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# Ellingwood's Therapeutist

*Finley Ellingwood MD*  
EDITOR AND PUBLISHER  
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April 15, 1908

## OUR MOTTO

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

## OUR CREED

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# Ellingwood's Therapist

A MONTHLY JOURNAL OF  
DIRECT THERAPEUTICS

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VOL. II

APRIL 15, 1908

No. 4

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## Leading Articles

### THE TISSUE REMEDIES

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

#### NATRIUM PHOSPHORICUM

Phosphate of soda has been used as a remedial agent for many years without any specific indications being determined until recent years.

However, we are speaking of this very common old remedy as one of the twelve tissue remedies and its uses in this field of "supply and demand, excess and deficiency." I will not write on its many uses which have been heralded over the world by enterprising pharmacists as their special, and the best (?) effervescing phosphate of soda, which will cure everything from a toothache to an ingrowing toe nail.

This salt is found in the blood, muscles, nerve and brain cells, and in the intercellular fluids. It decomposes into carbonic acid and water. It is said that

it absorbs carbonic acid, taking up two molecules of the acid to one molecule of itself and carries it to the lungs where the acid is set free, and oxygen taken to be carried into the blood stream by the iron in the system.

It is stated that the fluids of the body contain both acids and alkalies and that there is never an excess of acids but a deficiency of alkali; not more acid than there should be but too little alkali. I presume on the same principle that there is no such thing as cold, it is a low degree of heat. So on the

same principle we say there never was an excess of alkali but a deficiency of acid. It is stated by many practitioners that these acids, like an all-pervading evil, are never deficient, but many times in excess. We as eclectics do not subscribe to this idea, for we believe there often is an excess or deficiency of either, but more often a deficiency of the alkali.

Among the indications for the remedy

now under consideration may be mentioned a yellow creamy coating on the back part of the tongue, and on the roof of the mouth, the parts usually moist; acid, sour eructations from stomach; vomiting of sour or dark fluid; localized pain in the stomach; pain in stomach coming on two or three hours after eating; waterbrash, with acidity; vomiting of curdled milk or other foods; swelling of the glands in the neck; goiter; exophthalmic goiter; eczema, with an acid condition of the system with yellow secretions; hives; itching all over the body like insect bites.

I have used this remedy in the above conditions and will cite one clinical case. A. P. C., aged 33, married, who resides in another state consulted me by letter in regard to what I diagnosed as exophthalmic goiter. He suffered for two years from this malady, and during this time went to California and remained about a year, and while there, took a long series of electrical treatments and used the following prescription:

Ext. digitalis	grs. 4
Ext. ergot	grs. 30
Strych. sulphate	grs. 1/2
Ferrum arsenate	grs. 2

Mix. Make capsules No. 24. Take one after each meal.

This did him practically no good. When he wrote he was in great distress from excessive heart action and exceedingly difficult breathing, with bulging and

painful eyes and with enlargement of the thyroid gland. He had not slept in bed for months. Had to sleep in a rocker in a sitting position. He was very weak, emaciated and nervous. Appetite very poor; sour condition of the stomach; could scarcely move around and could do no work.

I prescribed five grains of natrium phos. 3x before meals and at bedtime. Within a month he wrote that he was much better, was not nearly so nervous, could lie down and sleep well, eat well and was gaining strength and flesh.

Within two months he wrote and asked me if he could discontinue the medicine as he felt quite well. I urged him to take it for some months, which he did. About a year after commencing treatment he wrote me that he considered himself well and could pursue his usual avocation with comfort, but that his eyes were quite prominent but gave him no distress.

I have used this remedy quite extensively in rheumatism, and it is the first remedy I think of. Whatever else I prescribe that I may find specifically indicated I give this one from first to last, and especially in the cases that have profuse or sour smelling perspiration. Many physicians claim that the cause of excessive pain in the joints is due to an acid diathesis, and if this is so, it will account for the remedial effect of this drug in these cases. It is stated by good authority that a lack of this salt is one of the

causes if not the prime cause of diabetes mellitus. And, yet, while this is so the chief remedy in this disease is natrium sulphuricum, as it regulates the supply of water in the blood and gives off oxygen so necessary to the decomposition of sugar, thus preventing it reaching the kidneys as sugar. Natrium phos. thins the bile that has become inspissated. It is among our best remedies in liver disease.

### NATRIUM SULPHURICUM

Sulphate of soda-Glauber's salt, has been used in medicine in its crude form for ages. Those of us who were fortunate enough to have had the privilege of listening to the late Prof. A. J. Howe, well remember how he used to refer to Glauber's salts, and recommend its use in its crude form as a cathartic. However, we are not studying it in its action as a cathartic, but as one of the Tissue Remedies.

This salt is found mostly in the intercellular tissues and not in the cells. In nature it is found abundantly in sea water, saline springs and in some lakes.

When studying natrium muriaticum I spoke of its use especially in the South in malarial diseases, but this salt is not curative in this disease in but few if any cases of malaria, and it was soon abandoned for the reason that it does not eliminate the excess of water in the blood, but equalizes it as shown in its prompt action in cases of sunstroke and delirium tremens.

While these two salts, natrium muriaticum and natrium Sulphuricum, both act with water, they act in almost opposite directions. Both have the property of attracting water, but for an entirely different purpose. Natrium muriaticum attracts the water that is to be used in the system and distributes it, equally to the different parts of the system, while natrium Sulphuricum attracts the water due to retrograde metamorphosis, and eliminates it from the system. It takes away the water from the worn out leucocytes and thereby accomplishes their disintegration.

This explains why this is one of our very best remedies in ague and other malarial diseases. While it will not act so rapidly eliminating the water from the system as jaborandi and other powerful diaphoretics and thus prevent a chill, it is a much better curative agent.

Among the indications for this drug may be mentioned dirty greenish-gray or greenish-brown coating at base of tongue; bitter taste; cutting pains in region of liver with enlargement of liver; diarrhea with dark greenish bilious stools; diabetes; lithic deposits in the urine that look like brick-dust and cling to side of vessel; excessive secretion of urine; sandy deposits in urine; asthma, worse in damp or wet weather; skin affections with vesicular eruptions containing yellowish serum, and moist yellow scales on the skin; expectorations yellowish or greenish;

the condition of the tongue is the key note.

In intermittent fever and malaria it is one of our very best remedies, and it is also a most excellent remedy in diabetes mellitus or insipidus. I have had better success with this than with any other, or all others I have used for these persistent conditions. Possibly reports of some cases will be of interest to those who have never used this remedy in these diseases.

I have on hand now the case of a baby, who was brought to me when he was about one year old. The case had been treated by a reputable physician with negative results. The child was the most emaciated child I have ever seen. Its skin was dry and harsh, tongue coated slightly yellow, temperature slightly elevated, great thirst, very nervous, inclined to spasms, poor appetite, vomiting occasionally some of its food but not all of it. The urine tested gave a specific gravity of 1045 and was most heavily loaded with sugar. I did not make a quantitative test, as it was so difficult to get enough urine from so small a baby to make all tests.

I put the patient on natrium sulphuricum as the chief remedy, to be given regularly five grains of the 3x trituration every four hours. It was very nervous and exceedingly pale and weak and I added kali phos. 3x and ferrum phos. 3x five grains of each every four hours. Within a month the sugar was reduced one-half and the

specific gravity to 1030. In another month the sugar was only one-fourth what it was at first and the specific gravity was 1020. In four months there was not a trace of sugar, and the urine showing a specific gravity of 1015. The quantity of urine was then about normal. I have not examined the urine for two months or more. The child is rapidly improving in every way.

Another case, a child four months old, was affected with eczema of the head and face. The patient was very restless, skin dry and harsh, tongue yellowish coated, vomiting food and often a greenish liquid, and passing large quantities of urine. I requested the mother to secure me a good sample of the urine for examination. The next day she brought four ounces which she stated was passed at one time into the bottle. She stated that it was almost impossible to keep a dry napkin on the baby for any length of time. The urine was almost as clear as clear water with a specific gravity of 1002, no albumen or sugar.

I commenced treating this case with two grain doses of natrium sulph. 3x every four hours and kali phos- 3x two grains every four hours in alternation. In two weeks the urine showed 1010 specific gravity and was of a better color. The eczema disappeared and the patient retained food better. In two weeks more, at this writing, the specific gravity of the urine is 1012, and he does not pass half as much urine as when treatment was commenced. I am anticipating a full

recovery from both the eczema and the diabetes insipidus.

Some three years ago a prominent eclectic wrote me about two cases of diabetes mellitus and they were husband and wife and the cases were as near identical as it is possible for two cases to be. He asked me if I knew of any of the tissue remedies that would benefit these cases, stating that he had, treated. them for a, long time and both he and the patients were discouraged, and if he did not get something to relieve them they would drift to some other physician, I suggested natrium sulph. and kali phos. In a week afterwards I received word from him to the effect that if he only knew that these remedies, would be of benefit he would gladly give them a trial, But that day both patients were in his office and he was going to give them the medicines. I heard nothing from him for over a month, when he informed me that two weeks after commencing treatment he made an examination of their urine and that there was less than half as much sugar as at time of commencing treatment and the specific gravity had almost returned to normal. In two weeks more, four weeks in all, there was not a trace of sugar, specific gravity normal and a normal amount of urine passed, and the patients said they felt as well as ever-cured.

### SILICA

Silica, or common quartz, is found in hair, nails, skin, periosteum,

neurolemma, bone and connective tissue.

This is the remedy for all ailments attended with the formation of pus, since it promotes suppuration, it hastens or "ripens" all abscesses. All inflammations that do not heal by resolution are hastened to suppuration by this drug and it should be continued till all the infiltration disappears. Calcareo sulph. by restraining the suppurative process heals suppurating wounds and is a companion remedy to silica.

The writer has prescribed silica in cases of carbuncles, boils, and abscesses in their formative stage and the morbid processes disappeared. Also in cases of small hard lumps just under the skin and pustules anywhere on the body, but usually on the face and neck. Use it in profuse, offensive persistent sweating of the feet, also when there is greenish, yellow, profuse, pus like expectorations.

This is a wonderful remedy for injuries in and about joints, where there seems to be but little if any inflammatory conditions, but where there is occasional or persistent pains especially when the parts are moved. Sometimes we meet with cases of injured knees, elbows or wrists, and other joints from jumping, falling or being thrown upon them that leaves a sore and painful condition that is oftentimes very persistent.

Here we have a very potent remedy in

silica, and you will be surprised how rapidly it will relieve, when other remedies have failed after long and repeated trials. It seems to act favorably on tendons, cartilage and bone in this condition. Very persistent cases have been relieved completely in four or five days. In chronic inflammations of the large or small joints we have in silica the most positive remedy that has yet been discovered. It is also a wonderful helper in gouty conditions. In many cases of gout its action is slow, but persistent use will bring the reward.

In closing this discussion of the tissue remedies, as I stated in the beginning, I have not attempted to give all their indications, and in fact only a few, but what few I have written may stimulate to a careful study of them that we may be the better equipped to relieve suffering.

I find by a large correspondence since the first article was published that many practitioners have used them some, and failing to get results as they had hoped, have abandoned them, just as they have many other good remedies without sufficiently proving them. In almost every case there has not been that study that eclectics are accustomed to give to drugs. Keep positive clinical records of cases, and observe the indications for which they are prescribed and the results, and by all means lay aside prejudice and honestly search for the truth.

## SOME CASES OF INTEREST AND VALUE

A. C. HEWETT, M. D., CHICAGO, ILLINOIS

### ECHAFOLTA-COCAIN

Nine days since in crossing Randolph Street I fell so suddenly that my head struck the granite pavement with such an impact that the cartilage of my nose was torn from its bony attachments, a gash 3-4 of an inch long was cut to the right cheek bone, and the front and right side of my upper jaw along a line of the roots of the superior teeth was fractured, and my upper lip was cut from inside to the outer skin. I was taken to my office in the Masonic Temple. The blood-flow was staunched, and I was stimulated to a hazy consciousness, with sense sufficient to enable me to adjust and press home the cartilage to the bone, and bite to close contact, the crepitating edges of the broken jaw, and hold them in situ. A good courageous friend brought me seven miles away, from my office to my home and to bed, in which I took a semi-sitting posture to avoid blood pressure to my head.

Pain in the nose, in the jaws and in the *caput* had become intense; because, and to be rid of it I took echafolta dr. i2, water ozs. iv, mixed. Dose a teaspoonful each 15 minutes for the first hour-then every half hour (two doses) and thence on, a dose every hour, until the pain ceased, and I fell asleep. I also bathed the roof of my mouth, the bridge of my nose, the lip and cheek with a 4 per cent solution of

cocain in the above dilution of echafolta, and wet pats of absorbent cotton in it and laid them on the wounds. By the time I had taken the sixth dose pain had ceased and the nervousness abated, and as the time for the seventh dose came I was "drowsing toward sleep."

The next day I took the echafolta in the same way. The third day I took a similar dilution every fourth hour, and thence on till healing was complete. I kept the surface wounds moist with the dilution, but discontinued it internally. Instead I applied to the arch of the mouth a 2 per cent solution of cocain in a mixture of echafolta, oil of cloves, specific cactus grand., each 6 drs., carbolic acid (crystals) grs. 10; glycerine (pure), q. s. to make 1 oz. This latter application held the pain in check in the region of the nose and jaw-fractures except that from actual pressure of my teeth. Of course I could not and cannot yet masticate solid food. No septic symptoms have supervened. The lip and the cut in the cheek healed by first intention. The cheek shows only a red line, and the lip only a little thickening beyond normal.

A dull semi-pain with a suggestion of soreness, pervaded the upper and frontal portions of my head during waking hours till the sixth day.

This, the ninth day, finds me up, dressed and doing; strength nearly normal, my (yet slightly enlarged) nose frontally in line, jaw quiescent, (no biting allowed) but my face! Rainbow

hued, and stunning. I'll have bushels of fun tomorrow, weather permitting, going to, at, and returning from my office and business. My years are 80, May prox.

#### CHARCOAL IN FOOD POISONING

I recently received a "hurry call" to attend Mrs. H.—"very sick." The patient, a woman in good circumstances aged about fifty years, was found to be in fact very ill; pale-gray in the face, forehead and limbs covered with a clammy perspiration, pulse so small and rapid that counting was next to impossible, suffering severe gastric and abdominal pain, "had been vomiting copiously till nothing but a stringy mucus could be ejected." Asked what she had eaten; I was told coffee, cross buns and canned boneless chicken; I at once diagnosed ptomain toxins, and gave charcoal, prepared as per the following Rx:

Calcined willow charcoal and wheaten flour two heaping tablespoonfuls each; common table salt a level teaspoonful; warm water four ounces. The charcoal, flour and salt were first well mixed. Water was added little by little for convenience and speedy result.

Dosage, a brimming tablespoonful every ten minutes regardless of recurrent vomitings. The first dose was partly ejected. The second retained in spite of attempts to vomit. After taking the third spoonful, pain and nausea gradually subsided. Of course a hot water bag and bottles were put to her

feet, warmed flannels wrapped around her knees and a hot water bottle placed in her hands, which she smilingly and soon, nested upon her stomach.

Cardiac action called for attention and I placed atropin and strophanthin a sixtieth of a grain each, well back upon her tongue, the bitter and stimuli of which soon induced increased surface capillary and peripheral nerve action and a quiet "beauty nap." I directed continuance of hourly doses of the charcoal mixture till all should be taken. An uneventful and rapid recovery ensued.

Not long after I attended another patient similarly but not so severely affected. She was much younger; had "lunched," taking coffee, doughnuts and canned salmon. The charcoal mixture (sans the cardiac remedies) and applied heat, brought similar result, and the admonition to use charcoal in food poisoning.

#### LA GRIPPE

Our apartments janitor, his wife, and a daughter of about eight years, and a sister of eighteen live in the building. They are typical Georgia colored persons but educated (?).

About two months since, near six p. m. I was called to see the wife "She berry sick."<sup>1</sup> She was about 30 years old. I

---

<sup>1</sup> An argument could be made here that physicians should not be allowed to try to write in fake dialect—although this is written by the same tough 80-year-old coot that set his own jaw and nose, so perhaps a little leeway is warranted—MM

found her abed, in a high fever, pulse above 100, temperature 103 and nervously on the verge of clonic spasms. She was in a mild delirium though her attention could be arrested and briefly held. Her head was thrown as far back as the neck would flex and she seemed intent on burrowing a hole through her pillows. Her husband said, "Docta! She has 'Minin Jesus' jus' a yea befo! We fraid she done got it egin."

Without waiting to give a name, I saw a condition. I ordered hot pepper-water foot bath, and played nurse in making a singing sinapism, broad and long, of mustard moistened with tabasco sauce, the condiment of which the Adirondack hunter said "small bore, well loaded, shoots true;" and applied to the back of the neck and over the upper spine. I made a dilution as per Rx

Echafolta drs. 2

Water ad ozs. 4

Mix. Sig.:

Teaspoonful every 15 minutes, four doses, the same every 30 minutes, two doses; and thence on a teaspoonful every hour of waking time.

Late in the evening I called again. I was told "De musted bun so, hit was done took oph!" The spasmodic symptoms had entirely abated. Moaning and "pillow drilling." had ceased and she seemed quietly, tiredly sleepy.

I saw her next morning about 7 o'clock, she said, "I slep mos ob de night. Doctah, you cued me." I replied

“By no means are you cured. You will not get out of bed today or tomorrow and you are to take the medicine I leave (Rx above) just as I directed at first, or I'll do nothing more for you.” I also directed the three others to take a teaspoonful every four hours of day time. “We will,” they chorused. As I left the husband said; “Doctah, I tie her in baid if she doan min you.”

That ended, and prevented (apparently) “La Grippe,” “Influenza” or whatever name is given, in “Our Africa;” notwithstanding the wife and sister have been efficiently active in clearing walks of drifts and loads of snow, slush and sleet, long stretches of which are under the care of the “master of shovel and broom.”

#### EUCALYPTOL—PROPHYLAXIS

Mr. B. was “Our Next-door Neighbor.” A wife and three children were his. The youngest near five years of age became ill and I was asked to “see” and “advise.” I, at once diagnosed diphtheria, and said, “Send at once for your physician.” They did so. Within an hour the doctor came. He was a man worthy of trust and bore an excellent reputation.

The little one grew steadily worse, and on the third day died. The doctor certified, “*Angina Maligna*.” The home had been “placarded” and not a neighbor beside my wife and myself would dare to go and help.

The doctor had from his first visit

pronounced the case fatal. The little one was its “Father's Darling” and a sufferer from the first; and the father was reckless in his disregard of caution against contagion. When death was imminent, he repeatedly pressed his lips against her foam covered ones, till at the last I dragged him away from the bed by force and into another room.

Though careless of his safety, he yet willingly took thrice daily five drops of eucalyptol (not the turpentine of the wood *Eucalyptus Globulus*) but the volatile oil of the leaf, of which I took, and gave to him, to my wife, Mrs. B. and the two other children; continuing the prophylactic treatment for nearly a week.

The doctor named it a “sporadic” invasion. No other cases following it, and no exposure traced. There was no “fumigation” of the placarded house, and I took no other cautionary measures.

#### RHUS TOX POISONING—ECHAFOLOTA

“Trixy,” a much petted fox terrier owned and loved by the childless wife of Mr. D., at whose home my family and myself were boarding, was brought to me with nose, lips and eyelids red, swollen and evidently painful in the extreme. The pet was a sorry looking canine and I took pity on the “doggie”, got my echafolta bottle, diluted some of the specific, one part to four of water, and told the madame to sponge the swollen face two or three times during the day. I soon left for my office

and did not see "Trixy" till the next morning.

On going next day to breakfast, a young lady boarder said to me "Dr., I wish you would look at Trixy." I answered "I prescribed for him yesterday and if madame washed his face as I bade her he should be well or nearly so." She blushing flamingly, replied, "Yes, I know. His face is well but—but you must look—*look him all over*" and rushed to the dining room. Puzzled I went on the porch and called the patient; he came at my call and I "looked him over." The dog had been poison-ivied "all over" where the hair was short. His scrotum and sheath were fearfully swollen.

A very large bed of ivy, one of the most virulently toxic of the more than a hundred species known, was growing lush green and tender just back of Mr. D.'s home. Trixy had evidently been there. I prepared another dilution and told Mr. D. that an "all over" application should be made of the one to four mixture and also ordered that one dram of echafolta to four ounces of water be shut in with the pet so that he should have it as his only drink for the next two days. The second day thereafter the swelling had entirely abated, the redness faded and he was pronounced cured, save that from nose, lips, eyelids and "all over" there supervened a complete desquamation of the poisoned cutis.

This is the only case of quadruped poisoning that ever came under my

observation. All "bipeds" that have come to me for treatment for "rhus poisoning" have responded to echafolta treatment even sooner than did Trixy. One prescription has been sufficient to cure in every case I can remember. I apply the echafolta full strength to the irritated part in child or adult, as long and as often as needful to subdue and hold the burning and smarting in abeyance. At the same time I give internally a dilution: echafolta 1/2 drs/ to 8 ozs. of water for a child, a teaspoonful four times daily for a week or more. For an adult the same internally echafolta 2 drs., water 4 drs., same dosage and time.

So far as I have known, each person (and the brute) so treated, have been immune from rhus poisoning thereafter.

## SUMMER DIARRHEAS OF CHILDREN

BLANCH BOLTON, M. D., SAN PIEDRO, CALIFORNIA

Every physician who engages in general practice realizes the importance of diarrheal affections as a part of each summer's work, and he knows, also, that it means a good deal to himself, as well as to the mothers of these patients, that he is said to be "so good with children"—one of the indispensable qualifications of a family physician.

Diarrheal diseases in children under two years of age, were the cause, in

New York, during five years, of more deaths than were caused by measles, scarlet fever, whoopingcough, typhoid and diphtheria for all ages. In other large cities a similar condition is found and the disease is not by any means confined to the cities.

Hot weather, teething, lowered vitality, overfeeding, improper food, all are factors which result in this heavy mortality, much of which is, of course, preventable, and right here the physician's work begins. Every year more attention is being given to prophylaxis and thus the number of cases and the mortality have been in recent years greatly reduced. Much, however, remains to be done in this line, both as to public sanitation and also as to the education of mothers in regard to the proper care and feeding of infants.

The idea that hot weather and teething are sufficient cause for serious cases of diarrhea is still prevalent among mothers and, perhaps, they have been confirmed in this by physicians, who overlooked the fact that hot weather and teething are both perfectly normal conditions, and should not interfere with normal functions. It is true that the greatest mortality does occur during the period of highest mean temperature, but the mortality is doubtless due to the fact that during the continuous hot weather of midsummer, ignorance and poverty allow a degree of unsanitary conditions, which would be impossible during colder weather.

Filthy "dish-rags," flies and indirect contamination of dishes, bottles, food, etc., by neglected napkins, lead to worse results in summer, because of the more rapid growth of microorganisms, which find almost continuously an optimum temperature. Many foods enter the homes of the consumers during the summer season either in an advanced stage of decomposition or contaminated by products of advanced decomposition, ptomaines, etc. Unhygienic conditions are more common in hot weather, because of imperfect ventilation and contamination of the fresh air supply by products of decomposition.

Lowered vitality is indirectly another factor which in a general way must receive consideration. Loss of sleep and imperfect rest, due to impure air, overheated rooms, impatience and neglect on the part of tired and worn-out mothers, and due also to the short night and consequent long period of activity and noise, all, with perhaps the added strain of teething, tend to produce that worn-out condition which predisposes to almost any disease.

If, now, the child be overfed—and this is liable to occur now, just at a time when the child needs less food than in cold weather—the long hot days and unsatisfactory attempt at a midday nap, make the child cross and fretful. When he cries he is fed, and not being wiser than his parent, he eats. This unnecessary food distresses him and is the cause of more fretfulness and more

feeding—too much and too often.

Improper food. As long as infants are placed at the table with adults and subjected to the same indiscretion of diet as the older members of the family, as well as being allowed to eat as much as it wishes of food entirely unsuited to children, serious disorders of the digestive organs will result. Decayed food, over-ripe fruit, decomposing milk, are very likely to be fed to infants or children at this time of year.

Improper clothing must not be overlooked as a cause. During warm weather small children are clothed, or rather unclothed, in such a way that the legs, arms, neck and sometimes feet, are bare, a sudden chilling of the air, such as often occurs at the close of the day, or in the afternoon, causes these exposed parts to chill and drives the blood to the visceral vessels, and, especially if the child has been overfed, the congestion may result seriously.

All the causes enumerated thus far can and should be explained to the parent. Boards of health and progressive physicians everywhere are giving publicity to these facts in relation to summer diarrhea. This is a duty which every physician owes not only to the patient and the parent, but to himself. How often we have given explicit instructions to a parent, only to find on our return that the instructions given either were not understood at all, or were deliberately disobeyed, because, through ignorance, they were thought

unreasonable.

If the physician wishes to be successful in the treatment of summer diarrheas, he must have the intelligent cooperation of the mother or nurse, and the necessary education cannot all be imparted at the bedside during the rush of a busy season.

If you tell the mother under no consideration to give the child any food, solid or liquid, for so many hours—to give nothing but boiled water and the medicine—and find on your return that all the milk (undesirable in quality) that the thirsty child could drink has been given, do not lose your temper; do not blame the mother too much; if she had been *properly* and *thoroughly* enlightened, as mothers should be, she would not have done so. As to the giving of the medicine, she should follow instructions without knowing why, but the other is a case where *she should know why*. She needs educating. Meanwhile your patient needs a nurse.

As the child who is breast-fed will almost always escape these attacks, the mother should be advised to nurse her child if possible. Two factors enter into this injurious result from artificial feeding:

First—The artificial food will not serve the needs of the child so well as will that which nature provides, and, the child is not properly nourished.

Again—If the artificial feeding is an art,

but imperfectly understood by the physician, what can we say of the mother's ability to properly manage it?

Pasteurized milk kept chilled and promptly used is preferable to raw milk, but pasteurized milk does not kill spores, and the acid forming germs being killed, the milk will remain "sweet" for some time, but if care is not used, the resistant spores will soon accomplish putrefactive changes which will make the milk, while still to all appearances sweet and wholesome, very dangerous.

Much can be done to reduce the mortality in the city by sending weak and poorly nourished children to the country, and by improving the condition of the milk supply.

Much has been done to improve the sanitary conditions of such districts in our large cities as are occupied by people too poor or ignorant to provide proper conditions. Country homes, however, are often in as great need of attention as are the tenement districts of our large cities, and it is to be hoped that in the near future we shall see state health measures taken which will result in better sanitation in country homes. The treatment of summer diarrhea, if begun early and conducted in accordance with modern methods, cannot fail in almost every case to produce the desired result.

If the case be far advanced, or the child lack vitality or proper surroundings or care, the prognosis is unfavorable, but

a guarded prognosis should always be given, even in apparently favorable cases.

If the course of the disease can be arrested before serious lesions have been produced, much will have been accomplished. There are favorite prescriptions which have been productive of excellent results in the hands of leading physicians.

But the physicians who are really successful today in the management of these cases place no great value on these, good though they may be. If you wait for a suitable opportunity to use your favorite prescription, you will lose patients; if you do not wait, but go ahead and use that prescription in every case, you will kill several before you come to the right patient.

History proves it; statistics prove it; modern, up-to-date practice, as compared with the old way, proves it, and the oldtimer who has not yet noticed it, should be told to stop and fall in line before any more innocent lives are needlessly sacrificed by the inordinate and untimely administration of astringents, opiates, antipyretics and stimulants in the effort to drive out the disease as if it were an entity which could be so treated, without considering the child. Not that drugs will not be needed, but that if we fully realize the nature of the task before us, we will use them differently, and with a precision and effectiveness which will enable us to spare the child the burden of combatting so great an amount of

drug shock as formerly he must.

The first and most important step in the treatment of the case can be taken as the physician steps into the room.

The alimentary canal contains toxic matter, micro-organisms which are producing these toxins, and food which these organisms are feeding, and which they are converting into additional poison. Begin at once to rid the entire tract of this. No time need be lost. At once discontinue all food of whatever nature. As you may have considerable trouble to enforce this, do not fail to give it its full importance. For twelve to twentyfour hours the patient must be given absolutely nothing but boiled water (and medicine).

The great loss of fluids, and the fever, if present, will cause constant thirst, not hunger, and if you have no nurse, this point should be explained to the mother, or she will, in your absence, be unable to resist the temptation to feed the starving child to give it strength.

Lavage may be necessary to empty the stomach, or vomiting may have done this. A cathartic should be administered. Castor oil, followed by rhubarb, may be used.

Twice or three times the first day, and usually once each day following, the bowel should be cleansed with a warm (100°F.) enema. The first may be a soda solution, if the discharges are acid. The succeeding enemas may be, preferably, normal salt solution;

allowing from 1 to 3 ounces to remain in the bowel, to be absorbed, and thus replace the fluids of the body which have been drained by the bowel discharges. Fever may be controlled by aconite. If the eliminative process has not sufficiently advanced, however, and the manufacture of poisons is still in progress in the alimentary tract, you need not expect to get results from aconite. Aconite under such conditions is simply so much more poison added.

Ipecac in very mild doses will be useful in many cases, for its effect upon the gastrointestinal surfaces, but if given in dosage sufficient to depress, in some cases serious results will follow its use.

If the extremities are cold, heat must be applied, and if the skin be cold and pale, mustard may be used. Belladonna and hyoscyamus or their derivatives may be employed here, following indications. No effort should be made to control the diarrhea by opiates or astringents, nor even by the astringent after effect of rhubarb, as long as the bowel contains irritating matter, which should be removed.

Later, however, when the bowel is clean and excessive peristalsis can only do harm, opiates may be given in just sufficient quantity to produce the necessary quieting of the excessive peristalsis. Indications and contra-indications should be watched for carefully, before using opiates in all diseases of children. (And they should be used in very small doses, if at all.- ED.)

Bismuth may be given in small doses, its chief value being that of an indicator when blackened by the sulphur of decomposition (being eliminated as a sulphide), though it is also useful as a mild astringent and sedative to the sore surfaces with which it comes in contact.

In complicated or protracted cases, and in the severer cases, as cholera infantum, conditions must be met as found and frequently prompt action is required to save life.

In conclusion, let us remember, that the all-important point is to thoroughly and promptly empty the alimentary tract, cleanse it, and keep it as clean as possible; and that until this is done, it is not only *useless*, but *highly injurious* to administer food, antipyretics, astringents, or opiates.—*Transactions National Association.*

## WATER IN PEDIATRICS

JOHN FEARN, M. D., OAKLAND,  
CALIFORNIA

What a wonderful boon to man is pure water. 'Tis a boon to the sick and to the well, to the young, and to the old.

By long observation I come to the conclusion, that water is not used among the sick as much as it should be; especially amongst infants.

Let me illustrate. Many years ago I was called to administer to a child in the

night. As I stood by the bedside, how it did cry. I watched it closely for a little while, and soon came to the conclusion, that its cry was not from pain, but from want. And that want was *water*. I fed cold water to it, and how eagerly it drank it down, and when it had received sufficient, it fell into a sound refreshing sleep.

My diagnosis was specific. And my remedy was specific. I never forgot it. I say let the child have plenty of water. What does it do ? It soothes and cools the gums and the inflamed glands in the buccal cavity. It cleanses the stomach, it increases the action of *skin, kidneys and bowels*. And by all these means it lessens fever. This water may be plain or it may be medicated by *alkalies* or *acids*, &c. Then think of its value in flushing the bowels. Surely no doctor who has seen its use would think of treating bad cases of *colic, cholera infantum, typhoid fever, dysentery*, or any form of feculent diarrhea, without using bowel lavement. A few weeks ago I was called to see an infant four weeks old. I was informed it had cried almost ever since it was born. I came to the conclusion that it was a case of severe colic, largely due to artificial feeding, the mother's milk having been dried up. The colic had continued so long that the bowels and stomach were very tender. Attention to food and giving simple remedies did a great deal. One teaspoonful of tincture of asafetida added to warm water half a pint was slowly passed into the bowels. It soon came back with a considerable

discharge of gas, and the child was much relieved. Then think of the local application of water, either hot or cold as the physician shall indicate, by packs; to the abdomen in enteritis and gastritis; to the chest in pneumonia and pleurisy; to the throat in laryngitis and tonsillitis; over the bladder in cystitis; and also to the joints in arthritis. In using these packs be sure that they are properly applied. See that the wet flannel is well covered with oil silk and over all dry pads; in this way the moisture and heat are kept in, and the bedclothes are kept perfectly dry. In cases of severe sciatica, few procedures will bring such relief to the sufferers as a well applied pack, medicated as specific conditions may indicate.

In fevers with very high temperature a good blanket or wet sheet pack, enclosing the patient from head to foot, will do more for the patient's comfort, will bring down temperature quicker and will do it more safely and much quicker, than any coal tar preparation ever made. And, in my opinion, it is far better than the old-fashioned steam or vapor bath, and this is saying much, for this writer has seen those procedures do wonders for the sick, breaking up fevers and congestions, and restoring very sick people to a normal condition in a surprisingly short time.

Now what shall be said about foot baths, sitz baths, and full baths in diseases of childhood? I say their effects are simply marvelous. No one

who has not witnessed their effects can have the faintest idea of the therapeutic worth of these procedures.

Let me close with one illustration: Over thirty years ago I was called to see a little boy very sick with scarlet fever. It was a home of comfort and plenty. But it was their only child and they feared he would be lost as so many others had in that neighborhood, for the disease had been very fatal. Temperature was very high, the skin hot and dry, the brain surcharged with blood, the eyes bright and staring and the boy almost worn out for lack of sleep. How anxiously those parents waited for the doctor's prognosis. Was there any hope? I told them if they would give the boy a hot bath as I would suggest, he might be saved. But they durst not take the responsibility of putting him in a bath. They begged me to stay and see to giving the bath. A very large milk can, such as were used to carry milk to the cheese factory, was brought into requisition, the boy was placed therein and water as warm as could be comfortably borne was poured in until it came up over his shoulders. Then a turban was made of several thicknesses of flannel, this was placed on his head. I then took a big jug of cold water and very slowly poured this over the turban till every part was thoroughly wet. The head soon became cool, the eyes less bright and staring, the skin softened. He was lifted from the water, rolled in a blanket put into bed. In a few minutes he was in a refreshing sleep, and after a long sleep he woke up, the fever abated. The

crisis was passed, he was safe, and those people said they had never seen anything like it. And I am of the opinion that there is no medicine known to physicians, that could do such good work in so short a time, as that simple application of hot and cold water.

*Moral:* In Pediatrics never forget water inside and outside. I used to tell my classes in The California Medical College, that if in my practice I had to give up either medicine or water, sticking to only one, *I would give up medicine and keep to water.*—*Transactions National Association.*

## OBSCURE PATHOLOGY

G. W. MACY, M. D., GRANBURY, TEXAS

In searching for the real cause of a disease., the student is often an object of pity. He honestly desires to obtain data whereby he may benefit his fellow man by curing the disease. He is met at every turn by varied conjectures, by wordy explanations that do not explain anything, and by the presentation of clinical cases, that simply show dense ignorance as regards the true pathology of the disease. The name of a disease seldom enables us to form a correct idea of the cause or character of the disease, in the patient under consideration.

Diabetes is a very common disease, but the average doctor does not generally explain to his patient the pathology involved. When sugar is not chemically

split up, into carbon, lactic acid, and water, it reaches the kidneys as sugar, and acts as an irritant, and results in the condition named.

If the uninformed student desires a knowledge of the cause and cure of this disease, he will consult the so-called authorities, Ebstein, for instance, who says "The diminished elimination of CO<sub>2</sub> which is characteristic of diabetes causes a check upon the diastatic ferment;" or Catani, who declares that the diminished CO<sub>2</sub> is the result, and not the cause of the disease; or Professor James Anderson, who says "We must go back to the nervous centers, central and local, by which this is controlled;" and again he says: "It must be remembered that there is both defect and excess, both paralysis and stimulation, an under and over action, at the same time." Think of any ordinary, untrained mind, trying to grasp the pearl of wisdom encased in that fearful and wonderful sentence.

Dr. G. Arthrund says: "By irritating the centrifugal vagus nerve, different varieties of diabetes, such as insipidus, azoturic, and glycosuric, can be produced." But as he neglects to tell us how to cure these dreadful conditions, the student will carefully avoid irritating the centrifugal vagus nerve.

The celebrated French Scientist Lamereaux says: "I removed the pancreas of a dog, and diabetes mellitus immediately 'set in.'" Strange that nothing worse than diabetes "set in," but as the dog only lived forty-

eight hours, probably nothing else had time to "set in." Let us appeal from this scientific array of words and foreign phrases to the plain statement of biochemistry: "the phosphate and sulphate of sodium, when in proper amount, and properly distributed through the body, will split up, decompose and properly eliminate sugar and water and carbonic acid, in a normal manner. When these salts are deficient the sugar will ferment, and will produce the undesirable substances, when an extra amount of water is required to carry the irritating waste from the body. The structure of the kidneys thus becomes irritated and inflamed, not through any disease of these organs, but solely and wholly because sugar and its accompanying acid, must pass through these delicate eliminating structures."

Kali phos is often an indicated remedy, for the depleting influence of this draft upon the nervous system. It contains the mineral basis of the nerve structure.

### Brief Contributed Articles

#### MANGIFERA-OENANTHE

PERCY F. LISK, M. D., GRAHAMVILLE,  
FLORIDA

I have been using mangifera indica recently in my practice with good results. I present this brief report because I see but little written on this remedy. I have used it in a case of laryngitis and bronchitis where there

was an excessive secretion, which the patient raised with much difficulty. The remedy checked the secretion and appeared to have a soothing effect upon the throat. I added one dram of the remedy to four ounces of water and gave this mixture in teaspoonful doses every two hours.

I have used it in a somewhat larger amount, combined with the 1/36 of a grain of emetine at each dose, in hemorrhage from the stomach (hematemesis) with great success. I have also used it with other indicated remedies in influenza.

I have been using oenanthe crocata in a case of hemiplegia with epilepsy, caused by an injury. The patient was a male, white, twenty-six or twenty-seven years old. In doing some very heavy work he felt his left hand suddenly go to sleep, the numbness continuing he stopped work for four or five days and apparently recovered. Returning to work, the difficulty developed again and increased, remaining permanent with slight loss of motion for three or four months. He was then seized with an epileptic attack. I was summoned and treated him with neurolecithin, also with verbenin, solanine and scutellarin, with some little benefit. Later with the Roberts Hawley's special lymph compound. This produced a great deal of benefit to his general health and some benefit to the arm.

About a month ago I placed him on oenanthe. The arm has greatly improved and he is now able to make

considerable use of it and can move the fingers. He has had but one epileptic attack in the last two months. I am positive that the improvement not only in the epilepsy but in the paralysis has been produced by the action of oenanthe.

I shall be glad to make reports later on of these remedies, if acceptable to readers of this journal.

COMMENT: The above suggestions are very acceptable, because not only are the remedies seldom mentioned, but the influence of both the remedies is stated for conditions unusual. We are endeavoring to broaden the specific action of all our remedies but we are careful to keep the action within the specific field. If we can receive reports from other physicians similar to these experiences of Dr. Lisk's it will confirm the action of these remedies in these lines.

### A GOOD PLACE FOR CHIONANTHUS

JOHN FEARN, M. D., OAKLAND,  
CALIFORNIA

Chionanthus is a great remedy, but there is one use of the drug where I think I am somewhat of a pioneer—I refer to those cases where we have a sensible amount of sugar in the urine. Of course it is well known there may be traces of sugar in the urine and yet the individual may be in good health. We do not suggest that every case showing sugar in the urine is a case of diabetes. But when patients come under our care with no appetite, losing flesh, becoming anemic and listless and on examining the urine we find quite a

little sugar, something must be done.

To these patients I give ten drops of specific chionanthus four or five times a day. If the tongue and mucous membrane are pale and the stomach acid, give each dose in a teaspoonful of Lloyds' glyconda and if your patient has any tendency to rebound at all he will soon be on the way to health. This I have been proving for years.

Over a year ago a man about sixty years old, was put under the care of my son. Examination showed him to be losing flesh, anemic, passing a great amount of water, between one and two gallons in twenty-four hours, and a high percentage of sugar in the urine. The right foot was almost destroyed by diabetic gangrene. My counsel was sought. I advised amputation of the right limb above the knee, putting him on good doses of chionanthus for a few days before the operation. My son amputated the limb under the influence of H-M-C. The wound healed nicely. The amount of sugar and urine rapidly decreased. The man recovered, and is still, by last report, doing well.

A second case but a younger man had much the same experience. He lost his limb, but it seems, to me chionanthus saved his life. I had never seen any reports on these lines, but Dr. Webster informs me that Dr. A. P. Hauss of New Albany, Indiana, reports the use of this remedy in these cases in the N. E. M. Transactions, volume 29. The dose is from five to fifteen drops four or five times a day. For years I have given it in

the "syrup rhei et potass. co." but since glycyrrhiza has been introduced I prefer glycyrrhiza, it being in my judgment a far better remedy.

### THE SPECIFIC AND GENERAL ACTION OF IRIS

F. J. NORTON, M. D., ESCANABA,  
MICHIGAN

I have recently had a case of liver disorder of a pronounced type in which I determined the following symptoms: The skin was highly jaundiced; the conjunctivæ were very yellow; the stools were clay colored and scanty; the urine was scanty with a specific gravity of 1028, and of a reddish yellow color. The skin was exceedingly inactive, very dry and rough; there was but little pain in the region of the liver and the liver dulness was greatly constricted. There was an entire loss of appetite and with all the rest symptoms which pointed to a general muscular rheumatism. The specific liver symptoms in this case pointed directly to iris as the indicated remedy, and this remedy almost alone, with hot applications over the liver, hot baths three times a week and small doses of epsom salts each day to stimulate the intestinal tract accomplished excellent results.

Iris is a remedy that deserves our study. It is not only indicated as above but it is an excellent stimulant and tonic to the entire glandular system. Upon the lymphatic system it acts in unison with phytolacca. For this reason it may be used in bubo and in other

acute glandular enlargements, as well also as in the sub-acute and chronic forms, such as adenitis and the so-called scrofulous and tubercular enlargements.

In the treatment of syphilis this remedy is a most active agent, because of the influence upon glands above referred to. I prescribe it in conjunction with phytolacca, podophyllum, chionanthus, caulophyllum, or echinacea as the case seems to demand. In the treatment of those chronic skin disorders which are attended with glandular inactivity it is of excellent service. It may be combined with berberis, or other specific remedy.

In psoriasis it may be used alone externally, while given in conjunction internally. Dr. Kinnett relates in the Feb. THERAPEUTIST an interesting case so treated. The remedy exercises an active alterative and eliminative influence through its tonic influence upon the glandular structures. In the treatment of goitre no one single remedy, perhaps, has a wider influence than this. This is especially true of recent cases, while in those of longer standing, proper combinations may be made as indicated.

Dr. Stevens claims that in the treatment of exophthalmic goitre, a combination of phytolacca and cactus, with aconite as indicated, will be found superior to many other advised methods. Iris can be combined with any or all of these with satisfactory results.

In simple stomach troubles, where there is acid vomiting with a burning sensation in the stomach, the esophagus, mouth and fauces, iris is the indicated remedy, especially if there is a profuse flow of ropy saliva.

### PNEUMONIA

HORACE R. POWELL, M.D.,  
POUGHKEEPSIE, NEW YORK

With considerable interest I have read the articles in the February number of the THERAPEUTIST, especially with reference to the use of echinacea to combat blood dyscrasia.

Considering the high rate of mortality in this condition, it must ever be a subject of considerable interest to the general practitioner.

So far as the use of remedies is concerned, I am an optimist from experience. The first point I desire to make is, *treat the individual according to existing conditions.*

I am satisfied that pneumonia can often be jugulated, and when this fails, that cases can often be carried to a successful termination.

In every case I have the feet soaked in hot mustard water, after which the patient is put to bed in a *well ventilated room.*

I advise that he be sponged with a hot solution of magnesium sulphate, two teaspoonfuls to two quarts of water, at

intervals to be determined by the condition of the skin.

The gastro-intestinal canal is then cleared out with calomel and podophyllin in small, doses, frequently repeated to effect, when magnesium sulphate is given in *hot* solution. Throughout the case the latter is given early in the morning when necessary to keep the bowels relaxed, *not purged.*

In addition, in order to prevent auto-intoxication, I invariably administer 5-grain doses of sodium sulphocarbolate every two, three or four hours, as is necessary to keep the tongue moist and the stools free from disagreeable odor.

When the gastro-intestinal canal is not kept in proper condition, sepsis adds materially to the danger.

My favorite defervescent in sthenic cases is a combination of veratrin, aconitin and digitalin from one-half to two hours, until the pulse comes down to about 80. The pulse should be kept soft and compressible throughout the disease.

I believe veratrum to be one of the best single eliminants, acting upon the skin, kidneys and bowels. Properly fortified and carefully used I believe with it we best meet the condition as to circulation.

I *do not* favor the administration of strychnia and digitalis *early* in sthenic cases, and never as a routine prescription. Lessen the supply of

blood to the congested areas by the use of veratrum, and the heart will usually need nothing but cactus grandiflorus to level up the circulation and bring about its physiological equilibrium.

As an expectorant, in the early part of a case I prefer apomorphine muriate, about 1/40 grain from one to three hours, while later I like a tablet of muriate of ammonia and apomorphine.

As a local application I like antiphlogistine or some other similar paste applied hot and covered with absorbent cotton and oiled silk. This should encircle the thorax and be so applied as not to materially interfere with the respiratory movements.

As soon as expectoration is well established, I prefer turpentine and sweet oil or lard applied hot, in the proportion of one part. of the former to two or three of the latter, and covered in the same manner. This should be watched in order to prevent blistering. As soon as deep redness of the parts is established, I lessen the proportion of turpentine and later discontinue its use.

The patient should be allowed a fair quantity of pure water, fruit juices, etc.

The diet should be liquid throughout the febrile stage, and milk should be so prepared as to avoid if possible the formation of indigestible curds, which surely adds to the chances for intestinal sepsis. Butter milk is an ideal food and an excellent diuretic.

That prepared by the use of lactone tablets is an eligible preparation. Malted milk, junket, etc., are frequently taken with relish and benefit. As a semi-solid food I like baked apple. So far as echinacea is concerned, I have never used it, but from my experience with it in other septic conditions, I believe it should merit our serious consideration.

I believe, however, that there will be but little use for it, providing the gastro-intestinal canal be kept in good condition by the use of sodium sulphocarbolate, and equilibrium of the circulation be maintained by the proper use of veratrum.



### Quick Restoration of Consciousness

Here is a therapeutic suggestion which I consider too good to lose: For fourteen years I have brought unconscious drunkards—"dead drunks"—to consciousness immediately by pressing the balls of my thumbs simultaneously into the two supra orbital notches of the patient. The pressure is continued for perhaps two minutes, hard enough to enable me to feel the pulse in both of the notches.

Not until last week did it occur to me to use the same method on the

“lepsies.” One was a cataleptic and the other an epileptic patient. They were brought to my notice two days apart. I succeeded in restoring consciousness almost at once by this method-that is, it did not require over five or six minutes' pressure in either case.

I hope that every policeman may get next to this humane method for awakening the unfortunate drunkards. I was for many years at the head of a “jag cure” establishment and I sympathize with those lapsed brethren.

Wishing long life and prosperity to Dr. Finley Ellingwood and his journal, I beg to be enrolled as his well-wisher.

W. C. ROBY, M. D.

### **Nux Vomica**

This old remedy served a certainly useful purpose for me in a case recently treated. Mr. S. had suffered some time from paralysis. He was sixty-six years old and his mind was somewhat impaired.

The condition for which I was called was to relieve the bowels, which were moving too freely. In fact, he had lost control of them. The movements during the night were involuntary. He complained of some pain in the abdomen; the tongue was broad with a yellowish coat; the skin was pale; the reflexes were exaggerated.

I prescribed fifteen drops of specific nux vomica in four ounces of water

and advised that a teaspoonful be given every hour at first, then every two hours as the condition of the bowels improved. The first dose was given at five o'clock p. m., and at eight o'clock he was allowed to rest.

I have since heard through his son that the fecal incontinence has not returned, but was satisfactorily controlled with the small quantity of the medicine which the patient took.

S. W. MORELAND, M. D.

### **Oleum Hedeoma in Mastitis**

I think it is neglect on some one's part, if a woman has an attack of mastitis. Proper care should prevent it in every case. When the breasts cake, bathe them at once freely with pure oil of pennyroyal. This will relieve very soon.

If the trouble has a good start before the physician's attention is called to it give aconite and phytolacca internally in proper doses.

S. J. SMITH, M. D.

### **Hemophilia and Vicarious Menstruation**

The patient was a woman of eighteen years, emaciated, with waxy skin and a small pink spot on both cheeks. From childhood she had been a bleeder. At fifteen years of age she was attacked with an alarming hemorrhage from the nose, which recurred monthly. Menstruation was slight, and often

entirely absent. The bleeding came on suddenly. The amount of hemorrhage was so great as to be unbelievable. The family always called a physician, but by the time he arrived the patient was in a state of syncope, with the bleeding stopped.

I saw her at one time, when she was eighteen years of age, in one of her spells, (thanks to a fast horse) and immediately plugged the nares with absorbent cotton saturated in peroxide of hydrogen. Reasoning that the same atonic condition of the blood vessels that permits exudation in dropsy would be present in hemophilia, I gave her five drops of specific apocynum and repeated the dose in ten minutes. By that time the bleeding had stopped and for the first time the patient did not faint. I kept her on two drops of specific apocynum four times a day for a year and had her keep a bottle of peroxide of hydrogen handy. She has had two or three slight nose-bleeds which were controlled by plugging as directed. She has never had a day's sickness since and has grown lazy, fat and saucy, with normal menstruation.

The patient had no other medicine but apocynum from me and no other doctor was consulted during that year.

I. V. COLE, M. D.

### Specific Sedatives

I have found, when needing a desirable hypnotic for patients with an excitable nervous system, that the 1/250 of a

grain of gelseminine and 1/6 of a grain of cypripedin at bedtime produces the finest kind of sleep.

I have also found that gelseminine, 1/250 of a grain, three or four times a day, will check the heat flashes which occur during or after the menopause in nervous, plethoric or relaxed women. The results appear in .from seven to ten days. The skin becomes moist and the patient feels more active and vigorous.

I have found the 1/250 of a grain of gelseminine and 1/67 of a grain of bryonin every two hours, valuable with which to break up an attack of pleurisy very quickly.

I have found the 1/250 of a grain of gelseminine with from 1/3 to 1/2 of a grain of caulophyllin to relax nagging pains in the beginning of labor and to check after pains.

Gelseminine 1/250 Of a grain, dioscorein 1/3 grain, hyoscyamin 1/1000 of a grain in hot water, for two or three doses, will relieve spasms and pain in severe cases of painful spasms. It is done so satisfactorily that the physician receives great credit.

DR. DOUGHERTY-TREXLER.

### Prolapsus Ani- Hydrocele—Subinvolution

In a case of prolapsus of the bowel, in a child two years old, I prescribed thuja and succeeded in curing the condition

completely.

I was consulted by a patient who had a hydrocele, that held more than one pint of fluid. I withdrew the fluid, and injected a solution of thuja, and effected a satisfactory cure.

A patient of mine, Mrs. T., aged fifty, had been subject to attacks of uterine hemorrhage, for some time. I made an examination and found the uterus to be five and a half inches in depth. I prepared injections of thuja, according to the method advised by the late Professor A. J. Howe, and irrigated the uterus at intervals through a period of eight or ten weeks. This treatment reduced the organ to its normal condition, and the woman became quite strong and hearty, able to walk or ride, and to work about the house, in a manner that had been impossible for several years previous.

J. SMITH, A D.

### **Prolapsus of the Rectum**

In the treatment of sudden prolapsus of the rectum, especially in those cases in children where, there is a great deal of tenesmus and perhaps with more or less bleeding I use a solution of adrenalin in full strength, locally. In a few moments that peculiar turgid and engorged appearance will disappear. The structures will contract and the prolapsed portion can be very easily replaced.

H. W. POWERS, M. D.

COMMENT: I have not had any experience with the use of this remedy in the condition named. It would undoubtedly be a valuable auxiliary to the treatment, provided proper measures be adopted for a permanent cure, but the sudden and extreme contraction of the capillaries will naturally be found to be followed by a correspondingly extreme relaxation unless proper measures be used, and this relaxation recurring from time to time would naturally increase the difficulty. It is certainly advisable that internal treatment, such as collinsonia hamamelis and hydrastis-the latter remedy locally-be used, to effect a permanent cure.

### **Balsam of Peru on Fissured Nipples**

In the treatment of cracked and fissured nipples I have learned to depend upon the balsam of peru. I apply it freely, but wash it off with warm water, before the child nurses, and re-apply afterwards.

if this remedy is used for a few weeks before the birth of the child there will be no difficulty whatever with the nipples afterwards; at least this is my experience.

B. B. MORROW, M. D.

### **Echinacea—Ergot Hypodermically**

Everybody, nearly, in the profession is talking about echinacea, and it is a good thing to talk about, too. At one time I placed aconite at the head of the list, as a remedial agent, and could do more good, and find more places to

use it than any other remedy. Now echinacea fits more cases of sickness than aconite ever did. As a "disease" remedy this drug will do any case of rubeola good, and should be given.

We are overlooking ergot hypodermatically. S. Rinehardt, M. D., calls attention to this remedy in your Vol. 1, page 321, and his experience is in accord with mine, but space is limited and we cannot enter into detail regarding this medicine. Ergot will support a patient's heart better than anything when indicated, and it is indicated where we have muscular fatigue from too much work or from blood dyscrasia. "Black-jaundice," "swamp-fever," with which all southern practitioners are thoroughly acquainted and dread to meet, which is malignant malarial hematuria, consists of a disorganization of the structure of the blood and the presence of hemoglobin in the urine. This can be arrested in thirty minutes by giving twenty drops of ergotol hypodermatically. Then get your work in with the remedies that are specifically indicated.

T. H. STANDLEE, M. D.

### **Pneumonia**

This comprehends an infection by a specific microbe and involves venous stasis, cyanosis, mucus in the lungs, liver ducts and stomach; as a rule, constipation; general intestinal dryness and inactivity.

Wanted: First, mobilization of the blood to overcome the stasis. Second, a general unloading of the alimentary tract for the triple purpose of (a) drainage; (b) absorption of the appropriate remedies; (c) oxygenation of the arterial blood at least, and of the venous blood if possible. It seems to destroy the autotoxins and overcome the nervous inactivity.

This is made possible by means of the blandest of oxidizers, the permanganate of potassium, one decigram dose taken in three portions of warm water five minutes apart, i. e., one-half grain every five minutes in a half pint of pretty hot water.

In five minutes more give a small dose of triturated calomel by the mouth, enough to cleanse the stomach and small intestine, and a clyster of warm water, one quart with one grain of permanganate of potassium, to cleanse the colon.

Ten minutes after the administration of the last dose of the solution of the permanganate of potassium begin the administration of bryonia, and with it either aconite or belladonna according to the indications. Possibly both may be needed.

Hot applications should be made to the affected area, preferably dry. These should be kept up until there is elimination of the distress, which may be within an hour or so. Continue the medicine several hours after relief is obtained to guard against a relapse;

avoid draughts and observe the usual hygienic rules. That is all.

W. C. ROBY, M. D.

### **Echinacea in Gonorrhoea**

Dr. A. G. Smith of Washington writes that he uses this remedy in the treatment of gonorrhoea, both internally and by injection. He has succeeded equally in recent cases and in gleet, or chronic cases. This suggestion is worth trying. The action we have observed of this remedy will seem to confirm the statement. I want reports of this action from any who have tried it.

### **Persistent Vomiting**

As a routine remedy for vomiting, that obstinate, persistent kind that attends a great many different conditions, I have found the following to give relief more certainly than any other single remedy I have ever employed.

I add aromatic spirits of ammonium, one dram to four ounces of water, and give a teaspoonful of this after each act of vomiting, or in severe cases I give one teaspoonful every fifteen to thirty minutes until nausea ceases.

The remedy is most correctly adapted to those conditions of the stomach where there is excessive acidity with extreme sourness of the vomitus, but it will be found useful in nearly all cases. The size of the dose may be increased until the remedy acts as a stimulant in cases where more or less of a diffusible

stimulant is desired.

Where the specific remedies can be determined by the specific symptoms, I always give that remedy, but I have found this remedy to be so pleasant and of such universal value, that I now depend on it in all cases where the specific symptoms do not readily appear.

In cases of meningitis, intestinal obstruction and other serious disorders, the physician must not neglect to adopt the rational treatment adapted to these conditions in the case at hand. In many cases of persistent vomiting, it is necessary also to obtain a movement from the bowels as quickly as can be done with safety to the patient. This is sometimes necessary for a permanent cure.

E. MEYERS, M. D.

### **Syphilis**

In the treatment of syphilis my prescription that I have used for many years is the following:

Tincture of iodine	drs. 2
Tincture of phytolaccadrs.	2
Echinacea	oz. 1/2
Simple syrup, q. s	ozs. 4

Mix. Give one teaspoonful four times each day. I have obtained the very best of results from this simple combination. I have noticed no return of any symptoms of the disease and no transmitted effects.

I use this same prescription in the treatment of erysipelas. I give it as above, but I use externally the fluid extract of veratrum freely applied over the entire diseased surface.

I am seventy-seven years of age, have been in active practice for fifty years and I believe I have been of more service to suffering humanity than a preacher could have been.

W. H. BLACK, M. D.

COMMENT: It would be necessary for any physician to use the above prescription for a long period with invariably good results to give him the confidence in it which Dr. Black seems to have. The doctor makes no distinction between his cases, but claims that this combination has cured every case among many hundred which he has treated during a period of nearly forty years. Such success is unusual, and most physicians are inclined to be skeptical concerning the action of a single prescription like the above. There is no doubt that the doctor knows whereof he speaks.

### To Disguise the Taste of Magnesium Sulphate

In order to disguise the taste of the sulphate of magnesium I use the following combination:

Magnesium sulphate	ozs. 2
Tincture cardamon comp	drs. 2
Syrup of ginger	oz. 1/2
Aqua, q. s. ad	ozs. 4

Mix. To be given as indicated.

M. SHADID, M. D.

### Puerperal Convulsions

I have recently had an experience in the use of veratrum in the treatment of puerperal convulsions. In this case I delivered the woman of a large child and for an hour or two she seemed very well, when she was attacked with a violent headache and I anticipated convulsions.

I gave full doses of gelsemium. In the early evening she was taken with violent convulsions. I was entirely alone, but I gave her ten drops of Lloyd's veratrum in the arm hypodermically. Later, I gave her smaller doses by the mouth at intervals. She made an excellent recovery.

JAMES YATES, M. D.

### Stone Bruise

I have used echinacea in solution, in the proportion of one part of echinacea with three parts of water. Applied on absorbent cotton to a bruise of any kind—a stone bruise or a bruise about the hand from any cause, this produces a beneficial effect promptly. The curative influence of this remedy in stimulating the capillary circulation is certainly remarkable.

J. M. WHITE, M. D.

## A Dysentery Formula

I want to send in the following prescription for dysentery, as my contribution to "Therapeutic Facts" in your magnificent THERAPEUTIST:

Spir. mentha pip .	dr. 1
Ar. spirit amm	drs. 2
Tr. opii, camph	drs. 4
Sat. sol. magnesia sulph.,	
	q.s. ozs. 3

Mix. Sig: Two teaspoonfuls in a little water every three hours.

The taste of the mixture is not pleasant, but it has always cured my patients quickly, safely and very satisfactorily.

I read every number of the THERAPEUTIST from cover to cover.

Very truly yours,

JOHN W. LORENZ, M. D.

## Tonsillitis—Rigid Os

Tonsillitis will be cured in two or three days by the application of one or two drams of sol. subsulphate of iron, with glycerin, q. s. one ounce. Brush on every three hours. Many cases of chronic enlargement will also be cured by this treatment and the liability of "sore throat" several times a year, terminated. When internal treatment is needed I use 1/4 to 1-drop doses of tincture aconite or 1 to 2 drops green extract of phytolacca.

I have relaxed a rigid os in labor by rectal injection of 1/2 dram fluid extract lobelia repeated in half hour. The action was as prompt as that of chloral.

N. M. COOK, M. D.

## Chelidonium In Simple Jaundice

In the treatment of simple forms of jaundice in which simple yellowness of the skin is about the only symptom, cases which lack the peculiar dense yellowness of the eyes and the pipe clay colored stools, are benefited from the first by the use of chelidonium in broken doses varying from five to twenty drops during the day.

W. C. ROBY, M. D.

COMMENT: Accumulated experience of many physicians has proven the above statement in very many cases. The remedy, however, has a much wider influence than that suggested in the doctor's statement. Some of the severe forms of catarrhal jaundice will yield to this remedy alone as a direct remedy if other conditions be favorable. Not only that but jaundice from obstructive causes of whatever kind are often materially benefited by its influence upon the hepatic circulation and upon its direct influence upon the hepatic function. The dose, however, may be as much as twenty drops every three or four hours, but it is seldom that more than five drops four or five times a day will be needed.

## Some Notes on Thuja

Mrs. C. applied to me for treatment for a papillomatous growth in the hand as

large as a small marble. I applied thuja three times each day for ten days. At the expiration of that time the growth had diminished and the tumor had shrunken and was bloodless. I lifted it out and the surface healed without a scar.

Mrs. B. having a large tumor on the back of her hand that gave her a great deal of trouble, applied to a local physician who removed it by a surgical operation. The wound refused to heal and in the course of a short time another growth resembling the first developed and soon became as large as the first. The patient applying to me for treatment I saturated pledgets of cotton with specific thuja in full strength and applied them to the growth, changing them three or four times a day. This caused a gradual reduction in the size of the tumor and a healing of the contiguous parts. The growth has now almost disappeared and promises to be entirely removed by this treatment. A diagnosis of cancer was made by other consulting physicians. This disproves the diagnosis.

J. A. FARABAUGH, M. D.

### **Mastitis in Childhood**

I was called a short time ago by Mr. C. to see an infant three months old who would cry whenever he was handled as if he was in pain. Upon close examination I discovered that around one of the nipples within an area as large as a half dollar, there was a local

inflammation, the tissues being hardened and very sore to the touch. I concluded that the little mammary gland was inflamed, and I made an ointment of polymnia uvedalia and applied this ointment as warm as the child would bear it over the inflamed area. Within a few days all evidence of the disease had disappeared. My own infant was affected in the same manner with the addition that the inflammation involved both of the nipples. I used no other treatment in this case than the uvedalia ointment and obtained perfect results.

W. R. D. NICKOLSON, M. D.

COMMENT: Inflammation of the mammary glands of female infants is not an uncommon condition. It may be induced by cold, by injury, and it occurs from causes unknown. In all the cases I have observed I have not had one come to suppuration nor have I had one that was at all difficult to cure. They are not always accompanied with a rise of temperature. The above treatment is specific and is usually satisfactory. I have depended upon a mild ointment of phytolacca and have given phytolacca and aconite internally if fever was present. The application of heat with the ointment is of service also. The condition occurring with infants or with young girls before the period of puberty can be treated in a general way similarly to the treatment of mastitis in childbearing women.

### **Aconitine Poisoning**

A young man suffering from an acute gonorrhoeal orchitis had granules of aconitine gr. 1/134 left him, and the directions for their use were apparently understood by those in

attendance. To avoid any possible mistake the directions were written out fully. Notwithstanding all that had been said and written a mistake was made, and it came very near being a fatal one. I was hurriedly summoned at midnight and found the young man almost moribund from too much aconitine. The pulse was hardly perceptible. He was cold and clammy, and there was numbness and tingling throughout the body. The senses of sight and hearing were very much impaired, and there was vomiting. Glonoin was given hypodermically three times, after that several granules, gr. 1/250, were dissolved in the mouth at intervals of ten, fifteen and twenty minutes. I remained with the young man two hours. The fact is that glonoin saved his life and enabled him to show his gratitude in proper time by skipping the town, failing to settle for services rendered. My faith in glonoin as a life saver is nevertheless undisturbed.

F. S. BLOSS, M. D.

Troy, N. Y.

COMMENT: Because of the peculiar toxic properties of aconite, which include the fact that there is no physiological antidote to the remedy, I became convinced years ago that for internal use the official tincture was fully as strong a preparation as any physician should take the chances of prescribing.

Aconite is so commonly used by many physicians that they are apt to forget the extreme danger and necessity of care in its administration, and this fact, combined with the danger of depending upon the concentrated

preparations on the part of those who know nothing or but little of its extreme toxicity, makes it necessary and in fact almost imperative for a physician to learn to use the weaker preparations. I am convinced after more than thirty years' observation that every result obtainable from any preparation can be obtained from the tincture in properly adjusted doses. It has been twenty years at least since I prescribed specific aconite.

### Pambotano and Echinacea

A germicide that will kill the cerula cervisciæ, the acetous acid or vinegar ferment, is an important thing in its place. The distillers in Mexico are using powdered pambotano root in the mash vats to arrest or prevent the acetous ferment from degenerating the batch into whisky vinegar.

I have used pambotano as a stimulating antiseptic extensively in gangrenous condition and once in connection with echinacea in a case of traumatic eclampsia (?) or tetanus. In a case of senile gangrene I used heavy doses of the two remedies combined. In this case the plantar area of the foot was entirely involved to the bone. Red streaks extended up the leg nearly to the knee. The condition was cured with this treatment. The remedies seem to reinforce the blood and to destroy all vestige of toxicity. The patient was Sixty-five years of age.

W. C. ROBY, M. D.

# 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.

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## Editorials

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### PERMANENT KNOWLEDGE

The specific ideas which are peculiar to our methods of teaching are being studied and presented by other writers, and it is a matter of satisfaction to observe at once a comprehensive grasp of the situation which is sure to result in only excellent advancement.

We claim that the action of a remedy is fixed and invariable when the conditions for which it is prescribed are present. If this be true, then this relationship has always existed, and will exist for all time. The knowledge of this has been obtained by experimentation, by an empirical use of the drug, and that knowledge by accident in many cases. This knowledge in each specific case can hardly be said to be perfected, and it is for us to persist in our study and application in order that we make this knowledge perfect.

### PROFESSIONAL IGNORANCE

Therapeutically considered there has never been in the history of the Regular Doctor of the United States such an awakening as there is at the present

time.

We have mentioned half a score of times in these pages during the past year that almost the entire profession was coming our

way. For so few and inconspicuous a number, as we, to make such a claim, seems the height of egotism, but we are not to blame if the facts bear out the statement. One of the principles of Our Faith is that the study of the clinical action of the single drug is the only true method of drug study. Another is that failure to cure disease is due to lack of knowledge. These statements have been conspicuously displayed on our outside cover page in every issue of this journal. All this shows that we believe that a knowledge of drugs is the most important knowledge of the physician; that we all have too little knowledge and that we all need more of it.

At a meeting not long ago of the Philadelphia branch of the American Pharmaceutical Association, Edward Bok, editor of The Ladies Home Journal, stated that a large number of the eminent physicians prescribed proprietary medicines the formula of which they did not know. This matter was taken up by the profession at large. The statement has produced a great deal of excitement, largely among those who call themselves eminent, well known, or leading physicians.

So much has been published concerning it, that Mr. Bok has

prepared a reply which is published in The Journal of the American Medical Association, for March 21st. In this reply Mr. Bok makes the statement that in 1905 of five thousand prescriptions examined, he found 41 percent called for remedies of unknown composition. In 1906 the percentage was 47 percent. His figures for 1907 are not yet complete.

He argues that the physician takes human lives into his hands and that it is no part of his profession to put into the bodies of those that trust his personal knowledge, a preparation of which he does not know the ingredients.

I have not place to produce more than a small portion of this most interesting article. He says he has found prescriptions from good physicians calling for thermol, nutritive elixir, Radam's microbe killer, phenol sodique, beefine, bromo-quinin, etc., etc. He says that the people have a right to demand that the physician should know what he is prescribing, and when he prescribes this class of remedies, he does not know what he is prescribing.

\* \* \* \* \*

Mr. Bok says the whole matter resolves itself into this, there must come and come soon, a *distinct and sweeping reform* within the medical profession as to the present unintelligent method of prescribing. That there is prevalent today, among physicians of all ranks, a degeneration in scientific prescribing, a degeneration of the true science of

therapeutics, is not a question for argument. It exists, and widely so; it is useless to deny it, it is a waste of time for one class of physicians to accuse another and to absolve themselves.

"I have no fear," he says, "of a successful challenge of my statements. The ground under my feet is too secure. I have not the slightest hesitation in saying firmly and positively, that excepting a very small minority, of conscientious and honorable physicians, *the average practitioner of today, has become a dependent on ready made, hand-me-down preparations*, which he is prescribing to his patients without an accurate personal knowledge of what he is prescribing." This is a most scathing arraignment. How can any member of the American Medical Association with such a charge over him, look an "irregular" in the face, when the only crime of the irregular is that he studies and knows his remedies.

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"This statement admits of no doubt," he says; "I know it, and I know further that *it must stop*, or a public awakening is imminent, which will cause an unrest and a distrust on the part of the public, which it will take years to restore, if it ever is restored, and the signs are everywhere on the horizon. That the public awakening is already in a smoldering state, waiting only for the torch that will light it into flame. The increasing readiness of the intelligent public not only to listen to, but to adopt any new pathy or science,

in which the element of drugs is omitted, spells not the ignorance or gullibility of the public, as some physicians are ever ready and fond of designating any departure from the established school, but it spells in very plain letters, a growing feeling of unrest, and of distrust of the methods of the average physician.

“The physician of today, by reason of his own acts, by reason of his blind acceptance of commercial statements, rather than his reliance on his own personal knowledge, of the drugs which he is prescribing, *is rapidly losing his individuality*. The time has come, yea it is imminently at hand, for him *to reconstruct his therapeutics*, to lift it out of the commercial mire in which he has allowed it to sink.”

This is a recognition of this wrong, by a most noted representative of public sentiment. We have never made such scathing charges as these. We have claimed that the physician has no right to be a physician, unless he is *thorough* in his knowledge of that which he must use to cure disease; that there is too little study of remedies; that the colleges lay too little stress on this study and devote too little time to it; that the student and young graduate goes to the responsibilities of his practice too poorly equipped; that being obliged to have remedies with which to prescribe for his patient, he, like a drowning man clinging to a straw, grasps at every thing offered whether he knows much about it or not.

The time is certainly at hand when there must be a better study of medicines; the time demands it; the intelligence of the people demands it, and the profession must come to it. Will they accept the hard practical thorough work of the irregulars, ready now for their acceptance ? Many are doing this, and all will come to it, we think.

### CACTUS IN RAYNAUD'S DISEASE

This disease is one that has been found difficult to influence with remedies. Dr. Felter writing in the *Gleaner* for September, '07, says: “It has produced, in our hands, a remarkable restraining, if not actually curative result in a case of Raynaud's disease, which had lasted from early womanhood to a considerable period beyond the menopause.

The case has been seen and treated by many physicians, and was progressively growing worse when we prescribed six-drop doses of specific cactus once a day. The good effect began shortly after the beginning of the use of the medicine. After taking it for a few months it was dropped and the disturbance gradually returned.

The good effect had been so marked while taking the cactus that it was resumed, and again with gradual amelioration, until now, considerably more than a year since the patient began the use of the medicine, she considers herself practically cured.

However, as a precaution, lest the spasms return, she continues the daily dose. This is, so far as we are aware, the first case of the kind treated with cactus. Electricity gives partial and temporary relief, but did not begin to compare with the effect of cactus in this case."

### **A PRECISE STUDY OF INDICATIONS**

In the consideration of specific indications, we are apt to be too narrow, and to lay down as exact rules, suggestions that in some cases would be misleading. A writer in the National Transactions says that in determining the indications for drugs, the physician must not stop at mere surface indications, he must be a profound student of physiology and pathology. All red tongues do not indicate acids, a bright red, narrow, pointed tongue points to an irritation of the alimentary tract, which would be increased by the use of an acid. The red, pointed tongue, covered with a grayish white coat, points to an accompanying inflammation, the treatment of which would promptly change the tongue appearances. The broad, deep red, smooth tongue, in low grades of fever, suggests sepsis and will be benefited by acids, especially those of an antiseptic character.

All white tongues, on the contrary, do not indicate alkalis. A white tongue due to anemia is white because it is pale, and there may be present at the same time a necessity for iron or nuxvomica, or other bitter tonics with the

best of nutrition. A broad, pale, heavily coated tongue in acute disease is the result of fermentation in the stomach or bowels; this is corrected by the sulphite or phosphate of sodium. If the coating is very white and moist, and covers the tongue uniformly, there is usually present extreme acidity, and until this is corrected other remedies are of but little avail. Sometimes a single dose of thirty grains of sodium or magnesium bicarbonate will change the whole condition by neutralizing the excess of acidity.

Aconite is indicated when the pulse is small, hard and rapid, but the rapid, small, feeble pulse present in protracted fevers, or after a shock, must not be treated with aconite. An active, circulatory stimulant must be used and persisted in. Aconite given under these circumstances will increase the conditions present and would be decidedly unsafe. These statements will illustrate the necessity of considering all specific indication with reference to any possible indications which might resemble them, but which would appear under different conditions, in order that the exact indication be met only with its correctly indicated remedy.

### **EPIDEMIC CONDITIONS AND EPIDEMIC REMEDIES**

In the consideration of the action of our remedies, the older writers, quoting Rademacher, who has been called the German Eclectic, with Scudder and others, have frequently

referred us to what they have called the epidemic remedy. They use this term to express the fact that some certain single remedy seems to be indicated at certain seasons, or during certain periods of time, much more frequently than other remedies, or than it is indicated at other times. The indications for this remedy at that time not only appear oftener, but the remedy seems to be beneficial to a very much wider extent, than at other times, and in conditions when its indications are not usually so apparent. Furthermore there are certain precise conditions of disease, without regard to the name of any given disease, which prevail quite generally at certain times. It has been found often, that single remedies or specific methods of treatment will prove satisfactorily curative to the condition under these circumstances. This is called an epidemic condition, and the curative remedy is called the epidemic remedy. It is well to take this fact into consideration in the selection of remedies during prevailing conditions. It will assist very materially in enabling us to prescribe more simply, and with a greater degree of accuracy.

### **THE STUDY OF A FEW TYPICAL REMEDIES**

I am now at work upon the thorough consideration of the action of one or two typical or leading remedies for each distinctive condition of disease, in order that I may present in an early issue of this journal a few remedies which will cover the larger number of

all of the conditions which the busy practitioner is commonly needing. We have under consideration too many remedies. I desire that my readers help me to determine which of all the remedies we have access to, could be used as leading remedies.

In order to do this, I would like to obtain from just as many of my readers as possible a list of thirty remedies, which they have found to be the remedies upon which they depend the most. Perhaps I might ask for them in this manner: "If you could not use but thirty remedies, which would those be and if you were going to add ten more to the list which ten would you add." I hope my subscribers will be free to write on this subject, and as you write, doctor, if any one remedy suggests a practical fact or an unusual experience jot that right down with your writing.

I shall take these reports and compare them with each other, and present to my readers the order in which the remedies are considered essentially important. While we have access to at least five hundred remedies there are but few of us who use over fifty or sixty, and a perfect study of a few remedies will be of more value than a general study of a long list.

### **INSOMNIA**

Insomnia is often not only a troublesome factor, but one which seriously complicates other conditions, especially those of an acute and

asthenic character. During the progress of chronic disease, or as a precursor of nervous prostration, insomnia should have the very first consideration. "In those who perform mental work persistently, which requires that an increased amount of blood shall flow to the brain, inducing a condition of distention of the cerebral vessels, the vessels temporarily lose their contractility from the prolonged distension. This is especially true if the mental effort is intense, or if it be persevered in, without periods of alternation or rest.

It is but natural, then, that the vessels remain engorged, and thus preclude the possibility of sleep from the state of cerebral congestion.

"These individuals feel very tired when they go to bed, and believe that they can go to sleep at once, but immediately they find that their minds become inordinately active, and hour after hour the thoughts go surging through the brain as they recall the events of the day, or as the mind indulges in extravagant imaginations. Unpleasant things become greatly magnified, and things which would otherwise bring pleasure are either excluded or are perverted into that which is unpleasant. The blood vessels fail to empty themselves because they have lost their power to do so. They are like rubber bands that have remained for a long time around packages, or like a rubber tube that has been a long time distended. The elasticity which they once possessed

has gone."

I have somewhere read the above statement, and for treatment, rest, a general definite restoration of tone, is more to be desired than desultory medical treatment for the symptoms. An improvement of the circulatory organs including the bloodvessels and a complete restoration of the nervous system must be accomplished. It is not difficult to see with the above pathology how strong anodynes and sedatives increase the actual condition.

#### **FURTHER SUGGESTIONS FOR THE USE OF CACTUS**

The use of cactus as a nerve sedative was brought out in the discussions at the last National meeting. Dr. Wagner said that he used it instead of the bromides or other sedative drugs to quiet the nerves where there was much restlessness in the advanced stages of fevers and where there was nervous weakness and excitability in children. In cases where from weakness in protracted acute disease, where the heart was feeble and there was gasping or sighing respiration, he gave it in drop doses frequently repeated, with the best of results.

Nearly twenty years ago I had occasion to use this remedy in the treatment of weak heart from the use of cigarettes, and writing upon that subject at that time, the remedy has since come into general use for that purpose in our school. Dr. Welch, in the discussion above referred to, gave it to a

physician's wife who was very feeble, nervous and sleepless, and the results were very prompt. In cases of hysterical women where pulsatilla is indicated, it is seldom that there are any contra-indications for cactus, and if given in combination with pulsatilla the results of the latter are usually intensified.

Dr. Hamlin gives the remedy in cases of neurasthenic old ladies who complain of dizziness and other disagreeable sensations. I have found it most excellent in this class of cases, or in any form of feebleness in aged people especially where the heart was involved. I cannot conceive of a more direct, prompt or generally satisfactory remedy.

### INDEPENDENT THOUGHT AND ACTION

The writer of the *Medical Era* under the title "Quo Vadis" makes some interesting statements concerning the study of remedies and the position held by the different schools.

He says, "Ever since medicine has been known there have been sects or schools for medicine differing in their ideas and teachings regarding disease and concerning the remedies that should be used in the effort to cure, each claiming, usually, its method the only correct one. While this claim is not true, it is true that there is much that is good in each and much that is worthless in all.

"I believe, if there is any man, or set of men, who should adopt as their motto 'Prove all things, hold fast only that which is good,' it should be the physician. He should go to the bedside of his patient untrammelled by the dictum of any man or set of men, free to use the best means at his command to relieve or cure his patient.

"There has been growing for some time, in the different schools of medicine, a spirit of liberality and tolerance, the one for the other; a tendency to break down that spirit of bigotry and egotism that has so long dominated the profession; an inclination or desire to draw nearer to each other. This, I think, should be fostered and encouraged in every honorable way and I believe the liberal-minded leaders in the profession are doing this, and do not hesitate to prescribe remedies from other schools than their own, neither do they hesitate to endorse and recommend these remedies.

"The American Medical Association has an official representative, an authorized agent in the Council on Pharmacy. The A. M. A. is the official representative of the Regular school of medicine. This Association does not take cognizance of remedies advocated by other schools of medicine. Whenever a physician reaches that condition wherein he cannot or will not be guided by his own opinion and knowledge as to the remedy or remedies best adapted to benefit his patient he has reached the age when he

should feel in duty bound to those who trust their lives to his care, to get on to the shelf, or to follow Osler's advice and take chloroform, be his age what it may. There are but few well informed physicians who are willing to disregard a remedy they have tried and know to be good, simply because that remedy is not recommended by the Council on Pharmacy. If we have not sufficient knowledge of drugs and their effects on the human, to know what to use, and what to let alone, we have no right to practise medicine. If we, do know these things, certainly we do not need the dictation of the A. M. A.”

#### INDICATIONS FOR STAPHISAGRIA

I have endeavored to encourage the study of this remedy but have not succeeded in bringing out very much from others concerning it. I have used it many times and have obtained results that could not be obtained from other remedies. Dr. Higgins, writing in the *California Medical Journal*, states the following important facts concerning the action of this drug. He says the remedy is contra-indicated by any active or acute inflammatory condition. It is a remedy for sub-acute and chronic conditions, some of which are of a most intractable character.

In therapeutic doses it is a permanent stimulant. In its effect upon the nervous system it resembles, somewhat, the action of nux vomica, increasing innervation, stimulating a free circulation, improving both appetite and digestion.

In chronic inflammatory conditions of the genitourinary tract, accompanied with irritation; in urinary incontinence of old men, in painful, scalding micturation; in prostaticorrhea; in urethral irritation with a sensation of incomplete evacuation; in spermatorrhea in young men who are anemic or those who are depressed in spirits, who are melancholy or hypochondriacal; in young women who are suffering from menstrual derangements with long intervals and protracted flow; in hysterical patients with uterine or ovarian irritation, with violent outbursts of passion; in uterine disorders with a peculiar deep seated soreness, with dragging sensations in the groins or lower abdomen and bearing down pains in leucorrhoea, accompanied with painful urination; all of which symptoms result in a draft upon the nervous system, with signs of nervous weakness, nervous irritability and restlessness, usually accompanied with floating specks before the eyes, this remedy can be given either alone or properly combined with nerve tonics with very good results.

Professor Locke called attention to the fact that this remedy was indicated in those affections of the eyes which resulted from such blood disorders as scrofula, where black spots appeared before the eyes, and in amaurosis.

The dose of specific staphisagria is from one to five drops although the smaller dose is preferred. It should be well diluted with water and

administered four or five times a day.

The writer says, "I have written these few paragraphs in the hope that I may call the attention of our readers to the valuable remedy which I believe occupies a peculiar and unique place in medicine and one deserving of closer study."

I would add that I have given this remedy in chronic prostatic irritation, in irritation of the vesiculæ seminales and in intractable cases of gleet in five drop doses four or five times a day with only good results. In feeble cases it assists in improving the strength. After having written prescriptions for this amount I have been called up by the dispensing pharmacist to know if I had not made a mistake in the size of the dose he had learned that the remedy was a poisonous one and should be given in much smaller doses. Only in one case have I thought there were any unpleasant effects from the medicine, and in that they were mild.

#### THE ECLECTIC MEDICAL JOURNAL

Among the medical journals of the eclectic school *The Eclectic Medical Journal* of Cincinnati has long taken the lead. I desire to call my readers' attention to the March number of this journal which contains an unusual number of specific practical articles. The articles are plainly and directly written. They present the indications for treatment, and the treatment in a very clear manner. This journal has taken a higher stand than ever before

during the past two years. It should be in the hands of those who are looking for a thorough treatment of all phases of the subject of specific medication.

#### PHLEGMONOUS GASTRITIS

This condition, I am inclined to think, is usually overlooked and an erroneous diagnosis is made. A recent writer refers to it as a rare form of gastric inflammation which is characterized by the presence of pus and serum diffused throughout the walls of the stomach, or localized in the walls. It is caused by the entrance of a virulent organism through the mucous membrane. It is most common with intemperate men.

There is thirst, local pain and tenderness, usually vomiting and fever with a rapid pulse, with the general symptoms of peritonitis. These are soon increased greatly, there is rapid failure, finally collapse and death. It may run its entire course in twenty-four hours-about five days is the average period. A few cases are prolonged to from ten days to two weeks.

But few cases have been diagnosed in time to save the patient's life. The prognosis is very grave and so far the treatment adopted has been of no avail beyond the relief of pain. In addition to the lesions found in the stomach the enveloping peritoneum is usually involved in the purulent inflammation. Bacteriologic examination has shown a pure culture of the streptococcus; in the circumscribed forms of the disease

there is probably a mixed infection.

### **RUMEX CRISPUS**

I was convinced in my early practice that this old fashioned remedy exercised an influence which was overlooked by many writers. The older physicians used it in the form of an infusion and obtained an alterative influence which was very satisfactory. Dr. Baker, of Adrian, Michigan, one of these physicians, has always been enthusiastic about this remedy. He gave it wherever the glandular system was affected or where there was a dyscrasia or where eczema was present. He believed it to be indicated wherever the cutaneous system was involved, especially when the forms designated with the old names of salt rheum, tetter, herpes and others of this class were present. He used it also as an ointment in these cases. As a general alterative he gave it With poke root and the syrup of stillingia compound.

I have obtained a specific effect from this medicine in the treatment of persistent form of sore mouth, deep ulceration in the mouth, and especially in persistent stomatitis materni. I have combined it with the extract of white oak bark with great. satisfaction.

### **TWO GOOD SUGGESTIONS**

In the treatment of acute arthritis, Dr. Russell in the *Eclectic Medical Journal*, suggests the local use of dry epsom salts. He spreads a free quantity of the

salts on aseptic absorbent cotton, enough to extend below and above the joint. This is covered with a flannel roller bandage, and in some cases a plaster of paris splint is applied to immobilize the joint. This treatment results in an active perspiration, with an absorption of a certain amount of the salts, which causes the pain to subside, and reduces the inflammation.

In the treatment of paralysis of the bowels following appendicitis or other abdominal operation or an injury to the abdominal contents, Dr. Russel uses hypodermic injections of the one-fiftieth of a grain of the salicylate of eserine, repeated every three or four hours, according to the indication. Where the intestines have been exposed, and in fact in any case, this remedy is sometimes assisted in its influence by the use of a high rectal enema of glycerin, turpentine, warm linseed oil, or a solution of soap. The doctor requests anyone who has used this agent for this purpose to report the result. Let the report come through this journal.

### **DIRECT PRACTICAL SUGGESTIONS**

The following specific suggestions are those which guide us in the selection of each of the remedies named. In making exact diagnoses, if these indications are found, it makes no difference what the attendant circumstances are, the remedy can be depended upon to correct the indications.

This knowledge or a similar knowledge

concerning the action of each drug is what we are aiming at and striving for, and any physician who can give us exact information of this kind, adds to the accumulating fund of knowledge, that which will stand, and be of service wherever we are to prescribe for disease. This exact knowledge will, in time, when fully confirmed, become permanent.

**CHIONANTHUS.**—Jaundice more or less pronounced; pain over the region of the gall bladder; pain in the epigastrium resembling that of colic; pain radiating from the navel over the abdomen; soreness in the region of the liver extending to the umbilicus; enlargement of the liver determined by percussion; nausea; occasional vomiting; usually constipation with dry feces of a gray color; temperature slightly above normal.

**ELATERIUM.**—Deep soreness in the region of the bladder; quick, cutting pains upon urination, with the passage of mucus or mucopus; tenesmus; a sensation of dragging in the perineum and testicles. The dose should be small—from one-fourth of a drop to one drop every two hours.

**COLLINSONIA.**—A relaxed condition of the veins with deficient arterial tension; fulness of the capillary circulation of the rectum with tendency to varicosis; a sensation in the rectum of prickling or cutting as of the presence of a sharp body; a sensation of pain and contraction in the perineum, chronic pharyngitis

resulting from abuse of the vocal organs; persistent tickling in the larynx.

**LOBELIA.**—Indicated in small doses, frequently repeated, when the pulse is full and oppressed or weak; when there is oppression in the chest with difficult respiration; when there is full capillary circulation of a dull red or purplish color of the skin, with a sensation of oppression in the precordial region.

Relief in the larger dose is obtained in angina pectoris where, the pain starts from the heart and radiates to the left shoulder and arm. From five to twenty drops may be given at a dose and repeated soon.

In the extreme respiratory oppression of spasmodic asthma, from twenty to thirty minims may be given at a single dose, sometimes resulting in immediate relief.

**GELSEMIUM.**—A nerve sedative of pronounced influence, usually, however, given in too small doses. Its first indications are those of flushed face, with increased heat of the head; restlessness and wakefulness; eyes bright; pupils contracted; headache more or less diffused. Usually these symptoms occur with rising temperature and dry skin. It is also indicated where there is spasm of the sphincters or where there is tenesmus. It gives immediate relief in urethral spasm and in the tenesmus of dysentery.

It is a reliable remedy in the first stage of la grippe or in severe forms of coryza if given in from three to six drop doses every half hour or hour. It is of much benefit in reducing high tension, in irritability of the renal organs. In full doses it will relieve lumbago, and tic douloureux.

**PLANTAGO.**—Inflammatory infection of the skin accompanied with burning pain or severe itching are relieved by this remedy. Disease of the gastrointestinal tract, involving more or less the mucous membranes and accompanied with colicky pain.

**OPIUM OR MORPHIN.**—This remedy has its specific indications the same as others.. To obtain the best results the skin must be soft and moist, the pulse should be soft, the tongue moist and clean and the temperature not greatly above normal, and falling.

It is contraindicated when the secretions are deficient, skin dry and hot, mouth dry and parched, tongue heavily coated and temperature high or rising and nervous system irritable and excitable.

**TURPENTINE.**—*First indication:* The tongue is dry, red or creased; the mucous membranes are dry- the skin is dry-in fact, there is suppression of all secretions; there is tenderness on pressure over the abdomen with tympanites. Deficient secretion is the marked indication here.

*Second indication:* Excessive secretion—the mucous membranes are greatly relaxed and enfeebled; there are excessive discharges from these membranes; there is general relaxation and atonicity.

*Third indication:* There is dryness of the bronchial tubes; irritation and inclination to cough with each respiration; short, sharp, hacking cough with soreness in the chest; persistent, dry, hacking cough from deficient bronchial secretion.

In these cases, from two to four drops on a square of loaf sugar dissolved in the mouth and slowly swallowed with the saliva every two hours is sometimes of most striking benefit.

*Fourth indication:* A steady, dull, grinding pain across the abdomen usually accompanied with a sensation of hardness; constipation; high colored, scanty urine. These symptoms resemble those of lead colic, in which the remedy is of much benefit.

This agent increases the tone and capillary circulation of all muscular structures of the intestines, destroys germs and parasites and inhibits putrefaction and decomposition. In the gastric disorders of infants it prevents the formation of lactic and butyric acids; in those patients susceptible to cold in the chest and who anticipate pneumonia, this remedy is advised. In pulmonary irritation it will act as a positive preventive.

**GERANIUM.**—In diarrhea with relaxed and feeble mucous membranes, in the absence of inflammatory action in gastric disorders, accompanied with persistent acid eructations, especially if ulcers be present, this agent is indicated. Recently used in hypertrophic cyrrhosis with the above symptoms, with remarkable success.

**SANTONIN.**—Intestinal irritation from whatever cause; reflex irritation depending upon the presence of intestinal irritants, which exhibits the following symptoms: Quick, colicky pains; disturbed sleep; night terrors; picking of the nose; white circles around the mouth and urinary irritation. Is of value in increasing the flow of the bile and in stimulating the action of the kidneys in suppressed urination.

**HYDRASTIS.**—A tonic of remarkable powers in its influence over all organic functions. Indicated where there is general relaxation with atonicity of the gastrointestinal tract. Restores tone to organs made up of involuntary muscular fibers, and greatly increases the tonicity and contractility of such muscular structures. Serviceable in dilated heart and in uterine subinvolution.

**IGNATIA.**—Dull pain in the epigastrium; pulling and dragging sensation on the stomach; pain in the liver extending to the right shoulder accompanied with general weakness. Is thought to act the best on blonde females.

**CAPSELLA.**—Exercises a restraining influence on passive discharges, especially those of a chronic character; valuable in atonic menorrhagia, especially where the flow is present but nearly colorless; is of value also in atonic indigestion and where the urine is heavy, dark colored and loaded with urates and phosphates.

**VIBURNUM PRUNIFOLIUM.**—A remedy for habitual abortion, or where pain occurs during pregnancy at the time when the menstrual epoch should appear. Also valuable for severe after-pains and in dysmenorrhoea. In habitual miscarriage it should be given previous before the anticipated time, and in full, large doses, if necessary frequently repeated.

### MIGRAINE

In the treatment of migraine I have been in the habit of prescribing the chlorid of ammonium with belladonna. A recent writer advises a combination of ammonium chlorid and gelsemium—the proportions are about as follows: ammonium chlorid, 20 grains; tincture of gelsemium, 15 drops, with enough cinnamon water to make an ounce. This is given in dram doses every three hours. With the tincture of gelsemium I should feel as if better results could be accomplished with this prescription by giving half dram doses every half hour or hour. I believe it would be useful in neuralgic headache also.



ILLINOIS ECLECTIC MEDICAL SOCIETY

To every Eclectic in the State, the appeal to be present without fail, at the meeting of the State Society this year, comes with unusual force. There must be a large attendance. Several important matters of interest will come up and among them the question of holding all the sessions of the society in Chicago. This must be voted down, and the members from the state at large must be present to vote against the measure. The session will be held at the Sherman House.

\* \* \* \* \*

A German writer has improvised a dressing for wounds by adding two per cent of salicylic acid to powdered sugar. He sterilizes the sugar by heating it to 300° F., stirring it constantly in order to keep it in the powdered form. With the powder the acid is thoroughly combined and he dusts this powder freely on wounds which are slow in granulating. It stimulates granulation and cicatrization. It is best employed in simple wounds before they have begun to granulate and should not be applied upon burns.

\* \* \* \* \*

A suggestion is made by *The American Journal of Surgery*, that seems to be a

practical one in the treatment of the distressing thirst which follows abdominal operations. This is accomplished by inserting a small tube into the anus and connecting this with a fountain syringe which is hung just a little above the level of the hips, allowing the normal salt solution to run very slowly, and as nearly as possible continuously into the rectum, so that during the period of two or three hours the patient will receive a small quantity of water. The quantity introduced must be so small as to not irritate the rectum.

\* \* \* \* \*

Dr. Watkins says that he uses libradol as an application to swollen and inflamed hemorrhoids. It reduces the swelling and relieve the pain. He advises it regularly for those who have piles in which pain is apt to occur quite severely at times. He has the patient use it as an ointment to relieve the pain. In my own practice I have found that it will produce nausea more quickly when applied within the rectum than when applied to almost any other locality.

\* \* \* \* \*

In the pain of bruises and sprains, Dr. Whitford applies libradol on a cloth, wrapping it snugly about the sprained part and keeping it in place with adhesive straps, changing the dressing once or twice a day. It gives much comfort.

\* \* \* \* \*

Dr. Waugh, in *Gaillard's Southern*

*Medicine*, gives his treatment of a case of prostatic irritation with the alkaloids, illustrating his treatment with two cases.

To stimulate the formation of urea, he gave 1/12 of a grain of lobelin four times a day, for irritation of the duodenum and mycosis, he gave the sulpho-carbolate of copper; for the irritation of the bladder and affection of the urinary passage, he gave the 1/6 of a grain of arbutin before each meal and 1/2 a grain at bedtime.

As a direct medicine to the prostatorrhoea, he directed that five drops of a mixture consisting of fifteen grains of urophen and fifteen grains of thymol-iodid in an ounce of fluid petroleum be injected into the gland every day.

One of the patients had considerable nervous irritation and for that condition sedatives were added in addition to the above treatment. This condition is not readily cured, and any suggestions that are made as to its successful treatment, will be gladly received.

In the treatment of local ulcers, it is a good plan to irrigate the ulcer with a hot normal salt solution, the irrigating fluid fall from a height of five or six feet.

The irrigation should be made every day at first, and later when the surface assumes a healthy appearance, once a week will be sufficient.

## Books

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GENITO-URINARY DISEASES AND SYPHILIS. Henry H. Morton, M. D., New York. Illustrated with 158 half-tones, etc., and seven full-page color plates. Second edition, revised and enlarged. Published by F. A. Davis Co., Philadelphia.

This work obtained a good reputation in the first edition. It presents a very thorough consideration of the subject in its five hundred pages. The detail of operation in each case, and the modern methods of treatment are exhaustively presented. The typography of the work is excellent. It is a large octavo, printed on extra heavy tint paper, and beautifully illustrated. The work will form an excellent guide for the student, in the treatment of this most important class of diseases. The therapeutics of syphilis in accordance with the most approved methods of the old school is very full.

SURGICAL THERAPEUTICS. Emory Lanphear, M. D., Ph. D., LL. D., St. Louis. Published by the Clinic Publishing Company, Chicago.

The field of this work is essentially an important one. In the advanced stage of therapeutics today, there should be much more literature on this subject than there is. There are volumes written on surgery, but almost nothing on the therapeutics of surgical cases. This little work not only covers this important ground in quite a thorough manner, but it presents the most

advanced, in fact, the most specific ideas known to the regular school today. The presentation is direct, simple, very plain, and practical. It considers the patient also, urging compliance with the indications found in each case. It is certainly a commendable work.

**THE HOME PRACTICE OF MEDICINE.**  
Simplified for the masses. L. S. Downs,  
M. D., Galveston, Texas.

In this little work Dr. Downs has presented the indications for treatment and a simple method which could readily be adopted in each home, by a careful mother, under the general supervision of a conscientious physician. Dr. Downs has spent a number of years in the successful treatment of children, by the most direct and practical methods known. This makes him in every way competent to present this method of treatment, for general use. He has avoided the use of technical language, explaining every point in simple terms in a manner readily understood.

**PERSONAL AND SOCIAL PURITY FROM A PHYSICIAN'S STANDPOINT.** A Life Book. By Jerome D. Dodge, M. D., Cleveland, Ohio. Published by the author.

This is a brief treatise on self and social purity, sexual hygiene, venereal disease, and marriage, with a plea for public instruction on these subjects, dedicated to all Humanity. I have read this little work with a great deal of interest. I will conscientiously say that I have seldom seen this subject presented in such a safe and attractive

form. There is a time in the life of every young man and young woman, when they should have a right knowledge presented to them carefully, of the relation of the sexes, and the duty of each in the marriage relation. There is no question that a parent has to decide, that is more difficult than the presentation of this, subject. So difficult is it that it is usually not presented, and the young man, or the young woman are permitted to commit unintentional and unconscious errors, that influence their health and happiness most materially. This little work presents this subject from the very highest possible moral standpoint, in a manner that will permit any one to place it in the hands of the young people. The price of the book is one dollar. It can be obtained from this office.

\* \* \* \* \*

Dr. J. W. Reynolds of Prescott, Kansas, would like to correspond with an enterprising physician who desires a good location. The doctor would like to sell his home and office. He has established a good business.

\* \* \* \* \*

Dr. J. M. Chrismore of Helena, Ohio, offers his practice to the physician who can come well recommended and who will buy his office equipment. The practice is well established and will pay a good profit from the start.

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## NATIONAL ECLECTIC MEDICAL ASSOCIATION

Dear Doctor:

The time for the meeting of the National Eclectic Medical Association is fast drawing near. The meeting in Kansas City, Mo., in June of this year requires the presence and co-operation of every Eclectic in this union. No better time for organization could possibly exist than now, and certainly no time ever called more loudly for a united action than at present.

The tendency to indifference and lethargy must be thrown off, and a strong pull for the hearty operation of united efforts must be encouraged.

Make yourself promise to attend this meeting, and keep yourself fully informed of all matters concerning it, by subscribing for all of the Eclectic Medical journals, thereby not only improving your own fund of information, by helping the various journals to improve their present enviable condition by your help and courage.

No man can be a good physician and be a sluggard, he must either go forward or retrograde, there can be no halfway place, with ease and pleasant comforts unless he first puts forth all his energy to help others as well as himself. So wake up, rub up, and by contact and friction against your brethren take on a higher degree of

polish medically speaking.

Make a firm determination to attend the meeting in June, and help us as well as yourself.

Fraternally,

L. A. PERCE, M. D., President.

### NATIONAL ASSOCIATION BULLETIN FOR APRIL

Encouraging reports coming to hand from some of the section officers and the committees appointed by the Kansas City eclectics insure the success of our coming meeting, in so far as it is possible for success to come from their efforts alone. It is now a good time to realize that your committees and officers, alone, can not make a successful meeting, and that each individual eclectic owes it to himself, the cause, and to all concerned to be present.

The next meeting should be the best in attendance in the history of our organization, because matters of vital importance will come up for consideration, and for this one reason, alone, the meeting will be one of the most important in our history.

Never in the seventy-five years of eclecticism has the need of our system of practice been so accentuated, nor has the necessity for organized effort to meet the demands for more eclectic practitioners been so great. Never has the executive committee had to assume so much work, nor has there ever been so much undertaken and accomplished in the interest of liberal medicine.

This is true of our cause and likewise true of the cause from the

homeopathic and physio-medical standpoint. The American Institute of Homeopathy meets at Kansas City, and through the president, R. S. Copeland, M. D., of Ann Arbor, Mich., Dr. Perce has been invited to attend their meeting and address the members on the subject of closer affiliation with them, in so far as our mutual interests are concerned.

We are pleased to say, parenthetically, that this is in keeping with the policy outlined a year ago, and the place of meeting was selected so that the mutual interest could be - discussed. The councils of Medical Education have worked jointly and harmoniously for the common good since our meeting at Los Angeles.

It is now only a short time until the meeting, and the officers and committees have much to accomplish before all is in readiness, and we have every reason to believe that our men will loyally support us with good attendance and hearty co-operation.

New and stronger state societies, new and stronger colleges, better and stronger organization, renewed interest and loyalty can but produce good results, and the National Association should be the general index of such.

A full list of the section officers was promised for this month, but on account of unavoidable delay it will appear in the May bulletin. Very fraternally,

WM. P. BEST, M. D.

# DRUG ADDICTIONS

An Ethical Treatment for Drug Addictions is Presented in HYOS-SCO-PHINE TABLETS for Hypodermic or Internal Use. (Quantitative Formula on every bottle. Guaranteed under the Pure Food and Drugs Act.) **Hyos-SCO-Phine Tablets** have been given a thorough clinical test in more than one thousand cases, including all classes of narcotic drug addictions, and are sold to physicians with the distinct understanding that if results are not in every way up to our claims for them the full amount paid for the tablets will be PROMPTLY REFUNDED. On receipt of information giving quantity and kind of drug used by a patient, we will send any physician a free sample of the proper size tablets, also price list and clinical reports.

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## THE LATEST Eclectic Publications.

*The latest books will always be found on this page.*

**Essentials of Medical Gynecology.** By A. F. Stephens, M. D., Professor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pages, fully illustrated. Cloth, 3.00, postpaid. 1907.

**Diseases of the Digestive Organs.** For students and practitioners. By Owen A. Palmer, M. D., Cleveland, O., Member Ohio State Eclectic Medical Association, etc. 8vo, 524 pages, cloth, \$3.00. 1907.

**Treatment of Disease.** By Finley Ellingwood, M. D., Chicago, Editor Ellingwood's Therapist. Two volumes, 8vo, 1100 pages. Cloth, \$6.00 per set, postpaid. 1907.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology, and Laryngology in the Eclectic Medical Institute, Cincinnati. 700 pages, 12mo, fully illustrated, Cloth, \$3.50, postpaid. 1906.

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**FINLEY ELLINGWOOD, M. D.**

100 State St., CHICAGO, ILL.

### FOR THE CAUSE

The Chairman of the Committee on Organization of the National Association, is endeavoring to arouse an interest on the part of every individual physician, to stimulate the securing of students for our medical college. The reason so many students lack information concerning our colleges is that the physicians themselves do not inform students concerning our methods. They leave the imparting of information to the physicians of other schools, who interest themselves in this matter.

The chairman suggests that the following notice be inserted by each

physician in the local weekly papers of his own town above his own signature:

"Those interested in the study of medicine should communicate personally or by letter with the undersigned. This applies to any young man or young woman of high-school qualifications who contemplates studying medicine or who may know of any party who does."

### TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION FOR 1907

This book comes to us rather late in the Association year but very full of excellent things. The department of

medicine contains a number of practical papers, a notable one is the one by Dr. Webster on drink restriction, or the "thirst cure." In the department of medicine the paper on the prevention and treatment of Acute Nephritis is good, as well as Dr. Webster's article on The Distinction between Membranous Croup and Diphtheria. Dr. Watkins introduction to the study of tuberculosis, and Dr. Felter's historical sketch of tuberculosis, are particularly fine, the latter showing a most extended research. In diseases of children, Dr. Bolton's "Summer Diarrheas" and Dr. Denkingers article on "Marasmus" are valuable. In the surgical department Dr. Link presents a very interesting article on Ovarian Dermoids and another on Hernial Surgery, both well illustrated. Dr. Wilmeth presents an interesting article on Surgery of the Kidney and Dr. Robertson one on the Cause of Infectious Diseases of the Bladder. This by no means covers the list of good papers. There are three or four papers which were presented to the secretary without the author's name. No one, who has not been in the position of the secretary in a case like this, will realize, how trying this is to the secretary. One of these, on page 254 should not have been admitted under any circumstances, as it is plainly an advertisement of Urotropin, an expensive proprietary product. It is in no sense an Eclectic article.

The president's address pleased me greatly. The diction is excellent, the ideas refined and Consistent, and the thought all directed towards high ideals

for eclecticism. Dr. Stevenson deserves the highest of encomiums.

This work is accessible only to members of the Association, it contains very much that every Eclectic physician should have access to, therefore every Eclectic physician should be a member of the Association.

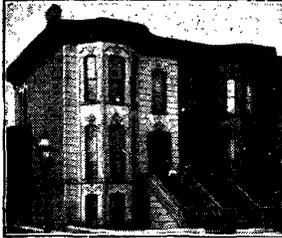
### A NEW ECLECTIC JOURNAL

Beginning with the first of April a consolidation has been made between the old *California Medical Journal*, which has been the organ of the Eclectic School on the West coast for many years, and the *Los Angeles Journal of Eclectic Medicine*. This new journal will be called the *California Eclectic Medical Journal*. The intention is to conduct the new journal from Los Angeles, but the veteran editor of the old journal, Dr. D. McLain, will still keep in touch with the work and assist by his counsel.

This combination will bring into more harmonious union the working forces of San Francisco and Oakland and the youth, energy, and intellectual acumen of the younger men in the southern part of the state and will insure an excellent medical journal. We urge, not only upon the eclectic physicians of the west but those of the United States that they tender their support to this combination by sending at once their subscription-one dollar-for this new journal.

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On several occasions we have endeavored to call the attention of our readers to Mr. Maccoy's method of training the physician's nurses each in accordance with his own demands. If our readers will write Mr. MacCOY, 1030 Crilly Bldg., Chicago, he will make his course very plain to them.

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