner of getting rid of the excessive water. Pardon me for this long digression, but it may suffice to impress upon you the effect of an excess of water in the blood in some cases.

Many people take salt in excess and produce diseases that are hard to cure. Many of the symptoms calling for this remedy are almost directly the opposite of those already mentioned. We now know that drugs act differently in different sized doses. Ipecac for instance is emetic in large doses and quiets nausea in small doses. So, natrium muriate has a dual action. It is demanded when the fluids are in excess, and also for the extreme opposite—a dry condition. Given a case of sun stroke, and it is one of the best if not the best remedy we have. Again, in delirium tremens a like condition exists, and here again we have the remedy in natrium muriate. In headache with dryness of some of the mucous membranes and excessive secretion from others it equalizes the distribution of the water in the system.

Some cases of long standing constipation are readily relieved by it when the above conditions prevail. Loss of smell, with dryness of the pharynx, great thirst, excessive dryness of the skin, are indications for this remedy. Many conditions are produced by an inordinate use of this drug, such as changes in the vocal chords, sore throat constipation or chronic diarrhea, abscesses, deposits, and skin affections with dryness where the patient sweats easily. The symptoms of scurvy and the sodium chloride habit are almost identical.

This has been used in cholera and checks the watery vomit and abates the

watery discharge from the bowels. (American Dispensatory.) I would think that cholera and choleraic diarrheas would be benefited by the use of the normal salt solution introduced into the cellular tissues, or in bad cases, into a vein, directly into the bloodstream, although I have never tried it.

Many cases of fever with dry tongue and excessive watery discharges are quickly relieved by it and in many cases it means the difference between life and death. Small and frequently repeated doses of the 3x natrium muriate will quickly relieve this condition. Even those cases where these conditions are caused by taking too much of the crude salt will be relieved by small doses in an attenuated form, just as small doses of rhus toxicodendron will relieve cases of rhus poisoning—a fact well known.

Delirium occurring in any case from whatever cause, with a slimy, frothy appearance of the tongue with watery secretions will be relieved by this remedy. This indication is the "key note" for this remedy. A case in point is the following: Mr. E. A. had delirium tremens with the above conditions (and most of them do) in which our ordinary remedies seemed to be of no avail. He was relieved in a short time by five grain doses of natrium muriate 3x. The next day the patient seemed in good condition and had slept well the night before. We see the provings of this theory in the action of one-half grain doses of pilocarpine in these

conditions given hypodermatically. This will sober up these old drunkards quickest of any thing that I know of, but it is too severe and not curative. This remedy produces such profuse diaphoresis, equalizing the water in the system, which gives the immediate relief, but only acts for the time being. This proves the theory of the unequal balance of the water in the system. The next case of delirium tremens you have, study it carefully for these conditions, and if it is "too utterly too" that it can not be managed without having several to hold the patient or having him tied, try the pilocarpine treatment which will sober him up in a way that will surprise you, and then follow it up with the natrium muriate to get the system in perfect condition -minus the whisky.

Another case: I was called to see Mr. R. L. a young man suffering from sun stroke. He had been working in the harvest field. When I arrived found him lying in the shade of a house, where he had been carried, on a pallet, unconscious, twitching of the muscles, face flushed, labored breathing and rapid pulse. I at once determined to rely on natrium muriate alone, and gave him ten grains of the 3x trituration dry on the tongue every fifteen minutes. I remained an hour, when he could swallow liquids, and then gave him the same dose in solution every hour. He slept well that night. The next day he came to the village, and the next day went to work again. No other medicine was given him.

Our next paper closes the consideration of the Tissue Remedies for this time.

* * * * *

In the severe forms of painful hemorrhoids, it is sometimes a good plan to paint the part with the liquor of the subsulphate of iron. When this is done once in two or three days, and equal parts of collinsonia and witch-hazel are given internally, some relief can always be promised, and in cases of more recent occurrence, a cure has been accomplished in many cases.

* * * * *

Any subscriber to this journal for the year 1908, (who is not delinquent for 1907) who desires to purchase any of Dr. Ellingwood's publications, can add the price of one year's subscription to this journal, to the amount of his desired purchase of books at the published price, and from the total amount he can deduct ten percent of that amount and remit cash with the order, receiving promptly, prepaid, the books ordered at the discounted rate, *if order is sent now.*

PAIN AS A FACTOR, IN DIAGNOSIS

C. C. THOMAS, M. D., ASHLAND,
WISCONSIN

I desire to consider some of those forms of pain which depend upon specific conditions but which occur as reflex phenomena from causes which in themselves may or may not be more or less obscure.

I have at this time under observation a case of cardiospasm in a strong, vigorous man, in which he is able to anticipate an attack of the pain by an acute excruciating pain in the left elbow, this pain occurring some moments before the gastric trouble appears and remaining after the spasm has been controlled. In pain from ulcer at the cardiac orifice the pain may be located under the top of the shoulder blade or in the top of the shoulder.

A pain similar to that just mentioned above, in the shoulder and left arm, is common in the various forms of heart disease, and especially in certain valvular disorders.

I have had under observation for a year a case of occipital pain of excruciating character, which was found to depend upon a constricted cervix with retained toxines from insufficient menstruation. So normal was the menstrual function that several physicians overlooked that toxic condition as the cause of the pain.

Pain in the top or back part of the head is not uncommon in other uterine disorders. It will occur also with severe cystic irritation and in the various forms of bladder inflammation.

Pain in the temple or behind the ear may be induced by a decayed tooth, while on the other hand I have frequently observed patients to complain of unbearable toothache which I found to be accompanied with extreme gastric acidity, and which I

have permanently relieved by a single full dose of bicarbonate of soda.

Disease of the liver is a common cause for pain under the right shoulder blade. At times the pain is in the top of the shoulder, at other times there is hyperesthesia in the area of distribution of the eighth to the twelfth dorsal nerves. The area at the tip of the right shoulder blade becomes very

sensitive and there are stitch-like pains and a persistent tired aching sensation under the shoulder blade and through the muscles of the shoulder, which especially is very common to neurasthenic patients.

Pain between the shoulder blades, sometimes affecting both alike, accompanies stomach disorder.

When the spleen is affected the pain is located under the left shoulder blade and may extend upward to the shoulder.

The location of severe pain immediately in the stomach, is common with patient suffering from gall stone, and the diagnoses of liver trouble, stomach trouble, or disease of the pancreas is sometimes extremely difficult from the location of the pain. In colitis or in fecal impaction in the colon, the pain may be located in the small of the back.

It is common with weak women to have a pain in the side above the crest of the ilium. This is due to ovarian congestion

and increased by ovarian displacement. This induces pain also, down the inner side of the thigh, with pain on the outside of the thigh as far down as the knee, while hyperesthesia or anesthesia of the entire area may result from irritation in the sexual organs, or from congestion. It also occurs in epididimitis.

I at one time treated without results an unbearable pain located in the tendo Achilles which resulted from spasm of the seminal vesicles with epididimitis and general sexual irritation. It occurred just at the moment of the orgasm in sexual intercourse.

I have at the present time an extreme case of pain in the heel and bottom of the foot which results from a neuritis affecting the sciatic nerve. Pain in the heel is quite a common symptom in lithemic conditions.

The well known symptom of pain in the knee from incipient hip joint disease is very common. This symptom can be depended upon as a diagnostic factor in most cases.

When pains of this character recur constantly, a persistent and careful insight <into> the real cause of the condition to determine where the real disease is located, is necessary in order that the pain may be cured. Some of these symptoms are indications for specific remedies which are used to excellent advantage when the cause of the pain is not determined. In these cases morphine or active anodines, or

nerve sedatives, while temporarily controlling the pain, should not be continuously given. It is positively necessary that the real cause of the pain be determined and that a plan of treatment be instituted which will remove those causes, and in that manner remove the pain.

SUGGESTIONS IN THE TREATMENT OF DIABETES

FINLEY ELLINGWOOD, M. D., CHICAGO

As I have before remarked I never neglect an opportunity to present to my readers suggestions concerning the treatment of diabetes. So widely prevalent is this disease and so intractable to all ordinary methods of treatment, that every physician feels his powerlessness when he comes in contact with a stubborn case, and suggestions for treatment are considered with interest by every physician.

In the first place it must be borne in mind that pathological research has not revealed the real cause of this disease. The condition is a symptom only, of morbid pathological process, and which of these is present in the case in hand is usually exceedingly difficult to determine. The condition is diagnosed by the presence of a large quantity of urine of a high specific gravity, and by the determination of the fact that the high specific gravity is due to the presence of sugar in the urine. Sugar may be present in an appreciable quantity at various times or continuously over a considerable

period, without diabetes being present, consequently the mere presence of sugar does not prove the existence of diabetes.

In the treatment of this condition, experience has proved that the regulation of the quantity of the carbohydrates in the food regulates the escape of sugar, consequently it is important that the patient be treated dietetically as well as medicinally.

In considering the diet of these patients, let it be borne in mind that it is not a good plan to make a sudden change of the diet from ordinary food to an immediate exclusion of all of the starches. Such a course has produced extreme nutritional changes, and has precipitated an attack of diabetic coma. It is necessary to administer for a time sufficient starchy food to protect the tissues of the body, and to antagonize a tendency toward the formation of toxins from this sudden tissue change.

The physician should take from three to six days time, by a gradual change in the character of the food, to eliminate the sugar from the urine. When this is accomplished the diet may be slowly increased in its starchy constituents, watching the urine for an increase of the quantity of sugar. The use of fats is important if the withdrawal of the starch does not exclude the sugar.

Proper metabolism must be sustained and this can be done in some cases by the free use of cream, butter and other

pure fats, eliminating, if possible, any butyric acid that may be present. For several years a skimmed milk diet has been advised. I have long been confident that a wholemilk diet, or good, pure, rich milk containing all of its cream is superior.

The starchy substances to be excluded are potatoes, the usual foods made from flour, corn meal and oat meal, as well as those vegetables which contain starch and sugar, such as carrots, beets, parsnips, beans, peas, pie plant and arrow root, as well also as sago, tapioca and macaroni. Among, the fruits grapes, sweet oranges, apples and bananas.

In presenting a diet list to my patients I have made it a rule, however, not to tell them what they could not eat, until I have graphically presented to them all the attractive features of those articles which they should eat. Among these are meats—fresh meats of all kinds, with the exception only of liver. This includes game, domestic fowl and fish. In addition there are eggs, cheese, butter and cream as stated, and any palatable combinations made from these meats, including soups and broths. For vegetable substances greens, asparagus, tomatoes, string beans, radishes, onions, lettuce, celery, cauliflower and cucumbers. In addition there are many of the nuts, with nut flour, that add very materially to the attractiveness of the diet. Some authorities advise peanut flour while others discourage its use. Walnuts, hickorynuts, butternuts, almonds and

pecans, all contain a large percentage of fats without starch or sugar, and if the stomach will receive them, they are of value. Other nuts of this character are not objectionable.

The use of gluten flour is common. Many patients can subsist for a long time upon cakes and various forms of bread made from buckwheat flour to a good advantage. When the sugar has been absent from the urine for a considerable period, toasted bread may be permitted as a regular article of diet, or zwieback. This is taken by many patients with enjoyment for a long period.

In the selection of remedies for the cure of this disease we have as yet no specific, but we have a number of remedies which are claimed by various authorities to possess a sugar-eliminating power in certain classes of cases. Diabetes, as stated above, depends upon a different cause in different cases, and undoubtedly upon different conditions, and because these conditions are obscure and are not readily determined, we have not yet been enabled to say immediately which particular remedy is especially adapted to the case in hand. We find it necessary to experiment with the different remedies before one can be adjusted to that particular case.

For twenty years I have used jambul, the powder of the seeds. I have tried it in every case, and have found it of much service in more than half of the cases. I have obtained some benefit in

perhaps sixty-five per cent of the cases, the remainder were but little benefited. I have not been able to determine the peculiar conditions that exist in those patients which it has benefited. I usually begin with five grains of the powder three times a day and increase it until the patient is getting, in the extreme cases, from 30 to 60 grains per day. Given with the proper quantity of fats, the nutrition being well sustained, the remedy is one of our best, I think.

While I have used arsenic in various forms, and especially the well known solution of the bromide of arsenic, I have not found so many patients benefited by this as with jambul. I have used ergot, codeine, and other sedatives to restrain the sugar. I have seldom depended upon opium or morphine, as the habit invariably acquired from their use is as serious as this disease. Some excellent authorities, however, advise increasing doses of the opiates and expect to obtain good results. A serious objection, however, is that once begun there is danger in discontinuing this remedy. Where rheumatic or gouty conditions prevail it is necessary to treat the patients with remedies calculated to eliminate the causes of these conditions.

In each individual case a study must be made of each one of the organic functions, and attention must be paid to these functions to be sure that they are working to their full normal ability. The tone of the body must be sustained

by the most carefully selected remedy. The various phosphates, lacto-phosphates or glycerophosphates I believe not only sustain the vital force but contribute in some of these cases to the cure of the disease. I am especially partial to some of the tissue remedies of Schussler. I believe there are cases in which they can be correctly adjusted and will prove curative.

As the cases are advanced, serious blood changes must be anticipated, and diabetic coma must be guarded against as the most dangerous sequel. This condition results from blood changes, among which oxybutyric acid being found in the blood. Oxygen-carrying remedies, vegetable alteratives and hypodermoclysis with the normal salt solution must be regularly and persistently employed until the urine becomes plainly alkaline in reaction.

A Dr. Hopkins, from Burlington, Iowa, claims to have cured three deeply seated cases by the use of the following prescription: Nitrate of uranium, 1 to 2 drams; fluid extract of jambul seeds, 1 to 3 drams; glycerin, 2 ounces; water, q. s. to 4 ounces. One teaspoonful four times a day.

A CASE OF TYPHOID FEVER

T. E. SMITH, M. D., MT. CARMEL,
ILLINOIS

I have a case just recovering from a very serious attack of typhoid fever, with cerebral complications, which I

wish to report briefly. On Dec. 22nd I was called while passing Mr. C.'s residence to see Mr. C. who was sitting by the fire complaining of extreme chilliness, and suffering from aching, and as he described it, shooting pains through all his muscles and through his head. His eyes were red and suffused with tears. The temperature was 102°F., pulse 56. The tongue was heavily coated with a pasty yellowish substance.

I diagnosed his case as "la grippe." He is a painter by trade and had been engaged in calcimining a basement of a large building for some days previous. He is about 40 years old, five feet ten inches in height and weighs, in health, about 160 pounds.

He said that he had taken a dose of cathartic pills the evening previous but they had not acted on the bowels. I advised him to take another portion of cathartic tablets and to follow that, early the next morning, with a large dose of quinin and capsicum, if there was but little fever. For the pain in the head and fever I left a mixture composed of gelsemium one dram, macrotys, half a dram; veratrum, twenty drops; water, four ounces. Take a teaspoonful every two hours. For soreness and muscular aching I prescribed acetate of potassium, two drams; water, four ounces; a teaspoonful every two hours.

I told him I would see him the next day. He replied he would be at work next day. I did not see him until the 25th

(Christmas day). He was in bed and delirious. The pulse was 46, temperature 104° in the morning. A very bad diarrhea, the tongue was still heavily coated (on one side only) with a dry brownish substance, the other side clean, dark and fissured. He complained of severe pains passing through the head from the front to the occiput, starting just above the eyebrows. The eyes were red and suffused; bowels very tender and tympanitic. His clothes and the bed were clean, and yet the odor was almost unbearable; sordes was at this early date collecting on his teeth. He was very delirious, talking of his work and of his business, picking at the bed clothes, and reaching out into space, feeling for and picking at imaginary objects.

For the fever and for the existing conditions I prescribed

Specific aconite	drops 15
Specific gelsemium	dram 1
Specific echafolta	drams 1.5
Specific hyoscyamus	dram .5
Water q. s.	ozs. 4

Mix. Sig. Teaspoonful every two hours.

For fever with slow pulse, bright suffused eyes, and for the pain in the head, with a cadaveric odor of the breath, this is a compound without an equal, with sufficiently active antiseptic properties. It will quiet delirium and allay nervous excitement. One peculiar feature was the high temperature in the forenoon, 104°, and a drop to 102.5° or 102.8° during the afternoon and

evening. For more than a week this condition prevailed. The above prescription was uniformly followed through the three weeks.

For the diarrhea I used a compound I learned to use more than 20 years ago, and my medicine case has not been without it a day since.

Best willow charcoal,
Subnitrate of bismuth,
King's diaphoretic powder,
of each, drams 8

Mix thoroughly. Sig. 2, 4, 6 or 8 grains every two hours until the effect is produced. This is the best thing I have ever compounded for offensive diarrhea in typhoid, as well as for summer complaint in babies.

For the soreness and general tired feeling, I advised about three grains of the acetate of potassium, in a teaspoonful of water, every time the patient desired a drink.

About the third day, an eruption broke out around the mouth. While his fever was high, I ordered him sponged with hot salt water, and ordered his hands and face and head sponged with hot water several times during the day and night.

I had him fed with milk, and beef tea every three hours regularly. For the dry tongue which became clean after the seventh day, and had a violet tinge, I gave dilute nitromuriatic acid, drams 2; syrup simplex, ounces 4. Mix

A teaspoonful three times a day, largely diluted with water.

After the bowels were controlled, we did not disturb them for several days, when they were moved by an enema. For the slow action of the heart I gave him 1/100 grain of sulphate of strychnin every four hours. This brought the pulse up to 65 per minute and for a time about the eighth day, to about 70 beats per minute. His fever left him on the 21st day of treatment. The delirium lasted about 18 days. That much of his life is a blank to him,

For soreness and tenderness over the bowels and for the tympanites, I had prepared

Olive oil	ounces 1
Tr. lobelia	ounces 2
Turpentine	ounces 2
Camphor gum	drams 2
Strong aqua ammonia	ounces 2

Mix. Sig. Bathe the bowels occasionally and cover them with a warm flannel. After his fever left him, I gave him two doses of quinine each forenoon for about a week, but none while there was delirium with tongue dry, and deficient secretions. He lost flesh rapidly from the fifth day to the twentieth day.

Mr. C. is now convalescing very nicely and is up and about the house. While there is probably nothing very extraordinary about this case, and may be nothing scientific in the prescriptions and in the management

of the case, it was a severe case, and the friends and myself are satisfied and pleased with the results.

Brief Contributed Articles

SPIGELIA MARILANDICA-SMALLPOX D. E. RUFF, M. D., JUNCTION CITY, OREGON

In an experience of thirty-seven years with a single remedy I think I am justified in saying that I can speak with a strong confidence in the properties of that remedy. *Spigelia marilandica* is generally considered useful in the treatment of intestinal worms, but my use of it is altogether different, unless it can be proved that cholera infantum is dependent upon microbes of the nature of worms. Be that as it may, I use *spigelia* in the secondary stages of cholera infantum, where the features become pinched and drawn, when the mouth is dry and the tongue cracked and fissured, when the bowels are moving involuntarily and when the little sufferers will drink anything greedily that is offered. The bowel contents are of a dark green spinach color but devoid of odor. I usually mix two drams of the tincture of opium camphorated with fluid extract of *spigelia* to make two ounces. Shake well and give half a teaspoonful and repeat in half hour. After taking the second dose the patient becomes quiet, the skin moist; usually the patient sleeps two hours and awakes refreshed and is ready for something to eat. After the second dose repeat as needed every

two hours. When first called, I give 1-6 of a grain of calomel every half hour, with the sulphocarbolate of zinc, one-half grain. Repeat this dose until about five doses are given and one hour after the last dose give two teaspoonfuls of castor oil. After the oil acts give the sulphocarbolates every hour. If there is much fever give small doses of aconite every hour, until three or four doses are taken, then apply a flannel bandage over the bowels and do not remove this. After giving the sulphocarbolates 24 hours, commence with the *spigelia* and you will soon see your little patient on the road to health. I have only lost three cases in the 37 years, and to them I was unfortunately called too late in consultation.

My experience in the treatment of smallpox tallies exactly with that of Dr. C. M. Dean as detailed in the January THERAPEUTIST, with the hyposulphite of soda. In my student days in Louisville, Ky., I had my first experience with the hyposulphite of soda under the direction of Dr. P. B. Scott of Louisville (he is now dead), and since then on eight different occasions. I depend mainly on the salt above named. It is a good laxative as well as a first-class antiseptic.

THERAPEUTIC NOTES BROSE S. HORNE, M. D., GAS CITY, INDIANA

Nothing is more encouraging to a physician than to have his therapeutic endeavors rewarded. A short time ago a man came into my office much

distressed from a cough which had persisted for some time. He had some fever. There were sharp, cutting pains in the chest with rales and night sweats. The peculiar thing, about the cough-and it was for the relief of the cough he had consulted me-which impressed me was that the cough always ended in gagging, and after a meal he would vomit. His tongue was red and pointed. I thought of ipecac. For the sharp, cutting pain in the chest I gave bryonia. I prescribed as follows: Ipecac sp., drops xx; bryonia sp., drops viii; water, q. s. ad oz. iv. Mix. Take a teaspoonful every hour. I met the man on the street a few days after, and he said: "I am feeling fine."

I have found ipecac indicated in any cough ending in gagging and vomiting.

C. G., aged 34. Was confined to his home with what he called grip. The temperature was 101.5° F., pulse 100. The marked symptoms were, severe frontal headache, worse on motion; eyeballs sore. These symptoms indicated bryonia. The tongue was large, showing marks of the teeth (indicating nux vomica). I gave him bryonia, drops viii; nux vomica, drops x; aqua, q. s. ozs. iv. Mix. One teaspoonful every hour. After taking the third dose, the headache, which was his distressing symptom, had disappeared. This patient had taken several kinds of medicine before without any relief whatever. I gave him no aconite or veratrum. I ignored fever except for the influence of the bryonia.

Mrs. J. H. called me in as I was passing. She told me she had been having a sore throat for several days, but at the present time she complained of an intense burning in the mouth and throat. Examination revealed a redness of the mucous membranes of the tongue, mouth and throat. The tongue was pointed, with that peculiar redness of the papillae of the tip of the tongue which indicates rhus tox. I gave her rhus tox., drops v; aqua, q. s. ozs. iv. Mix. Take a teaspoonful every hour. This resulted in complete relief.

Mollie E., age 18, primipara. I was called at 2:30 P. m. to attend the lady in confinement. I found her very nervous and with severe pain. I gave her a hypodermic of one-half dose of H-M-C compound, Abbott's. Instructing the nurse to call me when the labor had made sufficient progress. I was called at 11:20 P. M., the same evening. I found upon examination that the patient was doing well. I gave another injection of one-half dose of the H-M-C compound. The patient gave birth to a 9.5-pound girl at 3:30, a. m., without any pain whatever. The medicine acted fine. In fact, it was simply marvelous to see the patient having strong labor pains, one after another, and if she was asked if she was suffering any, her reply would be, no. This case was a protracted one, and I am satisfied that without this compound there would have been many nerve-trying experiences.

DETERMINING THE CAUSE

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

In the treatment of any condition we are constantly told that we must remove the cause. I believe the first thing to do is to find the cause. This is not easy at all times. I will cite two instances, in one of which I failed and in the other succeeded.

A young married lady called upon me about two months ago with the statement that she was suffering from bloody flux. She said she was having from ten to a dozen evacuations daily. As dysentery is very rare here in northern Iowa, and as I had previously seen a great deal of it in the South, where we always traced it to a poor water supply, my first question was, "What is the character of your drinking water?" "is very bad," she replied. What was more natural than for me to jump at the conclusion that the disease was caused by the bad water? So I advised her that if no other water could be secured she was to boil the water, filter and cool it and keep it perfectly clean until consumed. I gave her the following prescription:

Magnesium sulphate drs. 4
Acid sulphuric aromatic drs. 3
Tincture opii deod . drs. 3
Aqua, q. s., ad ozs. 4

Mix. Take a teaspoonful in sweetened water every three or four hours until the passages decreased in number, then at longer intervals. The patient carried out the above treatment faithfully for a week with no results whatever, very much to my surprise.

This was the first time I was ever so unsuccessful in the treatment of this disease. I then did what I should have done in the first place. I went very much more particularly into the cause of the disease. I asked her if her husband drank the same water she had and if he was affected likewise. She replied that he drank the same water but that he was in no way affected. I then asked her if there was anything in their diet or in their drinking that she partook of that her husband did not. She replied, "Yes, milk, only milk. I am very fond of milk and he does not take any at all." I then found that they had two cows and that both of these cows were sick with what was known as the pink eye, and had been so all the time that she had been suffering from this disease. Here, then, was the cause. I advised her to drink no more milk; to drink only water, when without any medicine she recovered in three days, because the real cause was finally found and removed.

My next case was that of arthritis in a boy twelve years of age. The pain in his joints was most excruciating. Upon careful inquiry I found that he had never had rheumatism, that he had previously been in good health, but that a few days before he had had a mild attack of sore throat with the appearance of a few red spots on the surface of the body. I concluded that he had been suffering probably from a mild form of scarlet fever and that the arthritis was infectious in character from this cause. I gave him a saline laxative in the morning before

breakfast and the following prescription:

Echafolta oz. 1
Elixir sodium salicylate drs. 2
Aqua, q. s. ad ozs. 4

Mix. Take a teaspoonful in water every two hours when awake. The above treatment destroyed the scarlet fever poison in five days and another case which in the past has been classed as inflammatory rheumatism was cured because the cause was found and removed.

THERAPEUTIC FACTS FOR THE PUERPERAL STATE

J. A. BURNETT, M. D., AUBURN,
ARKANSAS

The following are a few therapeutic facts on the puerperal state which I think are not generally known, and will no doubt prove beneficial to many.

Hyoscyamus (henbane) is the best remedy that I have used for afterpains. I have used it with both primiparæ and multiparæ, with perfect success in each case. The action of this remedy does not interfere with the lochial discharge or with the nursing infant. The dose is one grain of the powdered extract every one or two hours according to the severity of the pain, until relieved. Usually two or three doses are sufficient.

Leonurus (motherwort) is a reliable remedy for suppression of the lochia. It probably has no equal for this purpose, and many physicians have never heard of it. These will probably say they do not want to know anything about

“corn-field” remedies. The dose is 10 or 15 drops of the fluid extract, in hot water every two or three hours until the flow starts. Usually two or three doses will be sufficient to start the flow normally.

Myrica (bayberry) is a reliable remedy when the lochial discharge is too profuse or when it lasts too long. It is valuable also for subinvolution of the uterus. The dose is 10 or 15 drops of the fluid extract every two or three hours.

Calomel is an important remedy in the puerperal state. I am well aware of the fact that it shocks most eclectics to see calomel recommended for anything in an Eclectic journal much as it shocks many regulars to see lobelia recommended in a regular journal. Calomel I believe to be a good remedy for “caked-breast” with threatened abscess. Give enough to act freely as a purgative and the results will be satisfactory. It is a well known fact and is admitted by all that are not prejudiced, that calomel is a powerful glandular remedy in acute conditions (not sub-acute and chronic), and it is specific for this condition when used early enough.

Jaborandi (*pilocarpus*) is the best galactagogue that I have ever used. It may have an equal but I doubt it. In my practice it gives uniform results, and in one case I was surprised at its results as the woman had practically no breasts, had given birth to several children and had never furnished milk

for them. As I did not know what else to give I gave jaborandi and she gave plenty of milk. Dose, two to four drops of the fluid extract every four to six hours.

Turpentine is a standard remedy as a prophylactic to puerperal fever, and in my opinion it is superior to ergot as a prophylactic to hemorrhage. It relieves soreness and other distressing symptoms. I was told by a reliable physician that it would soon start the lochial discharge when suppressed. I was told by an old eclectic physician who began practice in 1845 that he always gave puerperal women from ten to twelve drops of turpentine once each day for ten or twelve days and never had a case of puerperal fever. I have made a practice of giving from eight to ten drops once a day, for six or eight days in most cases, and am well pleased with it.

Sodium chloride is an important remedy in some conditions of the puerperal state. It will be found to be superior to the catheter in most, cases of retention of the urine. Use a teaspoonful to each pint of hot water and give by enema. Fill the rectum full and when it passes away the urine will pass freely also. Hot applications applied over the vulva and pubic region will assist the action of this remedy in this direction.

POPULUS TREMULOIDES

**JOHN FEARN, M. D., OAKLAND,
CALIFORNIA**

I note the useful article by your correspondent J. M. French, M. D., in the THERAPEUTIST for December last on populus. I began to fear that this grand old remedy of the Botanic Fathers was falling into innocuous desuetude. But this good blast of Dr. French's I trust will help to resuscitate it. So far as I know the different species of poplar all possess valuable medicinal properties, and I remember forty years ago how we prized poplar bark, in infusions and extract, using it for its powerful tonic, restorative and diuretic properties. For these purposes and as an antimalarial remedy it should never be forgotten. The doctor asks for reports on the action of this remedy.

Let me say from experience this remedy is a powerful stimulant, tonic and diuretic. And this statement fixes its place in treatment in the hands of the true specific medicationist. When we use this remedy as a tonic or diuretic we should never use it in cases accompanied with irritation whether it be of the stomach, bowels, uterus, bladder or prostate. In atonic conditions of all these different organs, where we desire to stimulate and tone up the organ, populus is a grand remedy. When first I began to use this Sampson amongst remedies of its class I had to use decoctions of the bark it was a nasty, bitter dose. How much better to use the specific medicine in from five to twenty drops at a dose.

I would like to have Dr. French go after more of the good old remedies.



Hiccough--Gelsemium

In the treatment of hiccough I believe that twenty-drop doses of the tincture of belladonna is very nearly a specific.

From five to ten drops of the tincture of gelsemium every two hours until there is a slight physiological action on the eyes—blurring of vision—is one of our best emmenagogues. It is also a very near specific for dysmenorrhœa. It is the very best remedy to abort a cold that I have ever used and is a fine remedy for facial neuralgia. In doses of from twenty to forty drops it is a sedative for nervousness and for restlessness, and is a promoter of quiet sleep.

In those nervous conditions in which the patient feels that she cannot hold herself together a single dose of from twenty to forty drops will sometimes produce perfect quiet. In using this agent to promote sleep it may be combined with two or three times as much passiflora.

J. M. PARKER, M. D.

Epithelioma-Burns

In the treatment of epithelioma I have learned to adopt the following course. I at first apply a two-percent solution of

cocaine. I then remove all scales from the diseased surface and dry the surface thoroughly. Then with a medicine dropper I apply a few drops of the trichlorid of antimony. This will not affect healthy tissue. The diseased surface should then be properly dressed, and in two days the entire cancerous portion can be picked out. Then apply

Phenol	0.6
Calendula	3.0
Lanolin	30.0

Mix.

In the treatment of burns I use the bicarbonate of soda with enough glycerin to make a thick paste with one per cent of phenol. This should be freely applied and covered with gauze, and this covered with oiled silk. This dressing may be left in place for two or three days, when a simple ointment may be applied.

For the cure of dandruff.

Hydrarg. chloridi corrosivi.	0.003
Chloral hydrat	15.0
Resorcinol	8.0
Bay rum	125.0
Aqua, q. s. ad	200.0

Mix. Apply as necessary, rubbing thoroughly into the scalp.

F. A. GRAFE, M. D.

Iodoform

Iodoform is one of the remedies most useful and most reliable in the successful treatment of many wounds and surgical operations. As a remedy in these cases it is powerfully antiseptic and generally free from danger. The older literature on the subject relates the fact that the German doctors had many cases of poisoning and some deaths resulting from its early use, but I think that is not the experience of the profession in this country today. I have found iodoform a most useful and reliable remedy for recent wounds.

V. B. RAFTER, M. D.

COMMENT: Some twenty years ago, I had occasion to treat a very severe burn of the abdomen and thigh, caused by the upsetting of a ladle of melted iron

The secondary dressing in this case was an ointment with iodoform as the antiseptic principle. This was applied freely over a large surface. As a result, after two or three days there were mental hallucinations and a very excitable, hilarious delirium.

This increased with each application of the ointment, until I stopped the ointment entirely, when the patient recovered his mental action, but was very weak. There was a peculiar taste in the mouth and some diarrhea. I attributed the result directly to the application of an excess of the ointment.

Nitrous Ether in Rhus Poisoning

In the treatment of poisoning from rhus tox. I have been in the habit of using the spirit of nitrous ether as an

application. When applied freely to the parts affected the remedy for me has had a specific action.

J. M. NICKS, M. D.

Iodine in Malaria

I am inclined to think the following is a little out of the usual line in the treatment of malarial conditions. I at one time had a case of malarial fever which would not yield to quinine. The peculiarity of the case was that the tongue and mucous membranes of the mouth were of a peculiar bluish or purplish tinge. This suggested to me the use of the tincture of iodine. I gave this remedy in five-drop doses on sugar three or four times a day. The result was very satisfactory and in many other cases with that peculiar indication I have had equally good results. If the tongue is coated with a pasty coat I have added a little of the iodide of potassium to the tincture.

Here is another suggestion I would like to make. In the treatment of nocturnal delirium from whatever cause I have obtained almost universally satisfactory results from the use of small doses of cannabis indica.

E. A. CONVERSE, M. D.

Magnesium Sulphate

In the chemical construction of the blood toxins, carbon is an essential chemical constituent. All the cell salts have an affinity for carbon. Magnesium

in particular, draws the carbon immediately from chemical compounds both inside and outside of the body, thus breaking up and changing the character of these compounds. Magnesium is the most congenial of the cell salts and commercial epsom salt is its best therapeutic form.

Pain, wherever located, arises principally from irritation of the nerves from toxic causes. Epsom salt withdraws the carbon from the toxins, changing their character and relieving the pain almost instantly. Relief obtained in this manner is physiological and far superior to that obtained from the influence of an anodine or an anesthetic. In blood poisoning the application of this remedy in the form of a solution of congenial strength, that is, one ounce of the agent to one pint of water, relieves the pain and cures the condition in the shortest possible time. In pneumonia this application to the entire thorax not only relieves the pain but exercises a positive curative influence.

W. H. BURGESS, M. D.

Removal of Tape Worm

The following prescription is the one upon which I depend for the removal of tapeworm: Oil of the resin of male fern I dram, extract kamala from 2 to 3 drams, chloroform 1-2 dram, a solution of acacia, or instead, glycerin, sufficient to make two ounces.

The patient should eat no breakfast, but at 9 a. m. should take one-half of the above quantity. At 11 a. m. he should take the remainder. This is a disagreeable combination as far as the taste is concerned, and it is better that it be put up by a pharmacist so that it be made as palatable as possible.

R. C. MACKEY, M. D.

Cocculus Indicus in Sea Sickness

Having noticed in the December THERAPEUTIST an article by Dr. Henry Perry on the use of nux vomica for sea sickness, this has suggested to me my own treatment, which I have learned to depend upon.

In sea sickness or car sickness I have never found anything to equal cocculus indicus. I give it in the first decimal trituration in tablets. Give one tablet every half hour or hour until the patient is relieved. Or add ten drops of the tincture to half of a glass of water. Of this a teaspoonful should be given every twenty minutes. I trust this will prove as satisfactory to others as it has to me.

EDGAR C. COWLES, M. D.

Rhus. Tox. in Night Terrors

I have recently had a case in which rhus tox. acted specifically in relieving infantile insomnia. I had been treating the case for obstinate constipation for some time with bryonia and had succeeded in relieving the condition

permanently.

The child then developed the habit of waking each night in a fright and refusing to go back to sleep, remaining awake at times for hours. He would awaken suddenly with considerable nervous excitement and would cry out as if in fear. If he was rocked he would keep quiet, his eyes remaining wide open meanwhile.

There was apparently no pain and no fever. Rhus tox. was given in small doses for three days with such relief that the remedy was discontinued. The trouble returned somewhat, but upon again administering the same remedy, permanent cure was accomplished.

W. LEMING, M. D.

COMMENT: This condition is usually induced by irritation within the gastrointestinal tract. While the above remedy and others effectual at times may be indicated, the condition usually is not permanently removed until the irritating causes are removed. I have found triturated santonin to be a useful remedy in relieving this irritation. I have given from half of a grain to a grain twice a day, triturated with from five to ten grains of sugar of milk. At other times direct nerve sedatives will be indicated, although, as I have stated before, I believe that santonin has a nerve sedative influence over reflex irritation.

A Valuable Diuretic

I believe the following combination to be an unusual one in acute conditions where a diuretic is needed, especially where you cannot combine the diuretic

agent with the other remedy. Add to the sedative from one to two drams each of specific cactus and specific asclepias. The diuretic influence of this combination is sometimes little less than marvelous, and the beauty of the suggestion is that there are almost no cases in which either of the remedies would exercise a detrimental influence.

T. A. DEAN, M. D.

Injury to Internal Ear from Gargles

I am quite sure, from careful observation, among my own patients as well as of those of other physicians, that the common custom of both the laity and of the profession of using gargles for throat difficulties is a productive cause of serious ear complications in otherwise trivial diseases of the throat.

The reason for this conclusion is plainly apparent. It is not difficult to force, by this means, water and injected mucus or pus up into the internal ear through the eustachian tubes. Someone has said that these tubes close during the act of gargling. All I ask is that you desist from the use of gargles, using more sensible means, and notice how few of these suppurative ear cases develop. If you must use a wash for the mouth and throat allow water to be held in the pharynx by throwing the head well back. After holding the fluid this way for a moment expel it and repeat the process if necessary.

E. E. MYERS, M. D.

Phlebitis

In the treatment of a peculiar case of phlebitis which I recently had, extending from below the knee to above the middle of the thigh, I applied the following ointment:

Ichthyol	dr. 1
Unguent hydrarg. ammoniated	dr. 2
Lanolin, q. s., ad	oz. 1

Mix. Sig: Apply this ointment freely over the inflamed part and enclose in cotton retained by a loose roller bandage.

The veins were knotted, tense, tortuous, painful and hot. The temperature was 100° F. I insisted upon rest in a recumbent position in bed, and gave a nutritious diet carefully selected, and a mild cathartic and echinacea internally in full doses.

Two days later, the fever had fallen to 99° F. There was no pain: there was a general relaxation of the tissues of the part, and the patient was "feeling fine." This treatment was continued for two weeks, at the end of which period the patient was practically well.

M. SHADID, M. D.

Night Sweats

In the treatment of night sweats I find

an ointment made of camphoric acid 50 grains to one ounce of lanolin to be very serviceable. I take a small amount—equal to the size of a hazel nut—and rub it thoroughly into the axillæ at bed time. I have found this to control the most of the cases. One application is usually sufficient for several nights.

W. F. CREW, M. D.

Removal of Warts

For nearly eighteen years I have had uniform and successful results with the following simple treatment for the removal of warts. I prescribe ten grains of the ordinary magnesium sulphate internally, once or twice each day for a few weeks.

R. C. MACKEY, M. D.

Calendula in Swellings

As local application in the treatment of any puffy or swollen condition of any part, especially of the face or for erysipelas, I use a fifty per cent solution of fluid calendula borated non-alcoholic. The results of this application are superior to those obtained from any other remedy that I have ever used. It is my opinion that those who use iodine, carbolic acid, or any of the harsher remedies which were in vogue a decade or two ago are greatly behind the times.

T. A. DEAN, M. D.

A Remedy for Asthma

I am sending you by mail under separate cover a small quantity of some seeds known locally as wild celery seeds, and used by quite a large number of people in this locality as a domestic remedy for asthma.

My attention was first called to this remedy last summer, but too late to gather only a small amount of the seeds. The directions given are for the patient to chew, thoroughly, six or eight of the seeds and to swallow them with the saliva. In from five to ten minutes if the lungs are inflated it will be observed that there is an increased expansive power. I cannot find anything in my library that describes this as a remedial agent or in fact that makes any reference to it whatever.

The amount I send you will make at least eight ounces of the tincture and if you should have a case of asthma I would like to have you try it and observe the results. You may give half of a teaspoonful every two or three hours, and when the patient is relieved the interval between the doses may be increased. The seed should be crushed before the alcohol is added in preparing the tincture.

Yours truly,

D. E. RUFF, M. D.

Baptisia in Sore Throat

I have learned by my experience to depend upon baptisia in the treatment

of all cases of ordinary sore throat. I find but few cases that will not be benefited by it. However, I vary from the ordinary method and do not dally along with the usual formula of ten drops to four ounces of the mixture. I prescribe from one to two drams in a four-ounce prescription of which I give a teaspoonful every two hours, alternating with any other indicated remedy.

T. A. DEAN, M. D.

Cholera Morbus

In the treatment of cholera morbus, during an experience of fifteen years, I have found the following prescription very reliable: Specific rhus. tox. 15 drops, specific aconite 10 drops, water sufficient to make four ounces. Mix and give a teaspoonful every half hour or hour, as seems to be required. When indicated I alternate dioscorea with the above.

If not contra-indicated, I usually give a hypodermic injection of morphine the first thing. It is seldom I have to make a second call.

J. W. HAWKINS, M. D.

Echinacea Locally

I have found that a very liberal use of a solution of echinacea, one part, to water, three parts, if applied on absorbent cotton to a bruise of any kind or to a crushing injury from any cause, or to a stone bruise, will

promote rapid healing.

J. N. WHITE, M. D.



SPECIFIC INDICATIONS AND SPECIFIC TREATMENT OF TYPHOID

By JOHN BENSON, M.D., COLFAX,
WASH.

I wish here to give two cases taken from my casebook, whose histories are typical of many others. It is seldom such clear-cut indications for remedies are seen. But on that account they all the more indicate the line of treatment of a specific character.

The patients were both young men, twenty and twenty-two years of age, genuine farmer boys, strong, healthy and robust. Excellent family histories. Both had just put in a month to six weeks of most laborious work in the harvest field. Both were exposed to the same surroundings and conditions. For about a week they had been feeling weak and miserable, without knowing why, until fever appeared, when they went to their homes, and when seen they presented the following symptoms in common:

Both in bed.

Had fever eight or ten days.

Face flushed.

Heavy, sodden appearance.

Complain of dull, heavy headache.

Intelligence dulled.

Answer questions slowly.

Low muttering delirium at night.

Tongue dry and coated.

Sordes on lips and teeth.

Bowels bloated, tense and tympanitic.

Gurgling on pressure, especially in right iliac region.

General tenderness over abdomen.

A few rose-colored spots on abdomen.

Urine scanty, high-colored, offensive.

Stools, three or four a day, thin, watery and offensive.

Morning temperature, 101.5°F. to 102°F.

Evening temperature, 103.5° to 104°F.

Upon the totality of these symptoms we can safely make a diagnosis of typhoid fever, and as safely prescribe for the same. But, shall we prescribe for the disease or shall we prescribe for the individual affected with the disease? While the main characteristics of typhoid are the same in all cases, yet the individuality of the person is often an important factor in the case and the same symptoms may have different manifestations in different persons. I have always made it a rule to study the personal idiosyncrasy of every patient, so here let us make a still closer examination of these cases and see,

what further symptoms can be elicited by careful questioning and observation, to assist us further in our individual diagnosis and medication.

JOHN DOE

John Doe, aged twenty:

Lies quietly in bed.

Seems averse to moving.

Irritable and cross when aroused.

Wants to be let alone.

Delirium, is always working at his last occupation.

Face appears hot and puffy.

Circumscribed red spot on right cheek.

Tongue dry, pale, with whitish-yellow coat.

Breath offensive.

Pulse full and hard.

Slight dry cough with stitching pains in right chest.

Slight dulness on percussion over right posterior thoracic region.

Few moist coarse rales in same region.

Occasional stitching pains in abdomen.

Stools about three a day, thin, biliouslooking, offensive.

Complains of burning at anus.

Urine scanty, brownish-yellow in color.

RICHARD ROE

Richard Roe, aged twenty-two:

Appears in a semi-comatose condition.

Falls asleep while answering

questions.

Changes his position frequently.

Complains of the bed being so hard.

Delirium, cannot rest for he imagines his body to be broken into pieces, and he cannot get them together.

Marked debility and prostration.

Body slides down in bed.

Face is a dusky, purplish red.

Has a besotted appearance.

Tongue dry, brown coat in center.

Edges of tongue red and shiny.

Breath very offensive.

Pulse soft and compressible.

Stools about four a day, thin, dark and horribly offensive.

Here, then, we have three distinct sets of symptoms. One set that is common to both patients, and that is characteristic of the disease; one set that is peculiarly those of John Doe alone, and another set especially symptomatic of Richard Roe. It would be wrong to treat those men with the same drugs, for although it is one and the same disease in both, yet each one has symptoms peculiarly his own, and no one else's; and although the history of the cases tells us they are in about the same stage of the disease, yet, otherwise, they are markedly different.

In John Doe, we find the system making a noble resistance to the disease. His strength and vitality are good. He is irritable and cross, and that is one of the best of signs, for irritability of temper always shows a

reserve fund of strength to work on. Besides the typhoid symptoms, we find a slight bronchitis of the right side, as shown by slight cough and stitching pains, and involvement of the liver, as shown by the bilious stools and burning at anus. The pale tongue and whitish coat show that as yet the system has not become profoundly saturated by the septic invasion, and that under proper medication and with no new complications we might expect an uneventful recovery.

So for John Doe we will prescribe the sulphite of sodium, 10 to 20 grains in a glass of water, to render it pleasantly alkaline, and administer it ad libitum. In addition we will give one granule of bryonin, gr. 1/67 every hour until effect is noticed and then, less often. Also emetine, gr. 1/67, one granule every four hours, to loosen up the pulmonary secretions and relieve the congestion.

With Richard Roe we have to deal with an entirely different case. Here we find the system most profoundly overcome with the septic infection, as evinced in the marked prostration, the low delirium, the dark, purplish color of skin and mucous membranes, the weak heart, and the intense fetor of breath and sweat, urine and stools. It is putrescence itself. It shows that the blood and the tissues themselves are disintegrating under the septic influence. Hemorrhages, nasal and rectal, may be expected any moment, and if we are to save our patient we must prescribe promptly and rightly.

What are the two great remedies for putrescence? Hydrochloric acid and baptisin. So to the drinking water of Richard Roe we will add a few drops of hydrochloric acid, just sufficient for a pleasant acid drink, and given freely. Also we will give a granule of baptisin, gr. 1/12 every hour until effect and then less often, also a granule of strychnine arsenate, gr. 1/134 every three hours, to support the flagging heart.

In the first case, the remedies relied upon were sodium sulphite and bryonin. In the second case, hydrochloric acid and baptisin with strychnine arsenate as an adjunct. Why? Why were these remedies given instead of any one of perhaps twenty other remedies that might have been prescribed with advantage?

The sodium sulphite was given because wherever a pallid mucous membrane and a tongue coated with a whitish or yellowish white deposit be found, there is a call for alkalis in the system. Sodium sulphite supplied this demand and being also one of the best of antiseptics it corrects the decomposition going on in the digestive tract. If the same conditions existed without sepsis the sodium bicarbonate would be the proper alkali to use, or if there were extreme fetidity, as in diphtheria, typhoid and like diseases, potassium chlorate should be used.—*Am. Jour. Clin. Med.*

TREATMENT OF THE BUBONIC PLAGUE

Those of us in the interior of the United States have had but little, if any, experience in the treatment of the bubonic plague. In my examination of the literature on the disease I long since concluded that we have a remedy in echinacea, which, if supported by other remedies indicated in each individual case, should combat the disease with reasonable success.

One of our physicians on the west coast presents the following in *The California Medical Journal* as the treatment he has carried out with a number of patients during the past few years, with fairly successful results.

After writing fully of the first bubonic manifestations and the abscesses, he says:

"We may have in addition to the glandular abscesses, carbuncles on the lower extremities, the hips or even on the neck of the patient. In the pneumonic form we have the usual symptoms of pneumonia, the chills, fever, severe pain in the side, cough, rusty sputum and the physical signs of consolidation. The earlier the case is seen, the quicker diagnosis is made, the more successful the treatment which we are going to attempt to outline. We wish to emphasize the following points:

The intense weakness or prostration, the fever, the petechiae or vibices

resemble typhus fever. Remember no known fever is characterized by as severe prostration. The glandular abscesses and the carbuncles are distinctive, although they are said to be sometimes absent in the milder cases of a declining epidemic, as well as in the fulminant form of the disease or pestis siderans, as some style it. The Diazo reaction of the urine is usually absent. According to various standard authorities this disease is said to be the most fatal of all disease expressions.

I will now undertake to elucidate a treatment which I believe from my experiences with stray cases from 1894 to 1900 and with sporadic cases occasionally coming under my care from time to time up to date, has proven eminently successful.

"First: During the period of extreme prostration, or more plainly, intense weakness in all cases, administer hypodermically a solution prepared as follows:

Resublimed phenol, C. P. 4 grs.
Aqua pura . oz. 1

M. Sig. dr. ss., hypodermically; repeat in six hours if necessary; the apportionment to be administered should be warmed nearly to the temperature of the body of the patient, or if subnormal to 98.6° F. and applied by the infiltration method. Merck's phenol is our preference.

Echafolta dr. 2
Aqua pura, q. s . oz. 4

M. Sig. Teaspoonful in water every thirty minutes during this period of weakness. If there is a prodromal condition intervening before the chill and febrile reaction administer during the prodromal period:

Alstonia constricta, pulv dr. ss
 Quinia, sulph dr. ss

We prefer Lloyd's powdered alstonia, the bark of the Australian fever tree.

M. Sig. In five-grain doses in capsules every hour in alternation with:

Aconite, spec . drops 15
 Aqua pura oz. 4

M. Sig. One dram every hour in alternation with the alstonia compound, provided we have the small, frequent, wirelike pulse, or we would use:

Spec. veratrum drops 30
 Aqua pura oz. 4

M., Sig. One dram every hour in alternation with the alstonia compound if the pulse is full and bounding, or,

Specific baptisia dr. ss
 Aqua cinnamoni, q. s . oz. 4

M. Sig. One ounce every hour in alternation with the alstonia compound, provided the tongue looks like tainted beef and the pulse is like a muddy stream, full and oppressed; or,

Rhus tox minims xv
 Bryonia minims 15
 Aqua, q. s . oz. 4

M. Sig. One dram every hour in alternation with the alstonia compound if the fungiform papillæ on the edges of the tongue are prominent and there are indications pointing to inflammatory processes in serous membranes as the pleura, or later in the disease if synovitis is a complication.

Bryonia dr. ss
 Cactus dr. 1
 Aqua, q. s . oz. 4

M. Sig. Teaspoonful every hour to effect, then every six hours.

One thing is sure, during the prodrome the alstonia and quinia compound is the remedy to administer with whatever other indicated remedy the physician in his judgment may see fit to give.

The glandular abscesses we incise freely, thoroughly cleansing same with peroxide of hydrogen. Then irrigation freely with Lloyd's asepsin, thirty grains to a quart of water at a temperature as near the normal temperature of the body as practicable. Then dress the wound with Merck's dry pulverized oxyiodide of bismuth. Dress the wound once daily as above; it will heal. The carbuncles which are often present should be treated as follows:

Phenol, resublimed dr. 2

Echafolta dr. 2

M. Sig. Ten to fifteen minims injected into each of the sinuses which make up the multiple core of the carbuncle, or,

Metallic iodine dr. 2
Alcoholis, 95 per cent dr. ss

M. Sig. Five to ten minims of the above injected into each sinus of the multiple boil or carbuncle.

Use a hypodermic syringe for the above work, carrying the needle to the bottom of each sinus to make sure that it is well filled with the fluid. Then dress the wound with Mayers' ointment or echafolta cream, or compound zinc ointment, U. S. P., until the core sloughs. In cases of threatened hemorrhage of the bowels we recommend the following :

Spec. med. cinnamon dr. ss
Dest. hamamelis dr. 2
Sub. nit. bismuth dr. 4
Aqua dest . oz. 8

M. Sig. Tablespoonful every half hour.

As a matter of fact the above administered in all cases during the period of intense thirst which often appears, proves an excellent aseptic procedure.

The following assists materially in causing absorption of consolidation areas in the pneumonic variety:

Spec. cactus dr. 1

Spec. jaborandi dr. ss
Aqua q. s oz. 8

M. Sig. One dram after meals thrice daily.

Spec. berberis aquifolium dr. 1
Spec. rumex dr. 2
Stillingia dr. 1
Aqua q. s . oz. 8

M. Sig. One dram before each meal thrice daily in half glass of water.

Of course food, hygienic measures, cleanliness about the person and their surroundings are vitally essential. I am of the belief that half-dram doses of echinacea every two or three hours throughout would be of much service.

GRANULATED WOUNDS TREATED WITH SUNLIGHT

The attention of physicians has repeatedly been called to the action of sunlight on wounds of all kinds. Dr. C. Haeberlin has recently treated a number of large granulating wounds with sunlight as follows: the wound is exposed to the sun, so that the rays fall perpendicularly. The position of the patient was changed accordingly from time to time. It was sufficient to have the patient lie in the sun for from two to three hours a day, with the head protected, generally the hours from nine to twelve a. m. were used. The effect is an acceleration of the healing process. Granulations, which have been moist and irregular, become dry, shining and smooth; the epithelium

spreads visibly.

Dr. H. has treated in the above way simple traumatic wounds, wounds after operations of all kinds, e. g. after phlegmon, a broad drainage canal resulting from purulent appendicitis, etc. In one case of complicated trauma of the knee joint the granulating wound, which remained after the capsule wound had closed became infected with the pyocyanus coccus. Iodoform and hydrogen peroxide were used without effect; the wound produced large quantities of greenishblue pus; two exposures to the sun of two hours each were sufficient to have the infection disappear without leaving a trace. —After exposing the wound to the sun it is covered loosely with gauze. No instruments or apparatus are needed.—*Muenchener Medicinische Wochenschrift*, 1907

ACUTE PANCREATITIS

In the diagnosis of pancreatitis, much difficulty is invariably experienced. The obscure position of the organ is to blame for this.

Dr. Jayne reports two cases in the *Annals of Surgery*, of the disease in an acute form. The first case was thirty-three years of age, and had been in previous good health until two weeks before. She had had some slight intestinal indigestion, but on the morning of the attack she was feeling unusually well.

She was seized with sharp, smarting,

agonizing pains in the epigastrium, which were followed by nausea, vomiting and collapse. The face was discolored, the pulse was 82, and the temperature 98° F. The tenderness and distension of the abdomen were greatly increased after a few hours, when the pulse rate increased to 120 and the temperature rose to 100° F.

After two and one-half days, preparations for an operation were made, when the patient expelled a large amount of ashy-gray, foul smelling feces, which contained neither fat nor undigested food. This gave so much relief that the operation was postponed, but the patient was exhausted and complained of pain in the epigastrium for several days.

The abdomen became soft and a mass the size of an orange could be felt in the region of the head of the pancreas. On the twenty-fifth day, after a severe chill which was followed by vomiting and a rise in temperature, an operation was decided upon.

A large quantity of grayish pus was evacuated from the pancreatic gland. A large drainage tube was introduced and the wound closed throughout the upper two-thirds. Pus drained freely for four days and at the end of the week pancreatic juice escaped through the opening and continued some days longer when the sinus closed. The second case with symptoms similar to those above described recovered without an operation.

SIGNIFICANCE OF TUBERCLE BACILLI IN THE FECES

Rosenberger, in *The American Journal of Medical Sciences*, gives the following results of his investigations in fifty-seven cases:

1. No acid fast bacillus except the tubercle bacillus was found in the feces.

2. The presence of this organism in the feces means that there is active tuberculosis in some portion of the body.

3. In acute military tuberculosis the bacillus is always present in the feces.

4. In all cases of chronic diarrhea and in cases of general glandular involvement the feces should be examined for tubercle bacilli,

5. If tubercle bacilli are found in the feces it does not necessarily signify that there is intestinal ulceration in all cases.

6. In arrested or healed pulmonary tuberculosis no tubercle bacilli will be found in the sputum or feces.

7. The feces should be studied for tubercle bacilli as a part of routine examination, especially in cases in which no sputum can be obtained.—*Med. Standard.*

Ellingwood's Therapist

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CONSPICUOUS INCREDULITY

Sir Frederick Treves, King Edward's physician, has predicted that some day "the people will leave off the extraordinary habit of taking medicine when they are sick." We are in hopes that the day will soon come when physicians will leave off the extraordinary habit of teaching their patients that medicine does not cure disease, and will adopt the habit of thoroughly studying remedies with reference to their precise action upon specific conditions of disease.

It is unfortunate that the study is a very hard one, and as it is a human trait to avoid hard work wherever possible, and accept that which will accomplish the same end without such hard work, so surgery is placed in the position that medicine should occupy, and receives attention, and humanity continues to suffer, not only from the effects of the disease, but in many cases from the results of the misdirected treatment.

Osler has made another remark

recently. He is quoted as having said, "The observing doctor is he who has learned the worthlessness of medicine." It is a good thing for the suffering, common people that the everyday doctor is not as Sir Frederick Treves and Osler.

BLOOD PRESSURE

In the consideration of chronic diseases, especially those located within the kidneys, we do not take into consideration as we should the blood pressure, and the necessity of proper maintenance of normal pressure.

The Virginia Medical Century presents a very interesting article by Prof. Nelson, of Richmond, on this subject, in which the writer says there are three features essential to the maintenance of the normal blood pressure. These are (a) the proper force of the heart impulse, (b) the proper rate of the heart beat, and (c) a correct peripheral resistance. The effect of the variation of these influences may be stated as follows:

The blood pressure must vary with the rate of the heart if the heart's strength and peripheral resistance remain constant.

The blood pressure must vary with the peripheral resistance if the heart's strength and the heart rate remain constant.

The pressure may remain normal if one or two factors-increase while one or

two decrease.

If all three factors increase, we have a corresponding increase in blood pressure.

If all three factors decrease, we must have a very great decrease in blood pressure.

All three factors are controlled by the nervous system.

The accurate measuring of the blood pressure must be done by the sphygmomanometer. The sense of touch, no matter how well trained, is not absolutely reliable.

In prolonged fevers, such as typhoid, the tension should be maintained at about normal. In this disease, pressure records are valuable because of the fact that perforations and hemorrhage cause a marked falling in tension.

A persistent low record is a point of much diagnostic importance when tuberculosis is suspected. In the later stage of pregnancy and following labor, a rise in the blood pressure indicates uremia, and if this symptom appears the condition should be anticipated by active remedies. A falling of the blood tension denotes hemorrhage.

In injury to the head or apoplexy we may be deceived, because the intercranial pressure may cause an increase of the general blood pressure.

It is difficult to determine between

apoplexy and alcoholic intoxication, but with the use of the proper instruments to measure blood pressure, we find that apoplexy lowers an abnormally high pressure, while drunkenness induces low blood pressure.

In diseases of the kidneys, the blood pressure is very important. Persistent high tension may be one of the first causes of renal lesion. A persistent high tension causes heart disease, arterial sclerosis and kidney disease.

Many insurance companies, recognizing this fact, demand blood pressure records in their examinations.. Often attention to occupation, hygiene and diet are sufficient to influence the pressure without medicine. All conditions must be considered.

In surgical operations, approaching danger from shock or from the influence of anesthetics may be determined by careful observation of the tension.

In treating this condition, the abnormally high tension and the abnormally low tension are the conditions to be considered.- In lowering the abnormally high tension, there must be an avoidance of mental anxiety and worry. There must be attention to the hygiene, and food easily digested and nonstimulating in character must be given.

That group of remedies which depress

the vasomotor centers are to be administered. We have very many of these vasomotor depressants but they should be selected with care. In many cases the alkaline salts and mineral remedies will be the best. Among the vegetable remedies are gelsemium, veratrum, aconite, phytolacca, quebracho, and grindelia.

When the blood pressure is low, heat should be applied, the extremities may be bandaged and certain stimulants may be given.

The author thinks that adrenalin is the most powerful of all drugs for this purpose. Digitalis is an important remedy, as is also stropanthus. Scoparius and spartein are also to be depended upon, under certain circumstances.

The author, in conclusion, raises the question whether strychnin and digitalis are proper remedies to use in surgical shock. While there are arguments in favor of the

fact that their influence has been detrimental in many cases, he believes that the clinical experiences prove their benefits in most cases.

SHREWD ADVERTISING

It is surprising what success certain propagandists have in getting their methods aired through the great magazines. In a recent number of McClures, Mrs. Eddy has been given a great deal of space for an article

written by an enthusiastic, intimate friend, who would, of course, present only one side of the topic.

The current Ladies Home Journal comes out with an article from Andrew J. Still as to how he came to originate osteopathy. The publishing of such articles as these in the popular periodical literature, can not do other than injury to the public in many cases.

It gives to these methods sufficient conspicuousness to cause many readers to accept them as the only method, which in many cases they claim to be. With others they undermine the confidence of the people in the medical profession which has for its great study the good of humanity and the conscientious interest which the health of humanity demands, while these and other methods have a limited place in the cure of disease, which we are not inclined to prevent them from filling.

This position is not correctly stated to the public in this form of presentation, and the editors of these periodicals are to a certain degree censurable. There are many other propagandists that could justly claim with these mentioned that they had a right to a similar presentation.

VAGINAL VARICOSIS

But little is said in our literature concerning the possibility of varicosis of the vaginal veins during pregnancy. I have had some experience with this

difficulty which has caused me to feel that every physician should be placed on his guard concerning the danger in extreme cases from the rupture of these distended vessels. They are quite frequent with pruritis and this adds materially to the danger of laceration and rupture.

I have had no case that has not yielded to a very simple method of cure. The patient is confined to her bed for a few days. The intestinal canal is thoroughly flushed with either plain sterilized water or hot salt solution and a small quantity of a solution of specific collinsonia and specific hamamelis, in the proportion of each one ounce to water q. s. six ounces. This is injected into the vagina. From one-half ounce to an ounce, two or three times a day, is usually sufficient. At the same time I give the patient ten drops of each of these medicines every two hours in a teaspoonful of water. The promptness of the action of this simple course has pleased me.

ASSISTANCE IN SLOW LABORS

No doubt many physicians have made the same observations that I have made in the treatment of a large number of confinement cases, which are in line with the statements recently made by Landau, who claims that immediate resort to the forceps in many labor cases is unnecessary and unjustifiable.

When the head is descending slowly within the pelvis and other conditions are natural, much assistance can be

given to the labor by assisting the natural dilatation of the cervix.

In my own experience I have found that when the natural dilatation has reached a point equal to the size of a silver dollar or more, the position being normal, if the index finger is inserted between the head and the upper edge of the cervix during a pain, and moved carefully around within the cervix with some pressure against the cervix, the pains are not only increased, but the dilatation of the cervix is promoted.

It will be found in many cases that the anterior lip is too far downward and beneath the head, and by reaching well under and hooking the finger into this lip during a pain, applying a steady but very careful force, sometimes the head will quickly slip out through the opening, and the cervix will assume a normal position.

Again, when the head is low, the finger may be pressed against the upper lip and the lip pushed back, when the head is pressing against the pubic bone. All this favors the descending of the head and the dilatation of the cervix. There is no danger of laceration if gentleness and care be exercised.

Furthermore, when the head presses against the perineum and the pains are insufficient, these may be increased and naturally strengthened by pressing the finger in between the floor of the pelvis and the head of the child and pressing outward, not when the perineum becomes greatly distended,

but before this period while the progress of the labor is somewhat slow. These measures are sometimes of great service and do away with the necessity of instrumentation.,

A NEW DIAGNOSTIC POINT IN APPENDICITIS

Notwithstanding the clear points which are presented in a diagnosis of appendicitis, it is by no means easy in all cases to make a diagnosis and feel positive concerning it.

Among the conspicuous points in the diagnosis is the location of the disorder at McBurney's point. Morris, in a recent article, called attention to the location of tenderness over the right lumbar ganglia, one and one-half inches outside of the umbilicus, in line with the anterior superior spine.

He says that in the early stages of an acute infection, there is persistent aching in this location opposite the appendix. The right lumbar ganglia are tender, while the left ganglia are not at all sensitive. Later on when the acute inflammation of the appendix has subsided, leaving a mucous inclusion or scar tissue, the tenderness at McBurney's point has disappeared, perhaps entirely, but there is yet tenderness over the right lumbar ganglia, with an absence of tenderness over the left lumbar ganglia.

Still later on, when the appendix is undergoing infection with replacement of the lymphoid coats with connective

tissue, digestive disturbances and various local neuralgias may be present, due to the fact that the nerve filaments may be entrapped into new connective tissue.

There may be no return of tenderness at McBurney's point, but there is persistent tenderness over the right lumbar ganglia. Again when a movable kidney is to blame for irritation and infection of the appendix, there may be no tenderness at McBurney's point, but there is persistent tenderness over the right lumbar ganglia.

The author further concludes that where the right lumbar ganglia alone is tender, the difficulty is in the appendix. Where the right and left both are tender, the difficulty is due to pelvic disorders. The author is a man of experience and close observation and his statements carry weight.

HEMORRHAGE INTO THE CONJUNCTIVAE

I have recently had another experience with echinacea. This was suggested to me by the influence of the remedy upon tissues that had been engorged with blood, such as bruises, echymoses and threatened gangrene. It is so positive in these cases that I tried it in the following case:

A patient, from exposure to extreme cold, had a rupture of a blood vessel in the conjunctiva of the left eye. The amount of the hemorrhage was so great that the entire membrane was

separated and the large blood clot distended the membrane and hung from the lower portion of the eyeball, like a distended sac. I had never seen so complete a separation.

I tried the usual measures without results. I consulted a specialist who gave me excellent advice, but said I could not expect a speedy cure. Such cases were left to the natural, slow process of absorption and usually took some time.

I prepared a solution of twenty drops of ergot and forty drops of echinacea in one ounce of water. Ten drops of this was to be dropped into the eye every two hours. In twenty-four hours the quantity of extra vasated blood and serum was reduced to nearly one-half, and within a week's time there were two tiny clots only and a yellowish appearance of the conjunctiva. These rapidly disappeared. I do not think we have any remedy that would have stimulated the absorption so rapidly and so satisfactorily as this.

URINARY IRRITATION

A condition known as irritable bladder is very common, especially among middleaged women. To the inaccurate physician the condition is one and the same in every case, and is usually treated with the same measures, and thus in many cases a failure in the treatment results.

There is always a cause for the condition and that cause should, if

possible, be determined, A writer in The Hospital says that the first inquiry should be, is it nocturnal? In some cases, especially when dependent upon uterine prolapse, it occurs only when the patient is on her feet in day time.

In general, the conditions are three: those which depend upon some change in the urine; those which depend upon some change outside of the bladder; and those which depend upon some actual disease of the urinary organs. Added to these, should be that of some irritation of the nervous system, or faulty operation of the nervous system.

Probably the most common are those which depend upon changes in the urine. An excess of urates, or uric acid, or of the triple phosphates is to blame for many cases. In other cases there is a great deficiency of acids and decomposition of the urea molecule results in an ammoniacal urine which in itself is very irritating.

These faults of the urine are caused largely by diet, by impairment of the digestion and by sedentary occupation. Those which result from conditions outside of the bladder are tumors, pregnancy, uterine prolapsus, cellulitis and peritonitic adhesions.

The third class of cases which depend upon diseases of the urinary tract demand very careful examination of the urine itself for a clue to a large percentage of these cases. Others will demand a cystoscopic examination. Foreign growths, calculi, varicosis and

other conditions of a similar character may be thought to be present, but they can often be determined only with a cystoscope.

Again, stone in the kidney, renal growths, nephritis, diabetes, movable kidney, pyelitis and tubercular kidney all cause frequent micturition and in many cases a close diagnosis is not difficult.

Hysterical manifestations, neurasthenia and other nervous disorders may be present as the sole cause of the difficulty, but a careful examination should be made to exclude other conditions.

When the exact conditions can be determined, we have access to reliable remedies which will meet the condition in a large percentage of cases; but to treat every case with the same remedy will result in failure in many of the cases.

TREATMENT OF THE NIPPLES

A French writer has recently called attention to the importance of treating the nipples during the last few weeks of pregnancy. He claims that they should be washed daily with soap and water and covered with a dry dressing.

For years it has been my practice to advise all pregnant women, especially primiparæ, not only to wash the nipples every day for at least five or six weeks before confinement, but to apply for some time an antiseptic

astrigent dressing, and for the remainder of the time to keep them dry and in a septic condition. The solution I have used the most, is an infusion of white oak bark, one ounce to the pint, to which a dram of boric acid is added during the boiling process. In many cases this has prevented any irritation or excoriation of the nipples from the time lactation commences.

Subsequently, if there is trouble, the same solution may be used, as it is of much service in preventing thrush or other annoying forms of sore mouth on the part of the infant.

OLIVE OIL IN GASTRIC TROUBLES

Those who have used olive oil in gastric troubles have become convinced that there is a field for the action of this remedy which is not thoroughly understood.

Bloch treated nineteen cases of gastric ulceration, a part of which were accompanied with pyloric stenosis, with the use of either olive or linseed oil given in a small quantity three times a day. This not only promoted the restoration of the strength of the patient, but relieved the pain.

Where from spasm of the pylorus there was enlargement of the stomach, the result was immediate and satisfactory. Where the stenosis was extreme, the results were most apparent.

This suggestion is a good one and I

should be glad, if any reader has adopted a similar course, to receive a report of the result. The oil is nutritional in its influence and will do away with the necessity of so large a quantity of nutrition which the stomach may not receive well.

Should there be liver faults in conjunction with stomach difficulty the remedy would be of increased advantage.

THUJA

The field of thuja is broadening constantly. In its action upon the rectum it is indicated when there is a slimy discharge, or when this may be streaked with blood, or when there may be dark blotches on the adjoining tissues without pain. When itching is present with an inclination to stool without avail, with burning and tenesmus; when there is a sensation of sharp sticking pains within the rectum; when the membranes are sore as if they were chapped or cracked; when there is a sensation of contraction or spasm in the anus accompanied with severe pain which may prevent defecation. Examination will show the parts swollen and dark colored with enlarged hemorrhoidal veins with small tumors.

Homeopathic physicians have proven this remedy very thoroughly and have learned to depend upon it in the conditions named. All the symptoms are worse when the patient goes to bed, or during the night. The remedy

can be used both internally and externally.

POLYGONUM

Polygonum punctatum is a remedy of considerable value. We presented some good articles on its action last year. I find an article in the *New England Medical Gazette* which presents its symptomatology very clearly. When indicated for severe cold in the head there is burning in the eyeballs, some inflammation in the edges of the eyelids; a feeling of rawness or tickling within the nose; there is frequent sneezing; there is a sensation of fulness or swelling within the nostrils and the nostrils are red and inflamed, with a sensation of fulness through the eyes and through the nasal tracts.

When indicated for respiratory troubles the throat is swollen but very dry; there is a sensation of heat and dryness in the throat; the symptoms are aggravated by cold, and there is a sense of constriction in the larynx; there is much dry bronchial irritation with a sensation of roughness in the throat with a constant tendency to hacking with hoarseness; the cough is worse at night, and all the symptoms are worse in damp weather.

When the remedy is indicated for kidney or bladder trouble there is usually some fever with alternate chills and heat. There is aching in the loins with a drawing or tearing sensation; lameness and soreness of the muscles, an acute drawing in the back or in the

lower extremities.

The remedy seems to be indicated for dilated veins. A case is given where a sailor was covered with varices, which were cured by the use of *polygonum*. It has been used with much success in the treatment of piles, especially where there was hemorrhage. A general relaxed condition of the mucous membranes of the rectum with fulness and a dark discoloration are relieved by this remedy. These indications are similar to those which demand *collinsonia* and *witch hazel* and no doubt they could be given together satisfactorily.

SOME SPECIFIC REMEDIES

Fraxinus Americanus.—While this remedy is recommended as one that influences the chylopoietic viscera, and in large doses will induce active purgation, it is especially advised in the treatment of acute, subacute, or chronic uterine enlargements. One of the distinctive indications is a sensation of weight in the lower abdomen, accompanied with a feeling of hardness extending down into the vagina.

With this there is a sensation of pressure in the rectum and a constant desire to pass urine with no relief. Upon examination, it is found that the womb is large, heavy, but often soft and sensitive. These will be found present as a result of subinvolution at

times. Accompanying these symptoms there is a sore spot on the top of the head which is hot, and where if continued the hair becomes stiff and brittle.

This is often accompanied with persistent headache difficult of control. The headache is not influenced by eating or sleeping, It is more or less constant, unless relieved by the recumbent position or by a position in which the hips are raised and the head lowered.

It has been given in cases where there were uterine tumors of quick growth, or where there was rapid increase of the size of the womb from disease of any character. It is especially beneficial after miscarriage in stimulating a normal restoration of the size of the uterus.

From its influence on the liver, it has been found to control hypertrophy and to assist in overcoming dropsical conditions in constipation. It is of some benefit in acute, splenic disorders.

Of the fluid remedy, twenty, thirty or forty drops should be given at a dose three or four times a day. Any reader who has had experience with this remedy is urged to present his experiences for publication in THE THERAPEUTIST.

Iris.—This remedy has a peculiar influence which is very satisfactory when correctly prescribed. Anyone

who has used it in chronic malarial difficulties, or any condition which involves the glandular system, has observed its direct influence as a stimulant to waste and excretion, and as a stimulant to the lymphatic system. It need not be given in large doses to produce a very satisfactory result.

Given in those conditions in which, from long continued, chronic disease, there is mild jaundice or a tendency to cachexia, and where there is imperfect nutrition with evidence of autointoxication from imperfect elimination, it is certainly a valuable remedy.

If I were to give specific symptoms, I would mention first, the passage of gray colored stools with scanty urine of a high specific gravity, accompanied with a sluggish action of the glandular system, especially that of the skin, with jaundice.

It is also indicated where, with glandular enlargements of any kind, there is sick headache with vomiting of fatty substances of an acid character or acid eructations. With these symptoms there is often persistent neuralgia located in some of the facial nerves or in the teeth.

While this can occasionally be quickly controlled with a full dose of some indicated alkaline remedy, a cure must be brought about with iris. I have added twenty drops to an equal part of port wine and glycerin in a four ounce mixture, and have given this in

teaspoonful doses every two or three hours with very happy results.

The remedy must be used to be appreciated. It is certainly sometimes very satisfactory. I combine it also with other alteratives in the treatment of syphilis with excellent results, and in the treatment of eczema or other persistent pustular or oozing skin diseases. It is of much service especially if accompanied with other indicated remedies, in enlargement of the thyroid gland, and exophthalmic goiters have been treated with it and sometimes good results have been observed.

Catalpa.—This agent, used as a remedy, has as yet no definite field of action. The line suggested for its investigation is in the peculiar, diuretic effect it exercises, stimulating the flow of the watery portions of the urine, and at the same time exercising a pronounced soothing effect upon the entire mucous lining of the urinary tract.

This influence upon mucous membranes extends also to the mucous membranes of the respiratory tract. It has been found to relieve bronchial irritation and to control asthmatic breathing, to a certain extent.

It is especially valuable in chronic bronchitis where the mucous irritation has existed for some time. Anyone who has used the remedy will confer a favor upon this editor by reporting the observations he has made upon its

action. It is quite necessary that these facts be brought before the profession at large.

Lupulin.—This is a remedy which exercises a sedative influence so pronounced and satisfactory as to have been recognized for very many years, although the medicine has never been very widely used by the profession.

Its principal action has been to control nocturnal seminal emissions, but it has a very much wider influence. It soothes the nerve centers, promotes rest and sleep, especially in hysterical patients and in those who suffer from irritation of the genitourinary tract or with wakefulness from sexual excitement or abuse, as it seems to control the mental apprehensions in young men which is usual with this condition. It controls sexual erethisms and desire.

In exercising this influence, it seems to overcome any tendency toward cerebral hyperemia which may have been induced by these causes. If with these conditions, there are disorders of the gastro-intestinal tract, or indigestion with fermentation or with eructations of sour gas or fluids, the remedy is beneficial. It may be also prescribed as a hypnotic in mild forms of insanity, and has been depended upon in delirium tremens, although usually a more positive remedy is used.



A writer in the New York Medical Journal suggests using dry quinin as an insufflation in acute rhinitis. He has found it successfully curative.

Those who administer calomel very often forget that they should not give potassium iodid at the same time, as a poisonous mercurious iodid is apt to be formed.

The remedies in common use in the profession in treating diabetes are valerian, arsenic and ergot, with some collinsonia or morphin. We must find better remedies than these for this serious disorder.

A number of experiments and observations on accidental cases have proven the conclusion that the x-ray administered to the pregnant female will induce abortion. Not only this, but its persistent use over the ovaries induces sterility.

A case is reported in the British Medical Journal of internal cancer, probably of the pancreas, which was treated by hypodermic injections of trypsin and amylopsin, as introduced and recommended by Baird, with improvement from the first.

A foreign writer claims to depend upon a one-per cent solution of the chlorid of ammonium, with which to clear up

opacities of the cornea. He has gone through the list of all advised remedies for this purpose and finds this remedy more efficient than any of the others whatever.

A foreign writer claims that in twenty-two cases of incipient tuberculosis, he observed an irregularity of the pupils in four cases. He has seen this in other cases and believes that this may be a diagnostic mark, when other symptoms of the condition have not yet conspicuously appeared.

Perhaps no discovery has been more important in the past few years than the influence of the mosquito in conveying disease. In ten years since this discovery as been known and acted upon, the death rate from malaria alone has fallen from nineteen to eight per hundred thousand, and the mortality in Italy alone has been reduced two-thirds.

Cold applications as a treatment to pruritis ani, especially in those cases where there is a constant moist, sticky discharge, should be used in preference to hot applications. Cold is also of value when there are hemorrhoidal conditions developing. The careful but not over-application, will sometimes cause the early symptom of piles to disappear, provided the fecal movements are kept soft and no local irritation is allowed to persist.

In commenting on some articles that have appeared in THE THERAPEUTIST,

Dr. Burnett, of Little Rock, Ark., says that he has used quinin a number of times for rhus poisoning, but not always with satisfactory results. In some cases it produced no influence, whatever.

He claims to get better results from a mixture of salicylic acid and glycerin in controlling both the itching and the progress of the condition. He says this is the result of his experience, and experience is what counts with him.

A report has been made through the medical press, of a foreign operator who injected paraffin into the side of the nose to overcome a deformity, with the result that permanent blindness occurred. A satisfactory explanation for the cause of the blindness is not given.

In another case where a medicated wax bougie was introduced into the urethra and escaped into the bladder, it acted as a foreign body and induced irritation. The doctor injected fifteen c. c. of benzine into the bladder, where it was kept for forty or forty-five minutes. A larger quantity was then injected and the whole was evacuated. No vesical irritation remained.

I have received the following letter from Dr. L. H. Downs of Galveston, Texas:

“DEAR DR. ELLINGWOOD: We are endeavoring to get out a new and correct list of the Eclectic physicians of the State of Texas, and we hereby

request that every Eclectic physician in the state write at once to my address, giving his name and present address, and giving me facts if he knows of any, concerning the change in location of other physicians of our school.”

This will be of mutual advantage and will greatly facilitate the making of a correct list. This should have prompt response from every member of the school.

Lippincott's Magazine for February presents some interesting features. The plan laid out for the entire year includes twelve first-class novels. Those presented in the February number are of unusual interest. The short stories are attractive. Dr. George Lincoln Walter presents an article on sleeplessness that brings forward some facts for the lay reader that are of practicable value. This popular journal needs no commendation from us, It occupies a well sustained, prominent place among periodical literature.

CONVALLARIA

The use of convallaria has not received the attention it should. The agent is a valuable heart remedy. It does not irritate the stomach, never provokes nausea; in fact, it seems to exercise a sedative influence on the stomach if given for heart conditions when nausea is present. Like cactus and some other heart remedies it is a tonic to the stomach, increasing the digestive power of that organ and improving the appetite.

A recent writer in the *Therapeutic Gazette* claims that it is a heart tonic materially improving the action of the heart in small doses, and restraining over-action of the heart if given in large doses. Palpitation and dyspnea due to mitral disease disappear within a few days. Where fatty degeneration is absent, it will benefit cases of cardiac dilatation and overcome the consequence of pulmonary congestion. In inflammatory conditions of the heart he has found it useful.

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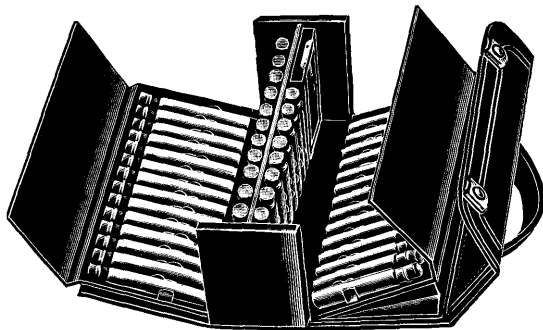
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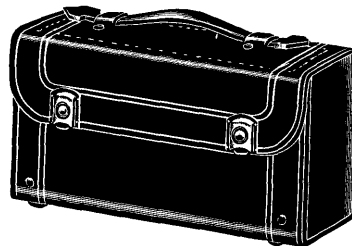


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