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Ellingwood's Therapeutist

Finley Ellingwood MD

EDITOR AND PUBLISHER

100 STATE ST., CHICAGO

Vol. 2, No. 9



Sept. 15, 1908

OUR MOTTO

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

OUR CREED

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

OUR FAITH

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

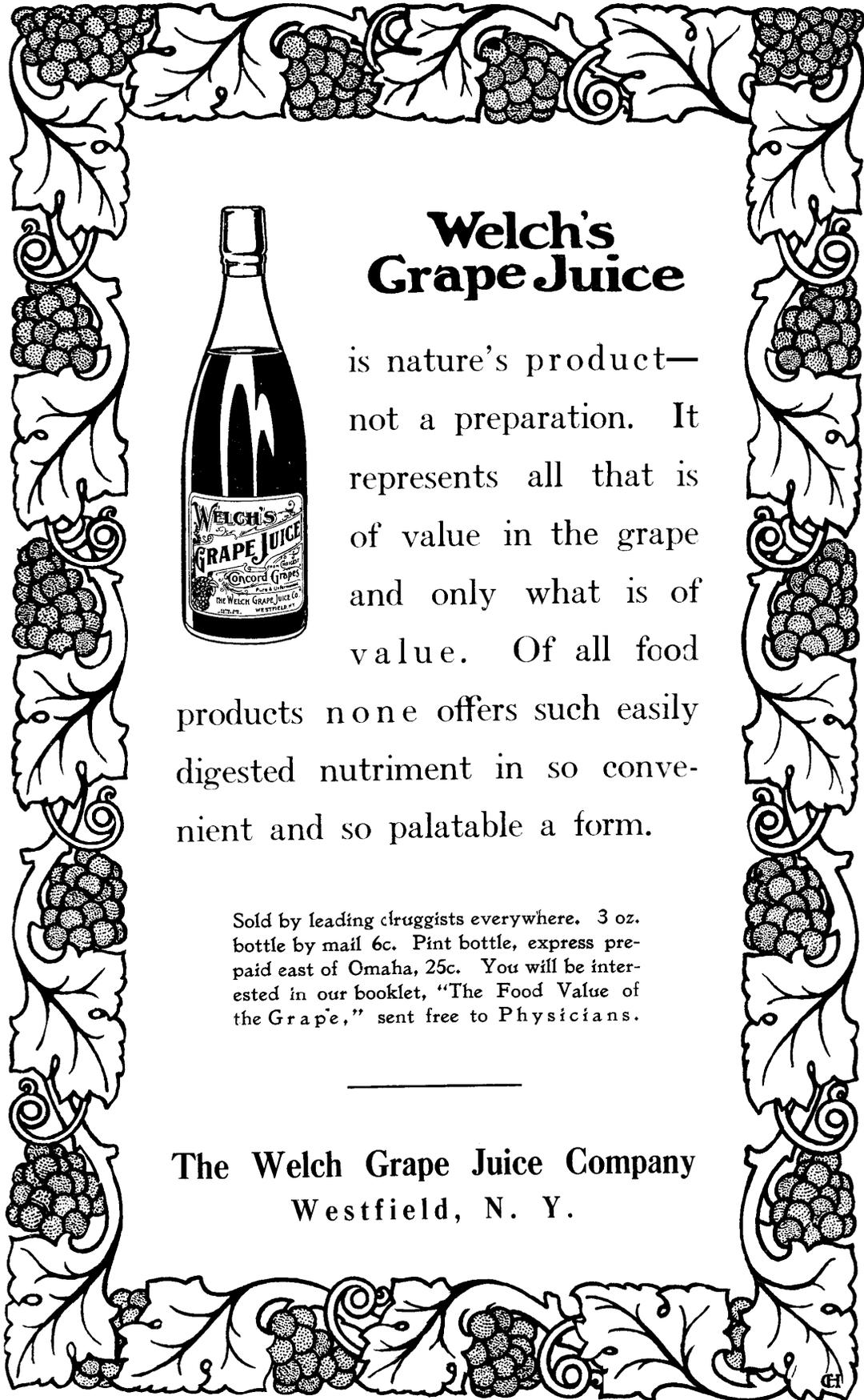
That failure to cure disease is due to our lack of knowledge;

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

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

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

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



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A MONTHLY JOURNAL OF
DIRECT THERAPEUTICS

VOL. II

SEPTEMBER 15, 1908

No. 9

Leading Articles

VACCINIUM MYRTILLUS

CHAS. D. ISENBERG, M. D., HAMBURG,
GERMANY

While the virtues of this little plant are well known in Europe, it seems to have been forgotten entirely in America. It is one of the oldest remedies in the history of medicine. Hippocrates, Galen and the older Plinius, mention it in their writings. And it found a place in all the medical books of the middle ages, like J. Schroeder's *Pharmacopoeia Medico-Chymica* (*Ulmae sumptibus Johannis Gerlini Bibliopolae anno 1644*), J. A. Murray's *Apparatus Medicinum* (*Gottingæ apud Joann. Christ. Dieterich 1779*), Valerius Cordus' *Dispensatorium Norimbergense anno 1679*, etc.

In the beginning of the epoch of exact methods and coal-tar preparations it was at first entirely forgotten; but popular medicine never neglected it. At

the end of the last century Prof. W. Winternitz in Vienna used it again extensively, and since he published his first report in 1891 quite a number of papers have been brought out on the subject, so that the indications and methods of its use are well worked out.

Vaccinium Myrtillus L. belongs to the group of *Vaccinioidea*; (*Dragendorff, Die Heilpflanzen, etc., page 510*) which with the *Rhododendroideæ*, *arbutoideæ* and the *Ericoideæ* forms the larger group of *Ericaceæ*. The fruits contain *Ericolin*, *Chinic acid*, etc. The blue little berries are a common sight in the country in the summer, and their great usefulness for medicinal purposes deserves to be better known.

The decoction of the *Fructus Vaccin. Myrtill.* has been used in the following pathological condition: *Leukoplakia buccalis* (*psoriasis linguae*); *leukoplakia urethralis*; *gonorrhœa*, acute and chronic; *angina* and

pharyngitis, acute and chronic, as a gargarisma; fluor and catarrh of the vagina as an injection; eczema, externally; colitis mucosa (enteritis membranacea) as a clysm; rhinitis, acute or chronic, locally.

The decoction was originally known only as a remedy for diarrhea, and for this trouble Prof. Winternitz began to use it about 1891. He had several phthisical patients who greatly suffered from a diarrhea that could not be checked by opium or any other means. He finally gave them one to three cupfuls of a concentrated decoction of blueberries, and noted that this would make them comfortable. Among them were several patients with serious symptoms of the tongue; deep rhagades and the loss of surface epithelium which made eating very painful. The decoction had a splendid effect on these lesions. One patient, aged 56, suffered from leukoplakia for 20 years, also from uncontrollable diarrhea. Everything had been tried in vain. Winternitz finally gave him the decoction of blueberries; while it did not entirely stop the diarrhea, it cured the leukoplakia.

Other cases showed the same result. The solution would at first produce a burning sensation, but this would disappear very soon. After the treatment (washing out of the mouth for 5-10 minutes) the white spots appeared deeply tinted; after some time the morbid surface epithelium was thrown off, the new skin had a much healthier appearance, until

finally the tongue became entirely normal.

Soon after the publication of these results Grünfeld tried the remedy in cases of leukoplakia of the urethra due to chronic gonorrhoea. His venture was successful, and Ludwig a number of years later confirmed his results. Kaufman also tried it in a very severe case; he persisted for two months, but saw no improvement. In gonorrhoea though his results were very good.

Winternitz successfully treated also acute angina tonsillaris, chronic pharyngitis, fluor albus, and acute and chronic gonorrhoea with the decoction. Various authors report the same good results.

The great success in inflammatory states of the various mucous membranes caused Winternitz to try the remedy in a very bad case of eczema of the face. From his observations in the treatment of leukoplakia he concluded that the coloring matter of the decoction went into the deeper strata of the epithelium; and to this he ascribed its effectiveness. In using the blueberry decoction in eczema he noted that also the horny parts of the epidermis became deeply tinted, and that the remedy formed a very adhesive cover devoid of all irritation. It will be of interest to quote a case:

Mr. E., aged 30; anemic, recurring eczema of the face, serous exudation, itching. Various modes of treatment

had been tried without result; the eczema spread until it finally covered both ears. The patient was a terrible sight, he was very sensitive to cool air and suffered acutely from the itching. The first application of the remedy brought great relief of the symptoms, and after a few days every trace of the heretofore intractable disease had disappeared.

Similar excellent reports are given by other authors; they note especially the great relief from the itching brought on immediately. Steckel treated a child 18 months old, and reports that after the first application she slept quietly the whole night without any scratching—the first undisturbed sleep after a long period.

The report of Ullmann (quoted by R. Müller), who tried the extract myrt. at a dermatologic clinic, is not so favorable; he finds that it is not a specific for eczema, but that it exerts a superior influence on burns of the first and second degree. These negative results will not be very surprising, as very often local treatment will not eradicate eczema; a general treatment will be necessary in many cases to achieve results, which could not have been gained with the local treatment alone. This is exemplified by the report of K. Kraus, who treated his patients with the blue berry extract and hydrotherapeutic measures.

Prof. Winternitz has found a way to prepare the remedy in such a form that it will keep indefinitely. His directions

are as follows: Macerate 500 grams of the dried berries with 2000 ccm. of water in a warm place for 24 hours. Then boil over a slow fire to the consistency of thick syrup. Straining through a fine hair sieve is necessary to remove the fruit skins, etc. Add one gram of boric acid and concentrate still more over a slow fire while continuously stirring. After cooling the mass must be filled into airtight jars.

If the decoction is to be used in a case of diarrhea, it is not necessary to concentrate it so much; the patient will drink a cupful three times a day. When a patient suffering from leukoplakia, gonorrhoea, etc., is to be treated, the decoction should be kept in contact with the diseased mucous membrane for eight to ten minutes at a time. The application will have to be made three to four times per day or oftener. In eczema the undiluted sirupy extract is used. The diseased area is thoroughly cleaned before it is applied, as the crusts would prevent any action of the remedy. The extract is then applied to the diseased area, and rubbed in more or less briskly with the palm of the hand. It is finally covered with a very thin layer of absorbent cotton, which is fixed by a gauze bandage. The dressing remains in place from 12 to 24 hours and is removed in a bath or by washing with warm water.

Acute or chronic rhinitis is speedily influenced by local application of the decoction. A profuse secretion becomes less, the feeling of dryness in the throat ceases; a purulent secretion

changes to mucous; and the fetor in coryza disappears entirely.

Diseases of the rectum (proctitis, colitis, colitis mucosa and membranacea) have also been treated with the very best of results. The method of treatment is described in detail by M. Heinrich, an assistant of Prof. Winternitz. An enema of warm water is given in the morning to remove the feces. Then the patient lies down on the right side, drawing the legs up to the abdomen as far as possible. A rectal tube (soft rubber) is carefully introduced after having been well greased. In the beginning of the treatment the rectal walls are generally very sensitive, and a deep introduction of the tube will in many cases be found to be impossible; but after some of the water has run in, one is able to further introduce the tube.

The capacity of the colon varies greatly; in this the sensitiveness of the intestinal walls plays a great role. Some patients complain of pain after 500 ccm. have run in. It is then necessary to let the water flow out, which must be done without removing the tube. The fluid is generally mixed with mucus and shreds of the mucosa. After that it is in most cases possible to inject a larger quantity of water. The pressure must always be very low, so that the fluid can progress into the neighborhood of the ileo-coecal valve without causing discomfort to the patient.

The author was thus enabled in a

number of cases to inject two and one-half liters of water of 40° Celsius. The irrigation of the intestinal mucosa has to be repeated until the fluid returns entirely free from feces or other contaminations. Then the decoction of blueberries is introduced into the intestines. The quantity will be one to one and one-half liters; the stopcock is pressed and the fluid remains in the intestines about 10 minutes or longer. The patient speaks of the effect as being very agreeable, and often wants to keep the decoction indefinitely, which is generally permitted. The decoction of the berries is prepared as follows: macerate 500 gram of the dried berries in one liter of cool water for 24 hours, then boil and filter.

A detailed history of two very interesting cases is given in the original article, but only a few points can be reproduced here. (1) Mucous colitis of several years' standing. Bowels irregular (constipation alternating with diarrhea), severe abdominal pain; mucus, pus and membranes in feces. Patient has lost greatly in weight and is very nervous. The ileo-coecal region was very painful to pressure. Feces show enormous quantities of mucous membranes and pus. Hydrotherapeutic applications and the injection of blueberry-decoction produce a great change in one week, and a cure in three weeks. Feces absolutely normal.

2. Mucous colitis of 9 years' standing; feces mixed with enormous quantities of mucus, discharge causes great pain. Colon painful to pressure in its entire

length. Feces of a light yellow color, pappy, consist mostly of mucus and numerous membranes. Hydrotherapeutic applications and the injection of the decoction bring about normal discharges after 10 enemata had been given. Entire casts of the intestinal walls were found in the beginning of the treatment. Cured after three weeks.

The leaves of *vaccinium myrtillus* have also been used medicinally, as a tea in diabetes mellitus; but the majority of reports is adverse. Full credit is due to Prof. Winternitz for calling the attention of the profession to this remedy. Most of the original articles are published in the "Blätter für klinische Hydrotherapie," their titles are given in the article of Dr. Müller, *Blatter f. klin. Hydroth.*, 1903, page 185.

VINCENT'S ANGINA¹

ARTHUR E. GAMMAGE, M. D., CHICAGO

This article is prompted by the belief that Vincent's angina, rather than being a rare condition is not uncommon, and is frequently wrongly diagnosed as diphtheria and treated as such.

With the exception of a few of the most recent text books this subject is either not referred to or is given only a few lines of mention. Most literature on the subject is foreign and the condition is variously referred to as: (1) Ulceromembranous angina and stomatitis; (2) ulcerative angina and stomatitis; (3)

¹ Read at Illinois State Medical Society.

angina exudativa ul-cerosa; (4) angina chancriforme; (5) pseudo-membranous angina.

Probably the most complete American article to date is that by Weaver and Tunnicliff in *Journal A. M. A.*, February 16, 1906. About ten months ago Dr. Weaver demonstrated a case to me and since that time I have seen in Cook County Hospital eight more cases. Reports from various sources show that it is not uncommon in Chicago.

Definition: An acute febrile, pseudo-membranous, inflammation of the tonsils and pharynx, with soft yellowish green exudate, which on removal leaves a bleeding ulcer. From the exudate may be isolated two forms of bacteria, one a fusiform bacillus, the other a spirillum.

Etiology:

(1) *Bacteriology:*

(a) The bacilli are long, slender fusiform rods six to twelve microns in length and with pointed ends. They are sometimes bent and occasionally take the form of the letter "S". Obligate anaerobes and nonmotile. They stain well with Loeffler's methylene blue and anilin gentian violet but best with carbol-fucin. They decolorize by the Gram method. Scattered uniformly and often as pairs, end-to-end, forming more or less obtuse angles.

(b) The spirilla, also spoken of as spiro-chaetae, are long and delicate.

The number of convolutions varies from three to eleven. They are actively motile, and stain uniformly but less intensely than the bacilli, and in faintly stained preparations may be overlooked. They are Gram negative.

Apparently there is a symbiotic relationship between the bacilli and spirilla, as they are always found together. The organisms do not grow, to any great extent, on the medium usually employed for detection of the Klebs-Loeffler bacilli, hence are overlooked, but both forms have been cultivated and it has been found that the cultures show a very marked fetor.

Historical: This condition was described by various French and Russian clinicians, e. g. Sonne and Simanousky, but Tarassiewicz was the first to demonstrate the fusiform bacilli and spirilla in ulceromembranous angina, in 1893. Plant described them in 1894 in five cases. Vincent in 1896 found them, both in hospital gangrene and in ulceromembranous angina, and in 1898 reported fourteen cases of ulceromembranous angina. It has been reported by many writers since from all countries, thus indicating the wide distribution of the organisms in question.

(2) Age.

Young adults, (18 to 25) are usually those affected, but the cases seen by me were, with one exception, in children.

(3) Sex:

Males are said to be most frequently affected, as most cases have been observed in soldiers and medical students. Weaver and Tunnicliff reports, however, show the majority in girls.

(4) Predisposing:

Certain temporary states of the individual doubtless favor it. While general weakness or feeble resisting power may be one of these conditions, it is likely also that purely local states, such as uncleanliness of the mouth, teeth and fauces as well as chronic inflammatory conditions may act as predisposing causes. It is said to frequently occur in scarlatina, rubeola and pertussus. Following trauma of mucous membranes. One case seen by me followed tonsillotomy.

Eruption of wisdom teeth.

Alveolar abscess.

One of my cases was seen to follow mercurial stomatitis.

Pathology: This may be conveniently divided into three stages: (i) The onset, characterized by congestion and edema; (2) formation of pseudo-membrane; (3) period of ulceration.

Location: Usually primarily on the tonsil and edge of the gum and may extend to the tongue, lips, soft palate,

pharyngeal wall, and cheek. Usually unilateral and following the onset, the deposits on the area affected, form a grayish, yellowish, yellowish-brown, or greenish pseudo-membrane simulating the pseudo-membrane of diphtheria. It is thick, cheesy, and friable in character and fairly readily removable. If forcibly separated, it leaves an abraded, bleeding surface on which new membrane is generally promptly deposited. The membrane proper is probably the product of coagulation-necrosis as is the membrane of diphtheria.

Ulceration: The ulcer being single and round, oval, or sigmoid with irregular borders, soon follows. The floor is uneven and has granulating points. The ulceration progresses more deeply than laterally and although usually quite superficial may even bring about destruction of the tonsil, etc. The surrounding mucous-membrane is swollen and red. The submaxillary glands are usually swollen, forming in some instances a firm mass. There is, however, no peri-adenitis and the glands rarely if ever suppurate. To date there are few changes, as far as I have learned, noted in other organs.

Symptoms: The onset is usually insidious with temperature ranging from 90° to 101° F., but may rarely be severe with all the symptoms of an ordinary febrile attack—slight chilliness, fever, and aching pains in back and limbs and difficulty in swallowing. The temperature may be as high as 103.2° F. From one to five days

after the onset the local condition is apparent and the patient complains of great difficulty in swallowing. On the affected mucous membrane there appear pseudomembranous formations and as a rule ulcerations. The surrounding mucous membrane is reddened and the tonsils themselves are usually swollen. There is considerable salivation and a very fetid breath, The tongue is heavily coated. The glands of the neck are enlarged, but rarely tender.

Diagnosis: The importance of the recognition of these two parasites and the conditions which they incite is, that as a rule, the cases are considered as diphtheria from the clinical appearance of the membrane.

The diagnosis depends entirely on the bacteriological findings. The failure to recognize it is due to the failure to make direct examinations of the exudate from pseudo-membranous lesions of the mouth and throat.

Klebs-Loeffler bacilli are not readily detected in throat smears, hence the reliance on cultures. The organisms of Vincent's angina do not grow to any extent on the medium usually used for detection of the diphtheria bacillus, hence they are overlooked.

It has been noted that the diphtheria bacillus is frequently found in association with the organisms in question, in the membrane, as is true also of almost any other lesion of the mouth and throat, and it is well known

that the Klebs-Loeffler bacillus has been isolated from cases which show nothing more than a simple catarrhal angina or even in a normal healthy throat. In the majority of the diphtheroid inflammations the streptococcus-pyocynus is the active organism and' can be readily detected. Hence, the diagnosis is made from smears made direct from the seat of the disease, or in stained microscopic sections of the tissue.

Prognosis: In cases of ordinary severity the outlook is good. Healing takes place slowly after six to forty days. The glands remain enlarged for some time. Cases have been reported where the ulceration was severe enough to destroy an entire tonsil.

Treatment:

(1) *Prophylaxis:* Although not considered contagious, all cases should be isolated until the bacteriological examinations show that the case is not diphtheria. Careful attention should be given to the mouths and throats of children, particularly to the teeth and tonsils.

(2) *Local:* Because of the anaerobic character of the organisms the most useful local remedy is hydrogen peroxid applied directly, and this should be followed by an application such as the following:

Carbolic aciddr. 1/2
Zinc sulphocarbolate dr. 2
Aqua qs. ad.ozs. 4

(3) *General:* In the majority of cases the throat symptoms are alone prominent and very little is needed in the way of general treatment. Open the bowels freely, and give baptisia, sodium sulphite, phytolacca and rarely aconite and belladonna. These are the remedies most frequently indicated.

DISCUSSION

Dr. McDonnell said: A practitioner as a rule does not have the time, if he is ever so cultured in the use of the microscope, to make slides for every case of sore throat he is called to see, and if he waits sometimes to do it as a diagnostic point he would probably call in the undertaker before they had done. It is very true that we call the undertaker much too often in these unfortunate cases of sore throats.

The writer has made plain the difference he has observed often between a diphtheretic exudate and that of the present condition existing. Yet, I treated them all upon the hypothesis that they were diphtheritic, and I believe that the cases which got well were not diphtheritic.

In any case of sore throat where I find the exudate, I use the antitoxin. I don't wait, cannot afford to wait, for various reasons.

About eight weeks ago, along in February, when we had the big snow storm here, Dr. Jentsch had been telling me about this, and I said, "Well, I have a case now, and if you want to take the risk, I will take you in as a specialist," and I took him in. The child at that time was in a very critical condition—almost moribund. He gave his injection. The throat symptoms disappeared. The child got better so far as the throat was concerned, but had hemiplegia following, and is still in that condition. Now, remember the

action of the medicine given him had nothing to do with the hemiplegia that followed.

What we have been used to using for application to the throat was compound tincture of iron, painting the throat well with that. We have never seen any occasion for changing the treatment for local application. In late years I have been in the habit of using the antitoxin in nearly every case of throat trouble, and have no occasion to regret it.

Dr. Jentsch said: In regard to the differential diagnosis between this condition and diphtheria, I have no doubt in my mind but that I have met several of those cases described in the so-called angina. But still from a bacteriological standpoint it is quite necessary and quite proper that anybody should prepare himself so that he could differentiate in that line, but I want to caution the young doctor in practice to beware of becoming, as I term it, maniacal. If a man has to go with a microscope in his pocket, and he has got to depend on his microscope in order to treat his patients, he will more often fail than succeed. He will be in the same fix as the old sea-faring captain who learned his ship and never learned to differentiate between a storm and clear weather until he ran into it. We know that diphtheria is a dangerous and malignant disease, and any other affections, as far as we know, which simulate diphtheria, are not dangerous. The microscopical diagnosis, of course, is essential.

Dr. C. W. dark asked that the essayist tell what the effect of the antitoxin is on the throat in these cases of angina. I just had an attack of something, he said, I don't know what it was; had sore throat and large glands, and the question arose whether it was diphtheria or not, but he got antitoxin just the same. A week ago last Saturday this angina disappeared. Still there is an effect of some kind, I don't know whether it is the antitoxin or what it is.

I would like to know what is the effect of the antitoxin on this angina.

Dr. Thornton: I feel this subject is exceedingly important, and we should thoroughly thrash it out. I want to cry shame on the man who decries the use of the microscope. In 120 minutes one can send and obtain a diagnosis from a thoroughly reliable diagnostician. Dr. McDonnell says the antitoxin should be used in all cases. I think he is on safe ground in injecting diphtheria antitoxin. I have used it in hundreds, yes, thousands of cases, and I believe I have saved a great many children from death from diphtheria.

Dr. Bushnell: I would like a little information as to the condition spoken of by the very able essayist we have just heard, whether the microscope will always differentiate between true diphtheria and the angina spoken of. It used to be stated that a negative result with a microscope did not necessarily prove the patient did not have diphtheria.

I will cite one case in which the clinical appearance was that of diphtheria—the entire clinical picture. The microscope failed to show the diphtheria. Failed to find diphtheria with two cultures taken with the membrane itself. The patient was finally sent to Cook County hospital, where I failed to learn the final result of the cultures, but was given large quantities of antitoxin for diphtheria, and was stated to have diphtheria, and afterward recovered; but the two cultures taken before I sent the case to the hospital failed to show diphtheria.

DR. GAMMAGE: To answer Dr. Jentsch is rather difficult. Some of his patients may not have had diphtheria. They may have had Vincent's angina. He did not take the trouble to make microscopical diagnoses. He did not use antitoxin. If he had said the case was diphtheria, he would have had to isolate the patient. That is about as big an injustice as can be done to a patient, that I can think of. The importance of microscopical

diagnosis is brought out. If it is diphtheria, you must use antitoxin which is expensive; you have got to isolate the patient—the health department insists on thorough isolation.

In reply to Dr. dark. I see absolutely no reason why antitoxin has any effect on Vincent's angina. Antitoxin is derived from the Klebs-LoefHer bacilli, and has a specific action on the toxin of diphtheria. The cases that I had got well; in a few cases they had antitoxin but not more than a thousand units.

Dr. Bushnell asked the question whether one can always prove whether it is Vincent's angina or diphtheria. I believe I can safely say yes for this reason: Vincent's angina germs will not grow on a culture. If you have made cultures for your diphtheria bacilli, you know very often from the membrane itself you won't get the culture, but if you lift the edge you will get a culture of Klebs-LoefHer bacilli. On the other hand Vincent's angina organisms, you will not find to any great extent on any membrane. If you make a culture and it shows it is a positive Klebs-Loemer bacilli, you go under the margin of the membrane you do not find it, but you do find the fusiform bacilli. No matter if there be a few of the Klebs-LoefHer bacilli there, you can say surely whether it is one or the other. I believe surely the microscope will tell whether it is Vincent's angina or diphtheria.²

IRIS VERSICOLOR IN PSORIASIS³

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

It is not my purpose to write upon the well known indications for this well known old remedy but to relate to you

² ...a very strange exchange...a bit too much camphor sniffing?—MM

³ Written for the Illinois State Eclectic Medical Society.

one—to me —very interesting case.

While this old remedy has some very positive specific indications it has fallen somewhat into disuse, largely I believe because most of us have prescribed it for its goitre indications, and because in many cases of this malady, it works very slow and many cases have received no benefit from its use. Most patients suffering with this disease are very impatient, and indeed one can not blame them, and if they can not soon see that the gland is decreasing in size in three or four weeks, or at least two months, they abandon the treatment for pastures new.

Miss L. W., a school teacher in the public schools, presented herself for treatment for a long continued attack of psoriasis. Soon after she was vaccinated, some fifteen years before my seeing the case, the disease made its appearance. She had suffered much, and had suffered long from the disease and also from the different treatments, for she had been treated by many physicians, but still had the disease. She knew nothing in regard to the different kinds of medicines, ointments, washes, and dear knows what else had been used during those fifteen years, but knew well that she still had the disease. She informed me that the last and best treatment she had used was a long course of X-ray for three or four months. Then she wintered in the South, but her pet disease still remained.

When I saw the case, the disease extended all over the body, legs and arms some, but the worst condition was her scalp, and her face was next in order. I commenced with general tonic treatment with the static breeze, followed with the X-ray until her hair began to come out rapidly and I had to discontinue them, but the scalp and face seemed to heal perfectly, but the other parts of her person did not heal from their use. I used many kinds of internal remedies and many kinds of local applications to but little purpose. The remedies internally were the best remedies I could think of or read of, but the ones that seemed to do the most good in a general way were the tissue remedies and the yellow sulphide of arsenic. None of the local applications were successful except to relieve for a short time. I then used the therapeutic lamp, both the incandescent 100 c. p., and the arc lamp, with the violet rays, and also the incandescent violet rays with negative results.

I decided to give her all round orificial surgery, which I well knew was excellent treatment in some of these cases of chronic skin diseases, and for that matter most all other kind of chronic diseases, where it is needed. I took her to the hospital, un-hooded an adhered clitoris, removed some feruncule from the meatus urinarius, dilated the urethra, dilated the cervix uteri and curetted the uterus and packed it, removed a part of each labia majora, dilated the rectum and removed some pappillae and pockets,

and some small hemorrhoids. She rapidly recovered from the operation and was soon apparently well of her psoriasis. Her skin became smooth and healthy looking and for some months she was seemingly well of her ailment, but like the proverbial cat—it came back, and much worse than she had ever been and along with it came succeeding crops of boils and small abscesses, having thirty or forty on her person at one time. None of the reputed remedies had any appreciable effect in relieving them, but the treatment used seemed to build up the patient and she gained in weight and appearance except the skin trouble which did not improve but grew worse all the while until she was a fearful object to behold, covered all over with boils, abscesses and psoriasis until there was not a spot as large as a silver dollar that was not covered.

At this juncture I took the patient to Chicago and consulted Dr. E. H. Pratt, the father of the orificial thought, and left her with him for a month. He again put her on the operating table and went over the same ground that I did, but somewhat more extensive, and when she returned home she was free from her boils and abscesses, but the psoriasis was not improved. He used internal medication and used the vaunted 500 c. p. therapeutic lamp, together with mercurial antiseptics as a germicidal wash and heated it in with the lamp.

When she returned to me I observed that the boils had disappeared but

psoriasis was very much worse than it had ever been.

I then began the use of iris versicolor (Lloyd's) full strength, using a mop of absorbent cotton to apply it with, and I had to apply it to all parts of the body, from the roots of the hair to the feet, and then used the therapeutic lamp 100 c. p. to heat it in with, and each treatment took about an hour. This was used three times each week. I also gave her five drops of the same medicine every three hours, and almost like magic the psoriasis disappeared. She taught school all winter and is feeling fine, the skin clear except an occasional pimple on different parts of the body.

This was the worst case I have ever seen, and Dr. Pratt, with his long and varied experiences, said that he had never seen a case that even approached it. There were several other local remedies used with the therapeutic lamp, before I commenced the iris, but none seemed to affect the disease in the least. If any of my hearers have had experiences with iris in skin diseases, used locally, I will be glad to hear from them.

MY EXPERIENCE WITH INTRAUTERINE MEDICATION

J. M. COLEMAN, M. D., PEKIN, ILL.

Intrauterine medication, as the name applies, is that manner of treatment in which remedial agents are applied directly within the cavity of the uterus.

Such treatment is indicated in all the diseased conditions of this organ and will always give good results when properly employed, it is easily and painlessly given, without danger to the patient and does not keep her in bed for several days as is sometimes the case on other treatments. It has proven serviceable to me in many ways, financially and otherwise.

I have been able to cure patients who were drifting from one physician to another seeking relief. Also my own patients who, if not relieved of their ills, would have left me and would not recommended me to others.

I first secured all the information possible from others, also Dr. Woodward's book devoted to the subject and increased my outfit with necessary paraphernalia and carefully began the work. I was City Physician for the poor of Pekin at this time and had a number of chronics, who had been making the rounds, seeking relief and being without money, were usually given very little treatment and their conditions were becoming worse instead of better.

By this treatment I cleared the docket and at the same time gained sufficient practical experience to successfully treat many patients who willingly contribute to my bank account.

There are the usual troubles incident to women, forms of uterine disorders, metritis, enlargements, dislocations of different kinds, catarrhal, gonorrhoeal,

syphilitic cases in which the disease has extended into and through the cervix, where nothing short of direct application of curative remedies will be of any use. Headaches and sciatica reflex from these diseases are relieved and cured when other means fail.

Mrs. R., age 30 years; married for several years, no children, history, violent headaches for years, occurring monthly or more often, at which time she was prostrated for one or two days, with no relief except hypodermics of morphia, which relieved the pain but produced extreme nausea, which she said was nearly as bad as the headache. Menstruated every two or three weeks, uterus enlarged, boggy and partly dilated. I easily and painlessly dilated enough to introduce a recurrent flow catheter and washed out the uterus, using ten per cent peroxide solution, alternating with glycothymoline twenty per cent till return flow was clear. I applied a tampon of wool saturated with glycerin against the os.

The treatment was given every third day, as often as not interfered with by the menstrual flow, later once a week and as the conditions improved the patient did not think it necessary to come so often. At this time after more than a year there has been no return of the headaches, menstruation nearly normal, and whole general health so much better, that she thinks it unnecessary for further treatment.

One more case: Mrs. B., age 26 years, married, three children, general

breaking down of health, gonorrhoeal infection was suspected, but denied by woman's husband. Patient not able to do her little housework, uterus enlarged, congested, ulcerated cervix, which bled easily. Sciatica in both lower limbs which she said would surely kill her.

I washed out the uterus every second day at first, then less often. The pains and other symptoms were better at once. Improvement continued till now, after more than a year from first treatment, she is doing family washings to help support herself and children.

There are many other cases in which I have successfully used this means of treatment, in fact am just getting a good start, each day offers new fields and new ideas. In several cases of miscarriage of from three to eight weeks, whether accidental or otherwise, intrauterine medication has proven a staunch friend in emergency.

These patients do not like to call their family physician, thinking to get all right without his help, but when consulted at the last moment, we find rather serious conditions to contend with, decaying, retained membrane or shreds, patient weak from hemorrhage, temperature high and increasing, the conditions so alarming at times that the case looks extremely doubtful. Empty the uterus with curette or forceps, if any large pieces remain, then a thorough washing out will soon produce the desired results.

The choice of the solution or the per cent of solution used may be varied to suit the different conditions existing, also as physicians have their preferences for certain remedies, but the main point to be reached, help for the patient, whatever remedies may be employed. Do not forget internal medication, whatever may be indicated; nursing, proper feeding, everything that is necessary to be done to help the patient, enabling us to earn the gratitude as well as the necessary article for our work.

COMMENT: This method has been introduced within the past five years by Dr. Charles Woodward of Chicago. His little work on the subject gives full details. He has had 30 years successful experience with the method and can give some astonishing experiences. He cured for me a case pronounced to be purulent salpingitis, in which a severe operation seemed to be the only hope.

CANNABIS INDICA⁴

JOHN B. STANDLEE, M. D., PEORIA

The part used in preparation of the medicine cannabis indica is the large flowering top of the female plant. The plant is a native of Persia and Northern India, though naturalized in North America. It is commonly known as "Indian Hemp."

Cannabis indica is an annual herb. It grows from eight to ten feet high; as found in the market it consists of dried tops cut off after flowering. It is brittle,

of a narcotic odor, bitter acrid taste, and yields its properties to alcohol. The strength of the preparation varies, and some may be inert. If the precipitate formed when the drug is added to water is olive-green, it is active; otherwise, not.

The physiological action of this remedy is varied. Hale says, "It stands alone as a remedy that seems to possess the power of acting on the soul. It seems to give the idea of vast capabilities for happiness, emotion, and comprehension, but which lie latent while the body encloses it." Its action is primarily upon the intellectual centers. In poisonous doses, it acts chiefly on the mind by producing forgetfulness. Time and distance are immensely exaggerated, a few seconds, years; an object near at hand, miles away. Imagines he hears music, shuts his eyes, and is lost in delicious thought. His speech will be incoherent, he will have uncontrollable laughter until his face becomes purple, and his back aches. There is an intense headache with a feeling as if the head opened and shut. Also there is a sensation as if of a ball in the rectum and urethra, also a feeling of stitching in the urethra, during and after urination, with copious, colorless urine.

The therapeutic uses of cannabis indica are varied, possessing sedative, narcotic, anodyne, and antispasmodic properties. Its narcotic and antispasmodic properties are limited, and they are best exhibited when administered with other remedies of

⁴ Read at the Illinois State Eclectic Medical Society.

the same class. I have found it to be a splendid addition to cough mixtures, when arising either from a tickling, or irritation in the throat, or when of nervous origin. Therefore, it is of value in whooping cough and in bronchial, or laryngeal cough. There is a cough that is met with in pregnancy that is of reflex or nervous origin in which it seems a specific.

As an anodyne, it is a splendid remedy in migraine, when combined with gelsemium; in gonorrhoea, it allays the burning pain; in painful conditions of the bladder, such as spasms due to cystitis, and other affections of the genitourinary organs, I find it a specific remedy.

As an antispasmodic, it is of value in delirium tremens, paralysis agitans, chorea, tetanus and epilepsy. When combined with the bromides, it increases their efficacy, delays the appearance of bromism, and permits of a longer continuance of their administration. It is also recommended in uterine subinvolution, dysmenorrhoea, and menorrhagia, but in these conditions, I have no personal knowledge of its therapeutic value. The specific indications of cannabis indica are: irritation of the urinary organs, with frequent desire to urinate, and a burning sensation in the urethra, marked nervous depression with irritability, spasm, or pain, accompanied with neurotic excitement.

Dose: Specific cannabis, one to ten minims (m).

Antidote: Emetic of mustard followed by large draughts of warm water; then, strong tea, or coffee. Arouse the patient and keep him in motion.

In the discussion Dr. McCann said:

“The special indication for cannabis indica is for crying babies.; peevish, fretful babies. I use it in small doses, and I also use it for irritation of the bladder and of the urethra. At one time I gave a patient an overdose. It was for that patient at least, and I never treated the patient afterward. They forgot all the good things I had done in ten years for them, and as a dose of cannabis produced an effect something like that spoken of by the essayist, they thought I did not know what I was giving, and perhaps they were right.”

CRATAEGUS

H. S. LOWRANCE, M. D., CHEBANSE, ILL.

Last year I cited to you a case of an aged man who had “heart trouble,” and who had tried all the doctors, and had tried traveling, had been to California, but had received no benefit. I at last gave him this medicine—crataegus—and the patient got much better and quit the medicine. Soon after he took an advertised remedy—that was lauded to the skies—and after using that a few days, he, one morning, fell over dead.

I will now cite you to another case:

Judge J. P., aged 82, born in Pennsylvania, has lived in Illinois forty years; had been a mild smoker of

cigars for some years, but has not used the weed now for over twenty-five years. His weight at this time was 280 pounds, and was able to get around very well for one of that age and weight. He was taken sick with asthma April 15, 1906, but in two days' time was able to be up and out in the yard. In the evening of the third or fourth day after, while sitting on the porch, he complained of a pain or an ache around his heart; the feeling was as if a band or string was tied around the heart and was being pulled tighter; the feeling being of a suffocating nature. He was restless, nervous, could not lie down, and his countenance showed anxiety, for he had lost two older brothers from some kind of heart trouble. His temperature was 99°F., bad breath, bowels badly constipated, urine scanty and highly colored and had to be voided every hour or two: the specific gravity was 1028. The heart was large and its action very irregular. There was mitral regurgitation. I prescribed:

Lloyds sp. cactus drs. 1/2
 Lloyds sp. eryngium..... drops 20
 Waterozs. 4

M. Sig. A teaspoonful every two hours. This gave him great relief and I kept him upon this preparation for a week, and then his feet began swelling and the swelling was rapid and the dropsy extended to above the knees. The bowels and kidneys again became very troublesome; for it I gave a mild laxative. It operated too freely, but if I did not give a laxative, the bowels were

badly constipated. I now began giving him:

Lloyds sp. crataegusdrs. 3
 Water ozs. 4

M. Sig. One teaspoonful every three hours. Also a granule of may apple, 1/8 grain every morning, with a drink of hot water.

In a few days he was very much better; the swelling was reduced a little, heart action improved, and he was in fine spirits.

I left home for a short vacation to attend our annual session here in Chicago and to be absent from home about a week. Returning home, I went at once to see him and found him propped up in a chair, and with that suffocating feeling in the region of the heart. His limbs were greatly swollen; an anxious look on the face; labored breathing, and another physician in charge, and I found that I was fired bodily, because I had "been gone five days and left him to suffer so."

The doctor who had been called in was plastering his limbs with "Denver Mud," but what the internal medicine was, I do not know. The new doctor was—according to his published professional card— "A Specialist in Medical and Surgical Treatment of the Eye, Ear, Nose, Throat, Lungs, Heart, Stomach, Bowels, Nervous System, Kidneys, Diseases of the Skin, Diseases of Men, Women and Children, and the Permanent Removal of Cancer Without

the Knife." This was too much for me, as I could not think to compete with one so learned as to be a specialist in all diseases that the human race is heir to, so I retired (by request) crestfallen from his glittering presence.

For some months the patient was some better, then worse again; better, then worse. This "Denver Mud" was the only thing, so far as I could learn, that was applied to the extremities. The limbs remained swollen and the patient could not walk but a few steps at a time, but he could ride out if he had help to get in and out of the buggy. Every few days we would hear, "Well, Judge P— had another bad time last night, they thought he would die any minute."

Not long after this our specialist doctor took sick and died and I was again called to attend the Judge, but I declined with thanks, but the next day the patient asked me to treat him, and I consented.

At this time, the dropsy extended from the toes up into the abdomen, the heart's action weak and irregular; there was pain, poor appetite, and the case did not appear very promising.

I began giving him sp. crataegus, 6 drops in water every three hours, and I soon increased the dose to 12 drops every three hours. I have had to vary the treatment occasionally as other symptoms came up, but I usually managed to give him daily some crataegus. I saw him Monday, and he now weighs 146 pounds, does not have

much trouble with his heart any more, although he is frail. If he feels badly, he takes a few doses of crataegus. He is now eighty-four years old, walks out daily if weather permits, and hears a law case occasionally. I have not examined his heart lately, but he certainly owes his present condition to the good results from the use of crataegus.

Brief Contributed Articles

ASEPSIN

DR. J. S. NIEDERKORN, VERSAILLES,
OHIO

Of all the germicidal and antiseptic agents at the physician's command in my opinion none are superior and many are not equal to Lloyd's asepsin. As an all around remedy for the purpose of obtaining an aseptic condition in the treatment of wounds and without doing the least injury to tissue granulation, asepsin has all the advantages. I know of no better anti-putrefactive.

For instance, a case: A patient cuts himself in the arm with an old and dirty tobacco-knife, and without first cleansing the wound he applies some favorite homemade ointment. After several days, the wound not healing, he goes to the doctor with it. The wound is gaping, sloughing, bad odor, with much swelling and inflammatory

condition of surrounding tissues. First I thoroughly cleanse the wound, removing all sloughing and necrotic tissue; then I saturate sterile gauze with a solution of asepsin and apply this directly to the wound, bandage with more sterile gauze, and instruct patient to keep all of the dressings moist with the asepsin solution.

I make a solution by adding one dram of asepsin to one-half pint of water, but first be sure the water is sterile; the strength of the solution may be varied. My rule has been: the more purulency there has been about the wound the stronger I make the solution.

Wounds of the hand, the result of accidental explosion of fourth of July fireworks, are dressed with sterile gauze saturated with a strong solution of asepsin, after first removing all burned and necrotic tissue, and then the wound and dressing are constantly kept wet with the solution, with the result that healing occurs without any purulency or unpleasant sequelae.

It simply is an ideal remedy where moist dressings are desired, pleasant of odor, does not corrode or ruin instruments, is most effective as a bactericide and wounds usually heal without an unsightly scar remaining. What is true of incised wounds also applies to lacerated and crushed wounds, or to the cleansing of abscesses and to keeping them clean.

COMMENT: Asepsin is a chemical salt, definite in its character, formed by the

union of methyl salicylic acid with sodium. It is a delicate crystalline body, soluble in water; alkaline in reaction. It has a pleasant taste of wintergreen. It is not irritating to sensitive surfaces, but prevents fermentation and decomposition. Added to a dilute acid, it immediately decomposes, giving off the oil of gaultheria in minute globules. It has been called nascent wintergreen, because of this property, which, undoubtedly adds much to its antiseptic virtues.

It was introduced by Lloyd Bros. in 1880 and investigated during the next four or five years very thoroughly by Prof. A. J. Howe, who formed a very high opinion of its properties, and helped established a place for it in our therapeutics, as an internal and external antiseptic. It possesses no poisonous properties. A solution of ten grains in a pint of water is sufficiently strong for ordinary antiseptic purposes.

CHOREA

J. M. WELLS, M. D., VANCEBURG, KY.

Responding to your request in the July THERAPEUTIST under "Chorea" I report some cases treated with macrotys; none however with this remedy alone. The first case reported to me from Augusta, Ky., some fifteen years ago, was a young man sixteen years of age, the only marked symptom given was inability to feed himself. When he attempted to place food in his mouth, he would throw it over his head; (inability to coordinate muscular movements). I gave the following: Specific macrotys drs. 2, water ozs. 4. Mix sig.: A teaspoonful every four hours, to alternate with specific gelse-

mium drs. 2, water ozs. 4. A teaspoonful every four hours. This case had been under treatment for two years, and was not at all improved when reported to me.

The father of the boy had the druggist at the above named place order the medicine in four ounce bottles for him and dispensed it himself, using a teaspoonful for a drachm. The young man took treatment about two months and was permanently cured.

Miss P., age 14 years, a slender, tall, poorly nourished girl had chorea six months. Beside having the choreaic movements in the arms, face and neck, she had the "kicks," that is, when lying on her back, her legs would kick up, sending the covering to the ceiling, and at times when standing, the same act would land her on her back on the floor; in addition to these muscular antics she had garrulous delirium, chattering incoherently for two or three hours at a time. For this last symptom, she had hyoscine in doses sufficient to slightly dilate the pupils, and keep them so for a few days, together with macrotys and gelsemium the same as in the first case. This case was cured in three months. Additional cases could be reported, but these suffice to show that no one remedy will cure every case of chorea, and the treatment must be applied to the case in hand according to specific symptomatology.

CHOREA

S. G. ARNOLD, M. D.

In the July number of the THERAPEUTIST I notice a paper on Chorea with treatment by N. M. Dewees. I recently had occasion to treat a case which had been pronounced incurable by the other physicians of my town. After they had used arsenic to its full physiologic effect.

The parents stated when they called me that they hoped because I was of a different school of practice that perhaps I could do something for the child. Up to that time all that had been accomplished was to produce quiet and rest by the use of the bromides and morphin.

The patient was a little girl of five years. She had had rheumatism which left her with a heart complication. Six months later she became afflicted with chorea. The case presented the typical symptoms in every particular as recorded in the books. I will not therefore go into detail as to symptomatology.

The treatment was as follows: Specific macrotys two drams, specific passiflora one and one-half drams, water sufficient to make two ounces. Of this mixture I gave one dram every two hours during the day, and when awake during the night, but not oftener than once in three hours. The effect of this

treatment gave us complete control of the erratic movements within three days. Even the muscular twitching of the voluntary muscles disappeared. The appetite improved, the sleep became natural, and in three weeks the patient was pronounced cured.

Another case was that of a girl age 16 years, who for some time had had recurrent attacks. She came to my office and asked for some Fowler's solution, with directions how to take it, stating that she had been previously cured by that remedy, after taking it for perhaps three months. I found here a severe tachycardia with 160 pulsations per minute. The irregular muscular movements were constant and very severe. I gave this patient the following prescription:

Specific macrotys, one-half of an ounce, specific cactus, one and one-half drams, water sufficient to make four ounces. Of this, a teaspoonful four times a day. There was a marked benefit from the treatment, apparent after three weeks, and within four weeks the cure was complete. After the cessation of the irregular muscular movements, I gave two drops of specific cactus every three hours for its influence upon the heart.

COMMENT: It will be observed in nearly all of the articles we are publishing at the present time on the use of macrotys in the treatment of chorea, that the dose is larger than usually advised. In most of the cases from three to ten drops is the dose. This is a marked contrast to the advice given by most of our writers to drop from ten to

twenty drops in a glass of water and of this to give a dram every three or four hours. As I have said before I believe our failures come from an insufficient dose. Furthermore, there are in nearly every case one or more other conditions that could be met at the same time. Neither is there proper attention paid to the diet and its digestion, and to rest. The severe cases should be kept in bed for a sufficient period and should be fed on the most nutritious food, which must be readily digested.



TETANUS—RELAPSING TYPHOID

Editor Ellingwood's Therapist:

In reading the THERAPEUTIST I noticed the article on tetanus and was much interested as that has been a bugbear to me. I have never tried the phenol treatment but once, but as you asked for the experience of any and all cases I will add mine.

This man was injured in a cement mill, having the inside of his hand ground out with a pulley wheel. I tried for several weeks to save it but could not get any result so did an amputation at the wrist. In about ten days, which was over two months from the time of the injury, he showed a rigidity of the muscles of the abdomen, next day the masseter muscles were slightly affected and I at once began the use of the serum. He got along nicely for one week, not having a single convulsion,

then died suddenly one night,

Another case, a boy shot in the hand with a twenty-two caliber blank, I cleansed the wound and dressed it every day for a week when he showed signs of tetanus. I had him taken to the hospital and began the injection of phenol at once, giving as high as ten minims every three hours. We could not stop the convulsions and he died in about four days. You see my experience with tetanus has not been a pleasant one. The next case I get I will try the phenol with the gelsemium and will report the result to you. These things are of deep interest to all of us, and if anything can be done to cure the dread disease we are only too glad to know of it.

I have a case now of relapsing typhoid that is of interest. The patient was in the hospital three weeks and his temperature was down to normal for two days when it suddenly went up to 103 and has resisted all efforts to pull it down for one week. Tonight it is 104.4, two-fifths lower than at the same time last night. I have tried everything I know or can read on the subject but I am afraid he will get away from me. It will be my first typhoid to lose and I do not relish it very much. I have had a great many cases of it here, and this is the first one that would not respond promptly to specific medicine.

His tongue is almost clean, pulse strong, full, ranging from 112 to 120, face pallid, no tympany and bowels moving freely, skin dry and rough. Can

you suggest anything?

Long live the THERAPEUTIST and its editor. I get many good things from it each month.

RALPH G. CRESSMAN, M. D.

POLIOMYELITIS

Editor Ellingwood's Therapeutist:

I am come to you for assistance in what, to me, is a very peculiar and stubborn case.

Mr. E., age 38, photographer; blood poisoned by photo chemicals three years ago; has been treated continuously for rheumatism by all the medics here, and those whom he has consulted in six different states, where he has gone for climatic change, have treated him without benefit. I took him in charge eight weeks ago.

My diagnosis was that the man never had rheumatism, but had anterior poliomyelitis, which of course produces complete muscular atrophy. This diagnosis I made public, for the case has occasioned much comment. The man suffers with intense stiffness and soreness and during his treatments he has used aspirin freely (25 gr. per day). This is the only thing that has given him any relief at all, from the stiffness. Before I began treating him he was taking all kinds of dope to make him sleep, morphine, Dover's powder, powdered opium, etc. For eighteen months he has not been off his back or

side, having to be turned every hour.

My treatment began as follows: Gelsemium, echinacea, crataegus, cactus, and nux; lactopeptin elixir as vehicle. Instead of the dope he was taking I gave him large doses of passiflora with half a dram of hyoscyamus and cannabis 20 drops, (passiflora 1 oz.) in four-ounce mixture. In teaspoonful doses at night as required. This treatment has done wonderful things for the patient, so much so that after six weeks treatment I got him into an invalid chair and out into the open air and sunlight. From that time he has been able to sit bolstered up in bed and out in his chair every day that is pleasant. I have put him on a nutritious diet, taken every two hours. He sleeps quite well, about two hours at a time, when he must be turned. It is necessary that someone turns him because his knee bones slip out of the socket giving intense agony. He eats well and his voice is better.

The one thing that bothers me is his continuous stiffness, the aspirin has worn out its effectiveness. Now I have given the details and beg that you will be able to tell me what to give to relieve this stiffness and soreness instead of aspirin. I might add that when I saw him first I could not find the radial pulse at all, now the pulse is fairly full and strong. His improvement has been a surprise to everyone as they have all been waiting to go to his funeral.

This is a great health resort and many

unfortunates who come here are addicted to the use of morphine, cocaine, etc. I find that in every case spec. passiflora 4 to 8 drams, hyoscyamus 1/2 to 1 dram, cannabis 10 to 30 drops in a four-ounce mixture given in dram doses gives satisfactory sleep and rest. This is talked about, to my advantage.

If you think any of this matter is of value to the family put it in the THERAPEUTIST. I get untold benefit from its pages.

Louis H. FREEDMAN, M. D.

CHOREA

Editor Ellingwood's Therapeutist:

Relative to the discussion of the treatment of chorea in your July THERAPEUTIST, and the request for opinions of different physicians—I beg to submit the following:

During forty-five years of active practise of medicine, I have been called upon to prescribe for about the average number of cases suffering from chorea, and I cannot recall a single instance of failure to cure.

My prescriptions invariably have been, macrotys rac. and scutellaria, each two drachms, water to make four ounces, dose teaspoonful every four hours. Late years I have used "Lloyd's specific" medicines, while formerly I always made my own.

D. H. ARTHURHOLT, M. D.

PHYTOLACCA POISONING

Editor Ellingwood's Therapist:

At about 11 o'clock p. m. one night in April last, I was called to see four people who had been poisoned. The ground had thawed early as the weather was quite warm, and a root which was supposed to be horseradish had been dug up and grated with vinegar. Of this root five persons of a family of ten, had eaten a very small portion, in fact the minute quantity that any one had swallowed, was one of the curious factors of the case.

About three hours later four of these five people began to vomit. Two of them were not further affected than this simple emesis, and two were very sick at the time I was called. The following were the symptoms that I observed. The patients were much depressed and anxious. The features were collapsed, the pulse was weak and rapid, with temperature of ninety-eight degrees. About every half hour there was vomiting of a slimy mucus mixed with streaks of blood. This was followed by a profuse watery diarrhea. The pain was sharp and paroxysmal in character and was located midway between the sternal notch and the umbilicus and seemed to pass straight across the body.

I gave these patients carbo-veg. and arsenite of copper. In the morning all were much better only weak and sore from the muscular effort of vomiting. I

suspected the root to be *Phytolacca decanda*, but only last week had I the opportunity to verify the plant in situ. The next visit after the attack I specially and carefully inspected the tongue and buccal mucous membranes for the indication of *Phytolacca*. They were absolutely absent. There were no pallid membranes, no viscid red exudation in patches, nor any other visible signs of variation from health. If there is any truth in the law of *similia* the following indications should be relieved by the use of *Phytolacca*: paroxysmal pains of a burning character between the stomach and the umbilicus, attended by vomiting of bloody mucus and by a diarrhea of the same character.

F. H. WILLIAMS, M. D.

THE DIET IN TYPHOID FEVER

Editor Ellingwood's Therapist:

In regard to Dr. Friesen's article in your July number, page 212, on Typhoid Fever, I want to say "Amen" to the *medical* treatment, but I would differ on the dietetic course. There are those who have a distaste for sweet milk and those with whom it disagrees. In my 33 years of treatment and observation, I find buttermilk better suited to a majority.

Again I have been taught that in this disease there is a deficiency of acids, then why give an antacid every four hours (two ounces of limewater)? In his closing statement he says, "nothing

else until the temperature comes down to normal." This has not been my practice and I think I can show average results. I feed them. To be sure I superintend the dietary, but they get fruit (ripe) and fruit juices as well as beef tea. Then when the fever comes down and the case is convalescent, there is not that extreme emaciation, and that ravenous appetite that you often encounter. I have never had a case running from four to eight weeks or more. No wonder they are almost starved if they get but six ounces of milk in 24 hours.

J. J. PICKETT, M. D.

COLD EXTREMITIES

Editor Ellingwood's Therapist:

In the June number of your valuable journal, Dr. H. R. Powell states the fact that no patient ever does well so long as the feet are cold. In acute cases I find moist heat the best remedy to overcome this condition. A hot water bottle or a bottle holding about a quart of water is filled with hot water.

This is wrapped in a towel wrung out of hot water and the whole wrapped with a piece of flannel and then applied to the feet. This feels very gratifying to the patient; dry heat (hot irons etc.) causes a peculiar sensation of heaviness in the lower extremities and the effects on the circulation in the feet are far from satisfactory.

In the treatment of chronic cold feet I

prescribe the alternating hot and cold foot bath. One vessel is filled with hot water, the other with cold water. The patient first takes the hot foot bath for two minutes and immediately follows with the cold for half of a minute. This he repeats four times, each time adding hot water to the first vessel. The patient generally takes three of these alternating foot baths a day for two or three days, then two, and after a few days one a day. Gradually he takes them every other day and so on until he finds his feet comfortably warm without the baths.

GEO. F. SAUTER, M. D.

LACTATION DURING MENSTRUATION OR IMPREGNATION

The relations between lactation, menstruation, impregnation, etc., are not well understood. That which was thought to be fact in the past is proving to be fallacious. Jacobius inquired carefully into one hundred and eighty cases of nursing women where menstruation occurred at the sixth month. The most of the infants showed transient disturbance, with a tendency to diarrhea and imperfect digestion. Occasionally there was vomiting, but in most of the cases the conditions were corrected and the children thrived.

It is a common belief that pregnancy disturbs the character of the milk, and that infants nursing suffer severely therefrom. This is undoubtedly true in many cases, but the condition can be corrected, and often, if the mother can

stand the drain, the child does as well afterward as before.

I should like very much to have reports of observations made in the lines above suggested.



Echinacea in Infection from Vaccination

The first case in which I realized the great value of echinacea was in 1899. I assisted in the compulsory vaccination of Barnesville, Ga., and in a few days after we were through, a negro entered my office, claiming that I vaccinated him, which I could not deny as it was literally true that "all coons look alike to me." The arm was greatly swollen, and there was a sore the size of a dollar on the forearm, besides one twice as large as a quarter, on the face.

I covered all the sores on the arm with pledgets of cotton, wet in full strength echinacea, and wrapping it in gauze, pinned the coat sleeve which had been cut to the shoulder about it. Wetting pledgets in full strength for his face, I directed him to renew them as often as they dried and came off. I gave him two ounces of the medicine, telling him to take five drops in water every three hours, and to put a teaspoonful in one-half pint of water to wet cotton for face; also to keep the gauze on the arm damp, and covered with a thick towel

at night. He returned in two days, nearly well. I renewed the dressings, and dismissed him. At the same time, one of the doctors, J. B. dark, died of blood poisoning after vaccination. I believe echinacea would have saved him.

LENA R. WHITFORD, M. D.

Pinworms

In your journal for June Dr. F. M. Kirk asks for a specific for pin worms. The following has been for me a never failing remedy. Make a strong infusion of spearmint and use this once in a day or two as an injection into the rectum. For internal treatment I take of pink root, senna, chenopodium and manna of each one-half an ounce of the herb, and steep these for one hour in one and one-half pints of water. During the course of twenty-four hours I give about four ounces of this infusion in one-half as much new milk sweetened.

H. M. FRANK, M. D.

Neuritis

With reference to Dr. A. W. Dortch's case on page 209 of the THERAPEUTIST, my diagnosis would be neuritis. There may be a history of a fall with a blow upon, or a strain to the upper dorsal spine, at some previous period. Pains of the character described are not unusual in brachial and intercostal neuritis.

There is also a distinct disturbance of the molecular activities of both the sodium chloride and sodium phosphate elements apparent from his description, although this disturbance may be simply secondary phenomena.

S. B. PRATT, M. D.

Cobwebs of Fancy

I am delighted with what the Editor says in the July issue of this journal under the heading, "False Idea Concerning Germs." All you there say is good. The last four lines contain a doctrine irrefutable, and better than good.

I wish you might find time in your crisp, pertinent manner, to say more concerning cobwebs of fancy and arachnoidean films of theory, built around diseases in which the microzoon figures.

A. C. HEWETT, M. D.

Cold Extremities

In a recent brief article, the editor complained that the writer did not give treatment for cold hands and feet. The following is my treatment. I have found it not only sufficient to keep the extremities warm, but it produces a marked warmth of the skin throughout the body, from improved capillary circulation.

Dissolve half of a dram of thymol in four ounces of alcohol. This should be taken in from ten to twenty drop doses, in about half a glass of water three or four times a day. I trust that others will receive the same satisfactory results I have obtained.

H. S. WHITFORD, M. D.

Warts

Specific thuja, applied three or four times a day, has never failed to remove warts in my cases. A young man, jeweler, came to my office a few weeks ago. Both hands were studded with small warts. I gave him one ounce of thuja and advised him to apply it with a brush over the entire surface. In ten days they all had disappeared.

GEO. F. SAUTER, M. D.

A Liquid Splint Formula

The formula is as follows: Powdered starch, one ounce; isinglass or gelatin, one ounce, solution of potassium silicate, one quart; pulverized boric acid, one-half ounce. Mix the starch with the solution of silicate of potash by shaking from a pepper box and stirring constantly; reduce the gelatin to the consistency of mucilage with boiling water and mix with the first two (better soften the gelatin with cold water first). Then put into a jug of double the capacity and ferment at room temperature for three or four

days; then add the boric acid, mix well, and it is ready for use. If too thick after standing, thin it with boiling water; keep corked. Apply a silk stocking or a roller bandage and then apply a coat of this preparation with a brush and repeat until three or four layers have been applied or until the splint is thick enough. It may be cut after hardening, and eyelets and laces put in.

FRED. R. BELKNAP, M. D.
Jour. A. M. A.

Chronic Metritis

In the treatment of chronic metritis, the action of any remedy is necessarily slow, and at the present time surgical measures are too often resorted to. Prof. A. L. Clark, who was our highest authority on this subject, after giving we students some excellent advice, at one time, concerning the care of the patient, made the following statements:

“In my own experience in the medical treatment of chronic metritis I have found nothing superior to the compound wine of comfrey, combined with the fluid extract of gossypium, in the proportion of five ounces of the former to one ounce of the latter. The patient taking one or two teaspoonfuls four times a day, according to her susceptibility. After two or three weeks I would follow this by a prescription of the compound sirup of mitchella, two teaspoonfuls three times a day. Another favorite prescription of mine, is three ounces of viburnum

prunifolium, one ounce of the fluid extract of conium maculatum with four ounces of simple syrup. A teaspoonful of this eight-ounce mixture three times a day.”

In the treatment of acute subinvolution the use of even the best remedies is not always satisfactory, their action being slow. In my earlier practice I obtained splendid results, by applying a mild faradaic current over the uterus with the negative pole over the sacral nerve. I have relieved pronounced distress by a single application and have cured severe cases within a few days. Tonic remedies are usually indicated at the same time.

When to Clean the Teeth

If the teeth are to get but one thorough cleansing during the day, just before retiring is the best time to give it to them, as there are six or eight hours' sleep that the salivary glands are inactive, and fatty and starchy foods that may be lodged between and around the teeth are bathed in saliva, a partial digestive fluid, undergo decomposition, forming acids which act more or less readily on the tooth structure at the time of its formation. The salivary glands not active during sleep, acids are not diluted, as during day; a free flow of saliva prevents to a great degree the deleterious effects of acids thus formed.—*Medical Summary.*

Choice Cleanings

THE REDUCTION OF TEMPERATURE IN CHILDREN

The available means of reducing temperature in diseases of children (when necessary to do so) may be classed as medicinal and non-medicinal. Among the latter are baths and mechanical methods of producing diaphoresis (as adding more clothing, the hot water bottle, and other means of external heat, the pediluvia, etc.,). The medicinal treatment consists in the administration of such medicines as are known to directly, or indirectly, influence the production of heat, and of such as promote elimination by way of the gastro-intestinal tract, the skin and the kidneys.

The eclectic specific medicationist is fortunate in having at his command safe and effective remedies for these purposes. These do not include the coal tar antipyretics, which are but rarely used by him, though they are unstintedly employed and recommended by teachers and practitioners of high repute in the dominant school of practice.

When elevation of the temperature in children is caused by the ingestion of improper or unwholesome food, or by immoderate quantities, or more than the stomach can digest, then the best method of treatment is elimination. If nature has not already asserted her prerogative and the tongue is heavily

coated at the base, and there is nausea, a liberal dose of ipecac, or of common salt and bicarbonate of sodium, may promptly give relief. We have seen a violent headache, with high temperature, both relieved by this method in merely the time taken to produce emesis.

If there are no indications for the emetic, then the bowels should be cleansed with neutralizing cordial (glyconda), syrup of rhubarb, castor oil, or a solution of citrated magnesia. Our old school friends employ calomel and soda largely for this purpose. The action of the purgative should be aided by thoroughly flushing out the lower bowels by means of copious soapy enemata. Here the fever is most likely due to faulty digestion or acute indigestion, giving rise to toxaemia. Careful feeding should follow during the next few days.

Other cases of elevated temperature may be reduced by aiding elimination by way of the skin. Here the special sedatives, together with such aids as jaborandi or asclepias, may be used. Many cases are best relieved by baths, of which there are many kinds. The most universally satisfactory to us has been the tepid sponge bath, repeated gently as needed, without greatly exciting the patient. The cold pack is effective but must be intelligently applied by the nurse. Yet, in many instances, the shock to the little patient more than outweighs the good that we might hope to accomplish by it. The tepid bath, with gentle fanning, has

been far preferable to other forms of the bath with us for the gradual and effectual reduction of temperature.

The drugs that aid us in reducing temperature are to be used strictly according to indications, only when clearly indicated, and not haphazardly. Much harm can be done by the reckless or injudicious use of antipyretics. In fact, sometimes it is better to reduce temperature in a roundabout way than by the use of the sedatives. As a rule, however, the "special sedatives," so-called, of Eclectic therapeutics, are of prime importance in the treatment of febrile states of children. It is well, however, before their use, to see that the general condition of the system is such as to insure their kindly action. Sometimes the tongue and membranes show the decided deep red color and the tongue is contracted and small. Here hydrochloric acid will prepare the way for the selected sedative, or, perhaps, will control the temperature without the aid of the latter. The same is true of the indication for alkaline treatment. The pallid membranes and broad white tongue show unmistakably the need of sodium bicarbonate, or, if a mawkish fetor be present, of sodium sulphite. The indications for an emetic are also plain and should be heeded before the special sedatives can be made to operate kindly.

The medicinal agents that are best known to combat excess of temperature, with their specific indications, are as follow: Aconite is,

without doubt, the most frequently indicated of the arterial sedatives. Used with judgment and according to indications it will prove beneficial and is very prompt to control temperature. In the long continued fevers and where the temperature is excessively high, it is less valuable than gelsemium or veratrum, both of which are more generally indicated in high temperature on account of the excitation present and usually its sudden occurrence. The indication, the small frequent pulse with elevation of temperature, is the unerring guide for the selection of aconite. So kindly is its action generally, that it has long since been known as the child's sedative.

The dose given has frequently been too large, for when indicated it acts kindly in the minute dose. From one to three drops of specific aconite in a half-glass of water, the dose of which is a teaspoonful every one to two hours, is plenty for a child under seven years of age. Infants frequently suffer from the tingling sensation imparted to the mouth by aconite and roll the head and cry as if afflicted with the earache. A weak wash of vinegar and water will often relieve this; if it does not, then the sedative must be discontinued.

Veratrum is less frequently demanded in the fevers of childhood than aconite, yet we have seen it indicated throughout the greater part of a typhoid. Like aconite, in all the continued fevers its use is not likely to prove beneficial as long as some other remedies, as rhus or baptisia. With the

full, bounding pulse and sthenic condition, however, no remedy is more decided or pleasing in action, nor is any other more efficient to bring down a high temperature suddenly occurring at the outset of an attack of illness. As with aconite, the smallest dose capable of producing results should be used; then heart depression is not likely to be produced by it. Five drops of specific veratrum to a half-glass of water, of which the dose is a teaspoonful every one to two hours, is sufficient.

Gelsemium is the child's remedy when there is violent throbbing of the carotids, a rapid pulse, and great nervous excitation. The child trembles, the face is flushed, and the eyes brilliant and staring, with contracted pupils. The heat may be intense, and as the nervous tension is brought under control the heat diminishes, relaxation takes place, and rest replaces the nervous agitation. From ten to twenty drops of specific gelsemium to one-half glass of water, in teaspoonful doses every one-half to two hours, is the average prescription for the child.

Belladonna is frequently a remedy to control febrile processes accompanied with pain and dryness of the skin. The patient is dull and apathetic, may be extremely pale, has dilated pupils, the secretions are restrained, and there is a strong tendency to sleep. The remedy is usually administered with minute doses of aconite. As secretion becomes re-established and the pupils approach the normal, the nervous system reacts

and the temperature is reduced. Belladonna is an ideal remedy in the fevers of childhood and may be often needed throughout the whole of a long course of fever, to sustain the circulation and respiration. From three to five drops of specific belladonna may be added to a half glass of water, the dose of which is one teaspoonful every one-half to two hours.

Asclepias is an agent of great value when the febrile processes can be broken, by the production of diaphoresis. It is best adapted to the reduction of heat in respiratory affections, and is indicated by the vibratile quick pulse, with hot skin, showing a tendency to moisture. From one to two drachms of specific asclepias may be added to a half glass of water, or added to the special sedative, or given in hot water. Of such a mixture the dose is usually a teaspoonful.

Bryonia is frequently of service in controlling temperature, particularly if occurring as a part of acute rheumatism, or inflammation of the serous membranes, or of the respiratory tract. It may be given with the indicated sedative, and will be particularly effective if there is frontal headache, a sharp vibratile pulse, and pain of a lancinating character. Five drops of specific bryonia should be added to a glass of water, the dose of which is a teaspoonful.

Jaborandi proves an important agent when there is evident lack of action on

the secretory glands. When indicated, it is one of the most valued of diaphoretics. Like veratrum, it is a remedy for sthenic fevers and inflammation, and is indicated by the full, hard pulse with marked dryness of the skin and membranes. As a remedy for painful inflammatory affections and in dry throat inflammations it fulfills a useful purpose. Care should be had not to carry its action to emesis. From five to twenty drops of specific jaborandi may be added to half a glass of water, of which the dose is a teaspoonful every one or two hours.

Rhus, perhaps more than any other remedy except aconite, belladonna and gelsemium, is most often indicated in the fevers of childhood. There is a nervous element in the cases requiring rhus, that makes it specifically indicated. The patient is very restless, inclined to delirium, starts suddenly from a sleep with a cry, as if frightened. There is frontal headache, the characteristic long-pointed tongue, with prominent papillae, and the whole condition is one of hyperesthesia. Here rhus will give eminent satisfaction. Add five to ten drops of specific rhus to a half glass of water and administer of the solution so made a teaspoonful every one-half hour to two hours.

Arnica occasionally proves a useful remedy to control temperature. It may be used where there is a lack of nerve power, and the pulse is rapid and pain simulating that of a bruise is present. Add five to ten drops of specific arnica

to half a glass of water, the dose of which is a teaspoonful every hour. Or it may be required in connection with the special sedatives.

Baptisia, though not directly an antipyretic, has such a control over the typhoid element, that it often proves a valuable aid on lowering temperature. The dusky membranes and skin, the appearance as of having been chilled or frozen, and the prune juice alvine discharges, point directly to it as a remedy. From ten to thirty drops of specific baptisia may be added to a half glass of water, the dose of which is a teaspoonful every one or two hours.

Echinacea, like baptisia, has little control directly over the temperature, but is employed to combat the blood dyscrasia and the typhoid element in the adynamic continued fevers. It is doubly efficient if the fever be due to sepsis of any form. Drop doses of specific echinacea or of echafocta may be given frequently in the drinking water furnished the child.

Quinine is a valuable though much abused remedy for lowering temperature. If selected when there is marked periodicity, and the tongue, membranes, and skin incline to moisture, and there is but little nervous excitation, it will act promptly and kindly. In opposite conditions it is nearly always sure to aggravate the condition.

A state favorable to its action may sometimes be brought about by the

employment of gelsemium or aconite, according to indications. Then the condition of periodicity is more readily reached by the cinchona salt. We prefer the acid solution, prepared as follows: Take of quinine sulphate one dram, hydrochloric acid one dram, water sufficient to make four ounces. This gives practically two grains to the teaspoonful, which is quite sufficient for a child when the drug is well indicated. It may be repeated every three to six hours, according to the needs of the case. The quinine inunction is an admirable method of administering quinine to infants.

Editorial, *Eclectic Med. Gleaner*.

Ellingwood's Therapeutist

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

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

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



YOU AND I

I think I have proven, by this time, doctor, that if you and I work together, we can help every other doctor, and can help the cause most satisfactorily. Have you, doctor, sent me a single fact for publication in this journal yet? Whether you have or not, it is your duty to give me another right away. Let me have it by return mail, without delay. This means you, doctor.

With the advancement the profession is now making in the study of exact drug action, it will soon be true that if a physician acknowledges that he cannot cure a given disease, that acknowledgment will be accepted tacitly that he is ignorant; that he does not know, or has never learned, the method which will cure that condition.

While this fact has never been accepted, and physicians have never been blamed for not being able to cure certain diseases classed as incurable, the advancement made in the profession in the last few years, and the advancement now made in the study of exact therapeutics, as well as in the causes of disease, is changing all this. The mass of the people are coming to demand, with all other advancement, that the physician *shall know how to cure his patient*.

With this, the medical student, as he leaves college at the present time, goes out with the idea, that if he cannot cure the diseases he meets, some one else can, and if he does not cure them, the prestige and credit will go to the other man, and he will be the loser.

This is as it should be. Let this belief be impressed upon the mind of every student, by the faculty and by experienced physicians, and there will soon be by all a very much more thorough study of disease conditions and drug action.

SUPERIORITY IN MEDICINE

The enthusiasm in surgical lines, within the past few years, while resulting in the developing of great surgeons, is largely to blame for the improper development of therapeutics. Students enter college with the belief that the great thing to be desired is to be a great surgeon. The truth is the great thing to be desired is to be a great physician, and every medical institution should endeavor to make the chairs of Practice, Materia Medica, Therapeutics and Pharmacy, so attractive that the student shall aspire to be thorough and complete in the study of these branches. That, with the knowledge of surgery which every college course now demands, should make every student a successful practitioner of medicine.

Fothergill says therapeutics is the structure itself, in our professional requirements, while all the other branches are the foundation stones. The young physician's aspiration toward success in medicine, will make him thorough in the details of diagnosis, will perfect him in the knowledge of the action of individual drugs, and their specific influence upon exact conditions of disease, and will enable him to rise above the common herd in intelligent prescribing. This certainly is to be most desired of all in professional requirements at the present time. And so few are really excellent in that, that it is not difficult to attain superiority.

PSYCHOTHERAPY

In the treatment of disease we have come to the time when we find it necessary to consider the psychic element, in all its bearings. The influence of religious impression upon disease has been considered for centuries. Within the last decade or two so much has been said of faith cures, Christian science, hypnotism and other measures that turn the mind from the disease to something hopeful, that it has come to pass that these measures may now find a place, and must be considered in certain cases, if the diseases are successfully and speedily treated.

I have long thought that the time would come when there would be an exact place in medicine for psychic treatment. It will not and cannot take the place of essential medicines. It will be of but little benefit in the treatment of organic disease, but where organic change is not established, where the difficulty is functional or mental these measures should now find an exact place.

The Emmanuel Movement represented in Chicago by Bishop Fallows, in Boston by Drs. Worcester and McComb, in Brooklyn by the Rev. Robert McDonald, maintain that in functional disorders the psychic or spiritual influence may correct the condition directly. In a recent number of *The World Today*, Bishop Fallows makes the following statement, which shows that this movement is one in which the spiritual

adviser and the physician can work together hand in hand. It is certainly a marked advancement over the ideas of the past, in these matters. This movement is entirely different from so-called Christian science and is undoubtedly in every way superior.

Dr. Fallows says: "We assert the absolute necessity for the work of the physician and give full value to the splendid efforts of the medical profession in furthering the health and welfare of the race.

"By making known God's laws of sanitation and hygiene, only one of the benefits they have conferred, they have not only prevented the scourges which once swept off millions of people in a single decade, but they have saved the lives of millions since.

"Waiving all the theological and doctrinal differences which separate Christian science so widely from the churches of Christendom, we believe in the power of faith in the historic Christ, and in personal and intercessory prayer to an ever-living and ever-loving personal God.

"We believe in using the best scientific medical knowledge and the skill of the day, which we feel is as much God-given as a psychical or spiritual method of relieving disease. Since we do not claim in any way the exercise of the omniscience and omnipotence of the Great Physician, Jesus Christ, we ask our patients to come with a diagnosis as accurate as the skill of the physician

can make it.

The aim of religious therapeutics is to bring health and happiness to the afflicted, and more efficiency to those who are well. It strives to drive out fears, various forms of depression, worry, want of confidence, and the like, from the mind and heart.

"It magnifies the love and tenderness and sympathy of God. It carries forward the benign work of the neurologist along the lines of re-education and right living, according to the individual needs of each patient."

This makes its application a separate and independent factor in therapeutics, and one which certainly has, an important place in a wide range of cases.

This journal is a journal of straight shots—a journal of the most direct action of each drug. You, doctor, have made many observations of direct drug action which you have never reported. You have seen results in your practice that you have not seen reported by other doctors. We must have those reports. Have you, yourself, not your neighbor, ever used any of the following remedies for the conditions named, or the same remedies successfully for conditions you have not seen reported? or have you used successfully other remedies for the following conditions with direct and positive results? Write us card or a short letter at once, and tell us all exactly what your observations have

been with these.

Collinsonia for valvular disease of the heart, or for dilatation.

Hamamelis for varicoses.

Belladonna or other single remedy for sterility.

Cactus for angina pectoris.

Æsculus glabra for hemorrhoids.

Geranium for cirrhosis of the liver, or for chronic gastric acidity or ulceration.

Lycopus for irritable heart and pulmonary hemorrhage.

Chionanthus for diabetes mellitus.

Scutellaria and cypripedium for general or local hyperesthesia.

Viburnum opulus for painful menstruation.

Staphisagria for disease of the testes, vescula seminales and prostate glands.

Liatris spicata for diseases of the kidneys and bladder.

Melilotus for headaches and neuralgic pains.

I want a report on the above or on any good straight points that the above suggest to you, doctor, *just as quick as you can get it to me.*

BY WAY OF ILLUSTRATION

In the discussion of therapeutic nihilism at the Illinois state meeting Dr. Woodard gave the following illustration to show the peculiarities of our practice. He said: We have failed to educate the public, who are our patients. When you educate your patients, then you are educating your legislators. I find but few know the difference between the schools. They often ask me, "what is the difference between the Eclectics and the old school?" I will illustrate the difference by the following incident: A lady graduating from an Eclectic school was thrown into a neighborhood where there was no other Eclectic. A school teacher there had erysipelas. It took them five or six weeks to cure her, because they treated the name of the disease, and not the exact conditions that the patient had. That is hardly a good illustration. But the teacher had another attack. Then the lady doctor treated her, and had her out in a week. Then the patient wanted the remedy the doctor had used, as she said the lady doctor might move away.

In about two or three months she got sick again, and had another attack of erysipelas. She bought the remedy, but it did not do her any good. Then she called the lady doctor, and again she had her out in a week. She said, "did you use the same remedy?"

And the doctor told her, No, the indications were not the same. Again

she said, "I wish you would give me the prescription, you might move away." She did so.

In a few months she had another attack, and tried first the first remedy, and then the second, but neither did any good. Again she called the lady doctor, and as before she had her out in a week. She asked again "did you use the same remedy that you did before." And again she was told "no, I did not, the indications were not the same." Then she wanted to know how the lady doctor could get her out in a week, using different treatment each time, and the other doctor got her out in five or six weeks. The lady doctor told her, "He treated you for the name of the disease and I by symptoms, which you had when you were sick. Each time the indications were different. The color of the erysipelas was different, the swelling was different." That is the difference between our schools; we treat by the symptoms then present.

CHANGE IN MICROBE THEORIES

Gradually, nearly all of the theories concerning the microbic origin of disease, are changing. A foreign observer has been able to cultivate typhoid bacilli, freely, from the blood of healthy patients and from the blood of patients suffering from other diseases. Other observers have designated certain individual constitutions as bacilli carriers in whom, while the typhoid bacilli are present, the disease does not develop. We are certainly a long way yet from

the truth concerning the influence of microorganisms in the development of disease.

* * * * *

In fifty cases of chronic tonsillitis with plugs and pus in the tonsils, rheumatic affections were present in the majority of the cases. There is no doubt that this condition with its foul secretions is to blame for many disorders, but, as I have said before, I believe these organs should be treated without removal.

* * * * *

An aspirating contrivance has been devised, which will pump out the contents of the crypts of the tonsils, removing all excretory products. This with the application of a cleansing antiseptic, and thuja, with perhaps the internal use of phytolacca, should cure a large per cent of these cases, reducing them to normal size and to health.

RECKLESS EATING

The average citizen of the United States is a reckless eater. I do not know as he differs widely from those of other countries in this, but with the judgment, discretion, and wisdom, exercised in every capacity, in every branch of business and in the sciences and arts in this country, this indiscretion is inconsistent and unjustifiable. A simple, plain breakfast, a light lunch, or preferably a noon dinner, with a light tea, should be the

general habit. There is no doubt that appendicitis, gastritis, the various diseases of the stomach and intestinal tract, as well also as those of the large glandular organs are brought on by bad habits of eating.

ENTEROCLYSIS

In Robert Coleman Kemp's valuable manual upon enteroclysis, hypodermoclysis and infusion, there is a brief introductory chapter by Dr. William H. Thomson, from which the following is a quotation: "Lavage of the invisible cavities of the body in inflammatory states of their lining mucous membranes has justly taken rank among the most effective of modern remedial measures. In the case of the rectum and lower bowel, however, the greater number of advantageous results follow from this procedure, not only by improvement in local conditions, but still more by effects obtainable through certain physiological relations upon the general circulation, as well as others secured through important nervous associations with contiguous organs."

Bearing upon this subject the following clinical report will be of interest: Dr. Newmayer states that among the varied causes of convulsions none play a more frequent and important part than autointoxication. They are more frequent in children, due generally to a possible overfeeding, improper food or constipation.

Not to employ internal antiseptics

would be unwise. But I would urge a more liberal use of antiseptic solutions by means of the rectal tube. Thus enteroclysis has not only its antiseptic value, diminishing the toxicity of the intestinal tract, but oftentimes an antipyretic action.

In all cases of convulsions, immaterial of the cause, and in any other condition pointing to autointoxication, I flush the lower bowel with a solution of glyco-thymoline, one to two ounces to the quart of water. The results are many and always satisfactory.

HELONIAS DIOICA

A homeopathic writer says concerning this remedy, which we have found for so many years to be a valuable one, that it is particularly suitable as a remedy for female disorders where there is a feeble constitution, where the nervous system is weakened and where the patient becomes easily fatigued. The results of its proper selection and application are lasting. It is peculiar in its restorative influence, favoring nutrition, and promoting the secretion of healthy fluids. It is superior to some tonics in this effect.

I have found it of benefit, he says, in sympathetic disorders of the stomach, which are accompanied with uterine or renal disease. Its remedial effect will immediately surprise those who are not acquainted with its action. It will cure cases of amenorrhea and of menorrhagia whenever they are dependent upon extreme uterine atony.

It is indicated when there is a tendency to malposition from lack of tone. It is useful in preventing miscarriage when from local weakness, slight over-exertion will bring on the early symptoms of this trouble. In this respect it resembles aletris. Caulophyllum and viburnum are indicated, when, with sufficient tone of these organs, there is sensitiveness and irritability of the uterus.

TURPENTINE A CENTURY AGO

As I have frequently stated, I have a great deal of faith in the action of turpentine and am constantly looking for new suggestions for its use. An article published in a secular paper in 1820 has been reproduced by the *Medical World*, It was copied from a Dublin paper. It is as follows: "It appears from medical history, that childbed fever has hitherto desolated society in every part of the globe, where it has appeared, and the instances of recovery from the dreadful malady are so few as Justly to entitle it to the appellation of an incurable disease.

"That it falls within the knowledge of such as are engaged in the practice of midwifery, that the oil of turpentine is an infallible specific in this complaint; and although other remedies may with advantage be employed in conjunction, yet that to the specific influence of turpentine we ascribe the removal of the disease of childbed fever in every case."

The method of using turpentine in these cases is not given, but with the indications of extreme sepsis present in severe cases, which we have frequently named, as resembling typhoid, the remedy is positively indicated, and none will exercise a better influence. The dark mucous membranes, deficient secretion, dark coated tongue, narrow, thin and pointed, with sordes with tympanites. Its external use for tympanites is seldom overlooked by any physician.

Strict attention to asepsis has caused this disease to become very rare, but like smallpox it was at one time very prevalent and extremely severe, and usually fatal in its termination.

AN INTERNATIONAL PHYSICIANS' TEMPERANCE LEAGUE

At the beginning of this year, there was inaugurated in Germany, an International League of total abstinence from the use of alcoholic liquors. This was taken up by the Allg. Med. Central Zeitung, which urges every physician throughout the world to cooperate and add his name to the list. The following is the appeal which has been addressed to the physicians of all lands and all tongues.

Appeal from the physicians of all countries to governments, rulers, legislators, teachers, clergyman and all who have the welfare of the present and future generations at heart. We, who are members of the medical profession and by our studies

peculiarly qualified to recognize and appreciate the nature and the action of alcoholic drinks, do declare it as our settled conviction that these drinks are entirely unnecessary and extremely injurious, so that the evils resulting from the drinking of alcoholic beverages should and must be prevented and exterminated.

Above all, the young should be educated in every possible way and by example, and be protected by legislation, so that they may learn to refrain from alcoholic beverages. This must be done in order to promote and ensure the happiness, welfare and progress of the nations. We must all join this International League.

TREATMENT OF MORPHINE ADDICTION

The time is rapidly approaching when every physician must treat morphine and alcohol habits as scientifically and successfully as he treats other diseases. *The Medical World* for August presents a short symposium on the treatment of this condition. Our friend Dr. Waugh has some very excellent things to say about the use of strychnine. Another writer is definite about the withdrawing of morphine and the use of auxiliary measures. One whose name is withheld says the following course was adopted by his father in the successful treatment of hundreds of cases in private and sanatorium practice. The method requires as follows:

A reliable nurse, preferably of the same

sex as the patient.

A physician to cope with the various emergencies as they may arise, and to apply such symptomatic treatment as may be indicated.

Begin at night with two ounces of castor oil, or other active cathartic if there be any decided objection to the oil.

The following morning early, one ounce of epsom or Rochelle salts, followed in two hours with high rectal flushing.

When the intestinal tract seems to be about empty, start with the treatment proper, viz: two-drop doses of Norwood's tincture of veratrum every two hours for forty-eight hours, taking care before the administration of each dose that the pulse does not run below 60 or over 100 (in which case defer the dose till the pulse rate comes within the limits given).

Morphin may be given, in the usual doses taken, up to the time the veratrum is begun, when it will not be asked for till the second day, with the appearance of neuralgic or neuritic pains in the forearms or legs, lead the patient to think of something for the relief thereof. For the relief of these pains, the physician may use such means as seem best to him; my own preference is for anti-phlogistine locally, and macrotys and gel-semium (in good size doses) internally.

During the forty-eight hours of the administration of veratrum the diet is water, malted milk, beef extract, egg nog or milk as preferred.

Subsequent to the 48 hours of active treatment the patient will gradually develop an appetite the indulgence of which is proper, but with which the digestive system is apt to be severely taxed; the physician again uses such medication as may seem best to him. My preference is for some of the paw paw preparations. These patients do better in this stage if they refrain from the use of coffee, tea, tobacco, and alcoholics, although it is not essential. During the convalescent period a good general tonic is very desirable. About the fourth day the bowels will need attention, cascara sagrada filling the requirements better than any other drug.

It is necessary that the physician be within fairly close call for 48 to 72 hours, and that the nurse be retained for 10 to 14 days— although the patient will think differently after 4 or 5 days.

The patient should be warned after the treatment that he is as susceptible to the action of morphin as he was before he first began its use, and that if he wishes to again become a morphin fiend, he will have to start as gradually as he did the first time.

A quotation is made by *The World* from *The Medical Record* in which Langsdorf gives the following prescriptions, with

the instructions as to their use;

I

Compound extract of colocynth.gr. 1
Extract of hyoscyamus.....gr. 1/4
Extract of nux vomica.....gr. 1/2
Extract of jalap.....gr. 1/2
Podophyllingr. 1/6
Oleoresin of ginger.....gr. 1/8
Calomelgr. 1

Mix and make one pill.

II

Pilocarpin hydrochlorid.....gr. 1
Fluid extract of hyoscyamus.....drs. 2
Fluid extract of prickly ash.....drs.2
Tincture of belladonna root.....drs. 4
Dose: Seven to twenty drops every hour.

III

Tincture of gelsemium.
Dose: Five to twenty drops every two hours.

IV

Tincture of strophanthus.....dr. 1/2
Tincture of nux vomica.....dr. 1
Tincture of convallaria.....drs. 2
Tincture of cactus grandiflora.drs. 2
Tincture of digitalis.....drs. 3

Dose: Seven to eight drops every four or five hours.

Langsdorf lays stress on careful observance of details in administration.

The usual dose of the accustomed drug (the addiction) is to be given at bedtime, along with three pills. (Formula No. 1.) In the morning, after free movement of the bowels, give another dose of the accustomed drug. If the bowels have failed to move, give a hot water enema or a saline laxative. Within one hour after the morning dose of the accustomed drug, give ten to fifteen drops of the formula No. 2 and continue giving No. 2 every hour. Twelve hours after commencing No. 2 start giving Formula No. 3, about twelve drops every two hours. When No. 2 has been given for fourteen hours give three pills (Formula No. 1) continue No. 2 and No. 3.

After No. 1 has acted freely, give a moderate dose of the accustomed drug. Continue No. 2, but stop No. 3, for eight hours after the last dose of the accustomed drug then resume No. 3 as before. Twelve hours after the last dose of the accustomed drug give three pills (Formula No. 1) and when these have acted freely and show greenish or yellowish discharges, discontinue Nos. 1, 2 and 3 and start with formula No. 4 about eight drops every four or five hours. Continue for this several days.

When greenish or yellowish discharges appear the cure is effected. Should the patient become nervous or restless, give 25 drops of Formula No. 3. If the bowels are slow, assist with a saline, hot water enema, or castor oil. If about the time for the last dose of Formula No. 1 to act, the patient becomes nauseated, give plenty of warm water

and induce vomiting; it will give relief. If aching of the bones occurs, give a hot bath. If sleep does not come by the second night, give bromides. Watch the pulse throughout the treatment.

THE TRUE ACTION OF CAULOPHYLLUM (BLUE COHOSH)

Ten drops of the tincture caulophyllum once an hour in a little water is one of our best remedies for hiccough. In chorea of young girls from irregular periods it is the remedy, and it should be given in the third decimal trituration—two grains once in three hours. In young girls, when the menses do not appear and they are restless, have headache, cold hands and feet, and are cross and irritable, the blue cohosh is the remedy in the form of leontin (Lloyd), fifteen drops in a little water once in three hours. It has never failed me in such cases.

For the prevention of premature labor there is no remedy that can compare with caulophyllum. In such cases it is best to use the first decimal dilution of the tincture as it is more agreeable to the patient—five drops once in two hours.

In delayed labor with rigid os and spasmodic pains, the patient worn out with fatigue, give ten drops of the tincture caulophyllum once in a half hour.

It is better adapted to chronic rheumatism than cimicifuga, the latter being better for the acute form. In

dysmenorrhea (rheumatic) or when the pains are irregular and spasmodic like labor pains, and the sufferer screams aloud with the severe pain, and in hemorrhage after confinement with pain from back to pubes, caulophyllum is indicated. In such cases ten drops of the tincture caulophyllum should be given every half hour. It will "cause firm contractions and arrest the flooding."

In after pains it is a reliable remedy and should be given the first decimal dilution, a teaspoonful in a cup of water, teaspoonful given every half hour.

In rheumatism of the wrist and fingers it is the best remedy that we have, especially where the pains are worse at night.

It is a remedy that should be studied carefully, and if given when indicated is a remedy to be depended upon.

Eclectic Med. Journal.

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Suggestion is made for the use of quinine in a one or two per cent solution, for the treatment of hay fever. In some cases the solution is dropped into the inner canthus of each eye, passing down through the tear duct. It comes into direct contact with the nasal passages. Other remedies could probably be used successfully in this manner.

Miscellaneous

The doctor who prescribes gratuitously gives a worthless prescription.

Ringworms are cured by an application of salicylic acid dissolved in collodion.

Glauber's salt is recommended as an efficient antidote to carbolic acid.

Pin worms have been destroyed satisfactorily by introducing a sulphur ointment within the anus.

The injection of a dram or two of lemon juice into the nasal cavity has controlled obstinate nose bleeding.

There is one form of general pruritis which is quickly cured by taking freely of the carbonate of lithium.

A number of serious burns are recorded from the careless use of the rubber water bag, either by immediate contact or by leakage.

Macrotys four or five drops at a dose once in an hour, will correct hysterical symptoms occurring from uterine excitement which resemble chorea.

Lawson Tait used to claim that it was absolutely impossible to make an exact diagnosis of disease within the abdomen without incision.

For the destruction of crab lice (pediculi pubis) wash the parts with ether; a strong infusion of tobacco will immediately destroy them also.

In the administration of hypodermic injections of pilocarpine it has been observed that if the stomach is entirely empty collapse will more readily occur.

The existence of a supreme being is a fundamental conviction of the human mind, and philosophy in its sublimest aspirations maintains such an existence.

I have mentioned before, the cure of chronic sciatica by enveloping the limb in sulphur, during the night, This method should be tried in intractable cases.

A solution of formal, one part to nine of water, set around in different localities in open space, will rapidly destroy flies and mosquitoes which its odor attracts.

In the treatment of pain in the ovaries, pelvic neuralgia, or headaches due to disorders of the pelvic organs,

cannabis indica in proper doses is an excellent remedy.

Ladies' slipper at one time was vaunted as an excellent remedy in the treatment of certain nervous conditions of women. I want the experiences of our readers on that remedy, also.

There is no doubt that the power of the stomach to digest and absorb food is greatly increased by the action of electricity. If a hot, moist compress be applied with the electro the efficiency of the application will be increased.

If any of our readers have had any experience with the use of haircap moss in the treatment of dropsy I will be glad to have a report. This important remedy is being used but little at the present time. I have obtained excellent results from it.

In the case of an emergency of the absence of a catheter at a time when needed for females, use has been made of a clean pipe stem, or of a quill from a goose or turkey feather, or of the cover of an exploring needle, all used, of course, aseptically.

It was reported at one time, that the pictrate of ammonium was being used in the malarial districts of India with excellent results. If any of our readers have had an experience with the action

of this remedy, to antagonize malaria, I would like to have reports concerning its influence.

Dr. N. S. Davis, Sr., of Chicago, was one of the first American physicians to declare against the use of alcoholics in medicine. He said: For over thirty years I have tested the medicinal uses of alcohol and I have found no class of diseases and no emergencies from accidents, that I could not treat more successfully without any form of distilled liquors than with them.

At no time in the history of the world has the war against fleas, flies, mosquitoes and rats, as the causes of disease, been waged so vigorously as now, and the war has hardly begun. I believe the time will come when there will be but few of these pests, if, indeed, they will not be a curiosity.

Superficial birthmarks have been removed by the application of a solution of one grain of corrosive sublimate in half of a dram of collodion. The application should be made with care and repeated only as needed. Pulsatilla has been given with excellent results frequently, in acute inflammation of the epididymis, testicle and spermatic cord. It reduces the pain, swelling and heat rapidly.

A doctor reports that he introduced an aspirating needle into the trachea of a

child apparently born dead, closed the glottis with one finger in the child's mouth, put his mouth to the tube, and filled the child's lungs with air. He then emptied the lungs by gentle pressure, filled them again three or four times at proper intervals until the child began to breathe and was restored. Why would not this method be an excellent one to use in case of a person apparently drowned ?

Dr. Whitford has long used the following prescription in the treatment of certain forms of persistent facial neuralgia. I have adopted the same course with excellent results: Add one half dram of the fluid extract of belladonna, and three drams of the chlorid of ammonium to three ounces of camphor water. Take a teaspoonful of this every four, five or six hours. This will give the physiological action of belladonna in some of the cases, when the size of the dose should be reduced. In selected cases, those depending upon congestive phenomena, the results are perfect.

Our Advertisers

Adrenalin Chloride in solution as prepared by Parke, Davis & Co., with other compounds of this substance, is especially efficacious just now, in all forms of hay fever.

The **North Shore Health Resort** of Dr. Hirshfeld of Winnetka, Ill., is a most desirable sanitarium to send

patients, especially during the summer months. Indeed, it is an ideal place.

The **Keeley Institute** at Dwight, Ill., has established an excellent reputation for the cure of the alcohol, opium, morphine or cocaine habits. No method has accomplished more.

The **Sultan Drug Co.** has demonstrated the undisputed fact that their **Cactina Pellets** possess a reliable, active principle that can be depended upon to relieve functional heart troubles.

Gray's Glycerine Tonic aids digestion, promotes assimilation, and acts as a reliable restorative to the nervous system, after prostrating fevers of any kind, and after infectious diseases.

The **Peacock Chemical Co.** have long been before the public as the manufacturers of an excellent class of pharmaceuticals, among which are the well known and reliable **Peacock's Bromides**.

Anasarcin is a combination of oxyden-drum, sambucus and squills. It has given relief in dropsy of a most aggravating character, whether caused by disease of the heart, liver, or kidneys.

Oxydendrine is a combination of oxy-dendron, iris, sambucus and squills for the relief of heart troubles, which result in dropsy, and for the relief of this latter condition under all

circumstances.

The **American Training School** for nurses was established by Mr. Maccoy in Chicago, to enable physicians to supervise in part the training of their own nurses, according to their own needs. It is becoming very popular.

The **Schussler remedies**, as well as other important homeopathic preparations, will be furnished direct to our readers at a very satisfactory price by **Halsey Bros.**, 40 Randolph St., Chicago, 111. Write them directly and mention this journal.

Echinacea either alone or in conjunction with **thuja** is working wonders in the treatment of blood diseases, and in ulcers and foreign growths from this cause. The **Eusoma Pharmacal Co.** of Cincinnati make a fine combination of these substances.

The **Lymph-Orchitic Compound** of the **Animal Therapy Co.** of Chicago, has established beyond doubt its influence as a powerful cell reconstructive, in the cure of locomotor ataxia, lateral sclerosis, epilepsy and neurasthenia.

I am using **Uric-Antagon** in the treatment of la grippe, hay fever and tonsillitis, and it is proving in every case that it possesses all the merits you claim for it. Have cured a patient of gout of fifteen years' standing in eight weeks with **Uric-Antagon**. This case had gradually grown worse notwithstanding every treatment usually prescribed in such cases had been used.

L. L. BIVINS, M. D.

Local applications prove efficacious elsewhere in inflammation—why not here? Applications with hygroscopic properties reduce inflammations in other tissues of the body and will do likewise in typhoid fever. The best of these is **Antiphlogistine** and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

What to do, and when to do it, in typhoid fever are questions largely determining a physician's success in this infection. The bowels are inflamed, the Peyer's patches being the foci of inflammation, and it is but the application of common sense principles to seek for some means of combatting this intestinal inflammation.

LOCATIONS

WANTED—A thoroughly qualified, up-to-date man of good appearance, for country practice; a golden opportunity for right man; registered in Missouri. Address:

J. M. Hamblin, M. D., Westboro, Mo.

* * * * *

A good opportunity for a married man where there will be only fair competition is opened in Kankakee County, Illinois, fifty miles south of Chicago. The physician who is leaving went there eighteen years ago and is now worth twenty-five thousand dollars, all of which he has made there. He made \$3000 last year. Write direct to this office for particulars.

* * * * *

Dr. R. Truitt, of Cottonwood, Idaho, wants a thoroughly competent Eclectic to locate in his town, one who can speak German and a Catholic is preferred. Dr. Truitt says he can readily place fifteen or twenty good Eclectic physicians in Idaho. Write him directly.

* * * * *

Dr. O. W. Houts, of Hiawatha, Kan., has established an excellent business in his locality, which he desires to turn over to the right man. The location is one which is especially attractive to a physician. The compensation desired is reasonable indeed, taking the satisfactory conditions into consideration. To one who has made a specialty of the use of electricity in his practice, it will be especially profitable. Write direct to the doctor, 501 Delaware St., Hiawatha, Kan.

* * * * *

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For nearly forty years, this institution has taught the principles of Eclectic Medicine in Chicago. It has stood for the most advanced methods in medicine; never more so, however, than at the present time. The equipment for scientific study has now been enforced, and the clinical advantages all materially increased.

The course now opening, on Tuesday, the 22nd day of September, promises to be one of the best this institution has ever given.

The Board of Trustees has been successful, this past summer, in securing for this winter, the very best Eclectic Teachers and Lecturers in Chicago for the faculty, and a course has been outlined, which will at once appeal to every student, as a most thorough and satisfactory one.

If the student wishes to secure, first: a thorough advanced training in the auxiliary branches of the science of medicine and surgery, and second: a thorough clinical knowledge of disease, and a knowledge of drugs and their specific, exact and reliable action, upon exact conditions of disease, as thorough, and as practical, as that taught in any institution in the United States, he must know that this institution offers just such training.

BEAR THIS FACT IN MIND. The graduates of this college can practice medicine independently, and successfully, from the day of their graduation as successfully as if they had had long experience. They are taken through the experimental stage—the stage of training, by experienced practising physicians, in a most practical manner.

Be sure and investigate thoroughly, concerning this institution, before you matriculate elsewhere. Write directly to the college secretary, **412 FULTON ST** Chicago, Ill., at once.

Antiphlogistine

(Inflammation's
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affords the most scientific method of combating Inflammation and Congestion. It is of especial benefit in the conditions incident to the summer season.

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In ENTERO-COLITIS, and other inflammations of the abdominal and pelvic viscera, Antiphlogistine proves a satisfactory adjuvant to treatment, as it produces a depletion of the enteric and peritoneal vessels, stimulates the reflexes and relieves pain, tenesmus and muscular rigidity.

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In SPRAINS and WRENCHES, the stretching or tearing of the ligaments, contusion of the synovial membrane and damage to vessels and nerves, are best controlled by Antiphlogistine, which distinctly aids in the reconstruction of the part. The absorption of the liquid exudate from the swollen tissues and the free circulation of blood in the seat of the injury, greatly hastens the process of repair.

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In the treatment of enlarged prostate and of epididymitis, saw palmetto in large doses may be given with other indicated remedies. The study of remedies directed to this class of diseases has been greatly neglected. I want the practical experience of our readers concerning them.

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THE ANNA ROSS SANITARIUM

Is run in an ethical and Christian manner. We do no abortion work. Our home is run in a quiet and orderly manner. We assist patients in keeping their baby when they are in a position to do so. If not we find the infant a home and keep full records as to its disposition, and in all things comply with the law and ordinances.

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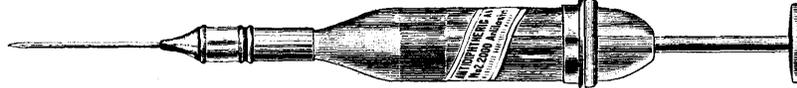
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Piston-syringe containers Six sizes: 500, 1000, 2000, 3000, 4000 and 5000 units.

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The package (bulb of 3000 units of Antidiphtheric Globulins and bulb of sterile water in which the antitoxin is to be dissolved) is readily carried in the medicine-case or vest-pocket. Injection may be made with any ordinary hypodermatic syringe.



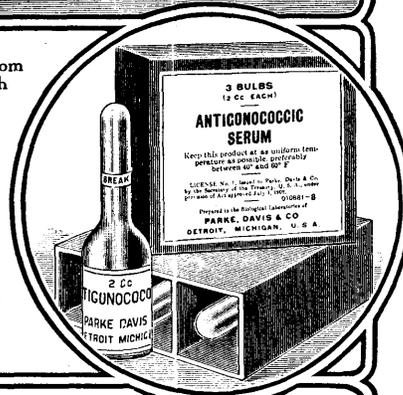
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During the past year we have placed this serum in the hands of over one hundred careful clinicians, most of them specialists in genito-urinary work, asking for reports as to its worth. The best results were obtained in gonorrheal arthritis, over 90% of the cases reported being cured or benefited. The serum has also proved useful in epididymitis, prostatitis and orchitis. No claim is made as to its value in acute urethritis.

Sealed glass bulbs of 2 Cc., three bulbs in a package.



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