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# Ellingwood's Therapist

*Finley Ellingwood MD*  
EDITOR AND PUBLISHER  
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To Learn the Truth. To Prove the Truth.  
To Apply the Truth. To Spread the Truth.

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# Ellingwood's Therapist

A MONTHLY JOURNAL OF  
DIRECT THERAPEUTICS

VOL. II

JUNE 15, 1908

No. 6

## Leading Articles

### INFLUENZA: COMPLICATIONS OF THE NERVOUS SYSTEM, WITH TREATMENT

WILLIAM G. STEARNS, M. D., CHICAGO

Dr. T. Glover Lyon reports that physicians who had seen the epidemic of influenza in 1847 did not at first recognize the disease in 1889. In the descriptions of epidemic influenza written before 1889 the respiratory symptoms were made most prominent. Then the nervous, the gastrointestinal symptoms coming last. In 1889 the nervous symptoms were most striking. Then the respiratory and, lastly, the gastrointestinal. In 1892 and since, the gastrointestinal has equaled, if not surpassed, the respiratory symptoms in importance. The nervous symptoms still retain first rank. It was then only for a short period prior to 1889 that the nervous symptoms were not given the place of first importance. Whatever the relative importance of the nervous symptoms may be in influenza, it is

certain that more organic and functional disturbances of the nervous system are produced by influenza than by any other acute infectious disease. The reason for this is found in Pfeiffer's bacillus and its mode of invasion, together with the unexplained selective action which the bacillus and its toxin have for nerve tissue.

1. Pfeiffer's bacillus, like pneumococci, gains entrance to the blood and metastatic inflammatory processes result, as encephalitis, meningitis.
2. Pfeiffer's bacillus is pyogenic; hence these metastatic foci may result in pulmonary and intracranial abscesses.
3. Pfeiffer's bacillus elaborates a toxin which, like the Klebs-Loeffler bacillus, produces toxic degenerative changes; for example, neuritis, etc.
4. Because of the general debilitating effect upon the entire organism,

together with its selective enfeebling action upon the nervous system, the functional nervous and mental disorders are most numerous.

Nervous complications, in point of frequency ranking at least only second to the respiratory, are present at all times in the course of the disease, and often appear in their most dangerous forms late in convalescence. Of the prodromal period, the symptoms referable to the nervous system are, first and most constant, pain.

*Pain.*—Headache, usually frontal, orbital or supra-orbital; occasionally general; and at times occipital. Backache, usually lumbar. Pain in the legs, myalgia. The pain is often extreme, excruciating and occasionally accompanied by such great mental depression as to become overwhelming; the patient lies still, is stupid and unresponsive. This condition may pass into one of true coma. The excessive pain, however, may be shown by an opposite reaction. The patient becomes extremely restless, constantly agitated, making many wild demonstrative and often purposeless movements, and is usually more or less delirious, but rarely becomes maniacal. Usually these symptoms of profound mental and nervous toxemia greatly improve in from four to twelve hours, and quite largely disappear as the temperature rises, which in these cases reaches a high point.

Attacks have been reported as having

been ushered in by cataleptic, epileptoid or apoplectic seizures, always followed by a few hours of unconsciousness. These symptoms of cortical irritation, too, pass away with the rising of the temperature. The nervous complications during the *course* of the disease are either inflammatory or degenerative, or both; that is, due either to the direct invasion of the bacillus or its toxins, or both.

1. Encephalitis occurs during the course of the disease or during convalescence, and is of two types—simple inflammatory or hemorrhagic, and purulent. Simple encephalitis is a rare complication and is due to the direct influence of the bacteria which are more or less disseminated throughout the encephalon, and to the effect of the toxins. The Pfeiffer bacilli have been found in the membranes, the cerebrospinal fluid, the brain substance, the capillaries and in the perivascular lymph spaces, as well as in foci of softening in both the cerebrum and cerebellum. The symptoms of encephalitis are both general and focal. The onset of the general symptoms may be slow and insidious, associated with vertigo and headache, or it may be a sudden apoplectiform seizure, usually preceded by chill, and the sudden rise of temperature. This latter mode of onset is most common, however, when it occurs during convalescence. There is loss of consciousness, coma, and usually convulsions. The focal symptoms depend wholly upon the location and

severity of the lesions. In differentiating between encephalitis and hemorrhage, embolism and thrombosis, consider the acute onset with chill, constantly high temperature, the prevalence of an epidemic, and, if the patient be young, the age. The purulent form of encephalitis may be either primary, as proved by Oppenheim and Leichtenstern, or secondary, by extension from the cranial sinuses, or by metastasis from the suppurating tonsils, or purulent pulmonary foci.

2. Meningitis. Aside from the purulent meningitis resulting from direct extension from the cranial sinuses or other nearby foci, we have a much more common complication, often termed "meningitis grippalis," in which there is primary invasion of the cerebrospinal membranes through an undemonstrated route, occurring usually at the height of the febrile course of the disease, most frequently found in children. The symptoms vary greatly, depending upon the location and severity of the inflammation. The differential diagnosis from epidemic cerebrospinal meningitis may be impossible to make, except by lumbar puncture.

3. Pseudo-meningitis. Beginning with headache, nausea and vomiting, high fever, somnolence and stupor; cervical rigidity and coma follows. Inequality and dilatation of the pupils; slow pulse and intermittent respiration; abdomen rarely retracted, warrants the diagnosis of meningitis. A few days later these

symptoms disappear, and only those of influenza remain, and the diagnosis is pseudo-meningitis. Some of these cases have resulted fatally, and the autopsy revealed only edema of the membranes, increase in the cerebrospinal fluid, and hyperemia of the pia.

4. Myelitis. just as the brain may be invaded or poisoned by the bacteria or its toxin causing a varied symptomatology, determined by the location and severity of its lesions, so does the bacteria and its toxin affect and injure the spinal cord, producing any and all known spinal symptoms or groups of symptoms, combined in various ways. Myelitis may occur, together with encephalitis or meningitis. Myelitis due to influenza is always acute, and if very extensive and very acute the symptom group of Landry's paralysis may be reproduced. Paralysis, paraplegias, decubiti, cystic paralysis, sensory disturbances, ataxia and contractures may be a grouping of symptoms identical to compression transverse myelitis. Cases of spastic spinal paralysis have been reported. In these cases influenza appears to have selected and injured only the pyramidal tracts. Leyden has reported the case of a child, showing acute ataxia, in which the diagnosis of acute encephalomyelitis was made, and yet recovery followed.

The nervous complications of *convalescence* are, aside from the occasional development of abscesses, chiefly toxic. The toxins of influenza,

like those of other bacterial or chemical poisons, lead, alcohol, etc., if sufficiently virulent, will produce degenerative changes in the peripheral nerves, causing paralysis, anesthesia, etc. If the toxins are not sufficiently strong to resist or withstand the poisonous influence, then there arises only a disturbance in the function of those nerves or that nerve so affected, that is but transitory. Hence the toxic lesions of convalescence are either shown by loss of function or disordered function, or both. These lesions are, moreover, distributed so haphazard as to permit of no grouping or classifying. All of the chemical poisons and some of the bacterial toxins produce constant lesions, with characteristic symptom groups, but the influenza toxin shows little tendency to be selective in its attack upon the nerves, and that little is shown by a slightly more frequent affection of the cranial nerves.

The lesions due to degenerative changes are chiefly neuritis, multiple or polyneuritis, usually symmetrical, and consist of an acute inflammation of the nerve fibers. The onset appears from one to two weeks after the acute disease, and runs a comparatively short course, causing the usual clinical phenomena, with sensory and vasomotor symptoms most prominent, yet motor and trophic symptoms are not wanting.

5. Neuritis. While closely resembling the nerve degenerations following diphtheria as to frequency, course and

recovery, yet it is decidedly unlike it in its distribution and consequently its clinical picture. While diphtheria is fairly constant in its selection of nerves, influenza has attacked almost every cranial nerve and spinal nerve in the body, often affecting only certain branches and singling out certain muscles or groups of muscles.

The olfactory, optic and ocular nerves are affected in all possible ways, even bilateral paralysis of the seventh nerve has been reported. Paralysis of the motor supply of the pharyngeal plexus is almost as common as after diphtheria. Angina pectoris has been reported. Attacks of syncope are not infrequent. Some cases of sudden death from paralysis of the heart are on record. Leyden has reported two cases of unilateral paralysis of the hypoglossal, both with and without paralysis of the corresponding half of the tongue. Vasomotor disturbances, often associated with vagus affections, are frequently indicated by hyperidrosis universalis; symmetrical asphyxia of the extremities, as in Raynaud's disease; general or localized hyperemia and erythema.

Many cases of neuritis affecting the spinal nerves have been reported affecting the nerves of the brachial plexus, with extensive atrophy. In these cases neuralgia was an especially prominent symptom. The ulnar, median and radial nerves have been affected in various combinations. Intercostal neuritis, with herpes zoster, has been of frequent occurrence.

Isolated paralyses of the nerves of the lower extremities are not common, yet many cases have been reported.

Neuritis is often associated with the rheumatic affections of the fibrous tissues involving a single nerve or group of nerves. Branches of the sacral and the sciatic nerve are most often so affected, the lesion being primarily a perineuritis. Pain in these cases is most persistent, recovery the rule.

The symptoms due to irritative lesions are neuralgia, myalgia, convulsions, tremor and epilepsy. In many cases of epilepsy the first convulsion was noted during the course of influenza, and in many cases of epilepsy in which no seizure had taken place for many years the convulsions reappeared during its course.

Of the functional neuroses, neurasthenia, and hysteria, like epilepsy, may appear for the first time during convalescence from influenza, or when previously present have reappeared or have been aggravated by an attack of influenza. These neuroses appear in every known type. In neurasthenia following influenza, hypochondria and motor weakness are most usually dominating symptoms.

Chorea is not very frequently developed in the course of influenza. However, a case of chorea, with spasms of glottis and diaphragm, has been observed in a very young child, excluding the possibility of its being hysteria. As in croupous pneumonia,

many cases of *delirium tremens* develop.

Influenza is given as an exciting or incidental factor in the production of most of the organic nervous diseases, as tabes dorsalis, paralysis agitans, spastic spinal paralysis, multiple sclerosis, Basedow's disease, general paresis, etc. Cramps, tremors, shaking paralysis of an arm, with anesthesia, and other similar symptoms of cortical irritation, are occasionally noted, with recovery.

6. Psychoses. Lichtenstern reports more psychoses after 439 cases of influenza than after 2,000 cases of typhoid fever and 3,000 cases of pneumonia combined. These were not the exhaustion psychoses, but rather of the toxic group, being due to the specific toxin of influenza. Many of these cases developed in the young, even in children. Kraepelin, on the other hand, believes a neuropathic or inherited base necessary to the development of a psychosis in the course of influenza. Psychoses often appear in the prodromal stage. For from one to three days before the temperature rises, the patient is affected with increasing depression, anxiety and stupor. These symptoms disappear upon the approach of the fever. The effects are transitory and toxic.

During the febrile stage, disturbances of consciousness, with hallucinations, melancholy, anxiety, fear, refusal of food, delusions of persecution, are not uncommon. Occasional cases of acute

mania, with a wealth of delusions, hallucinations and illusions are noted. Recovery from these conditions usually take place with *fall* of temperature. During convalescence exhaustional psychoses occasionally develop. Aside from this form, none of the psychoses developing during this period have common characteristics, although they offer a tempting field for classification.

### TREATMENT

The treatment of the nervous complications and sequelæ of influenza, embracing, as it does, the greater part of the entire field of treatment of nervous and mental diseases, can not well be here discussed in detail. Each patient should be frequently observed and absolutely controlled from the first appearance of suspicious symptoms until convalescence has been established by at least two weeks. Aside from emphasizing the great importance of *careful general* management of every case, I want to call attention to a few old familiar drugs and their application to the treatment of the more severe nervous complications arising during the course of the disease.

In a few cases of influenza without respiratory or cardiac complications, in which varying degrees of irritation of the central nervous system were evidenced by excruciating pain, motor restlessness and mental agitation, as well as in several psychoses, I have used bromids freely, with apparent benefit and no untoward results. Dr.

Ballinghall, in the *British Medical Journal*, 1904, most strongly recommends the use of potassium bromid in influenza. He has found the drug to have a sedative and even tonic action in neurotic and hysterical cases. He has found it especially efficient in cases in which the aching of the head and limbs were prominent symptoms, giving it in doses of ten to fifteen grains every two or three hours. He well cautions against the use of bromids in old patients, especially in those having pulmonary or cardiac complications.

The primary effect of the influenzal toxin upon the nervous system is always *irritative*, and the *seeming* prostration and nervous depression are but due to the benumbing and overwhelmingly irritative and paralyzing effect of the intoxication. The bromids are used to their greatest efficiency as a sedative in cases of systemic nervous irritation, and, as this is certainly the most commonly found condition in the nervous complications of influenza, its use should at least be given a thorough trial in these cases, where there are no complicating conditions contraindicating their use.

Opium or its derivatives is of great value also in these conditions of great nerve irritation, and is, in my opinion, indicated in every severe case and should be combined with bromids where that drug is not contraindicated.

In cases in which the action of the secretory and excretory organs are

inhibited by the direct irritative action of poisons upon the central nervous system, opium in proper dosage will *not* increase that inhibitory influence, locking up the secretions more tightly, but it will, on the other hand, through its sedative action upon the central nervous system, destroy that inhibitive influence and allow the excretory organs to again become active. By preventing or counteracting the benumbing and paralyzing action of the bacterial poison on the central nervous system opium will increase the flow of secretions and excretions in such cases. The dryness of the mucous membranes will disappear, the digestive juices again begin their flow, the kidneys regain their activity, the skin become moist, and the constipation, where present, disappear. If calomel and soda be given with opium, there is added the needed diuretic and hepatic stimulation. Where the wet pack is properly used, it has by its sedative and eliminative action a most beneficial effect.

COMMENT.—In the treatment of this condition under these circumstances, in addition to the authoritative suggestions made by the writer, there are in each case certain indications which, to those of us who are experienced in the use of our specific remedies, suggest the prescribing of certain of these remedies. An early remedy for the influenza is gelsemium in full doses. For the nervous phenomena, the strontium bromid will meet the indications often; where the peripheral symptoms include circumscribed redness, rhus toxicodendron is of service. In certain of these cases, cactus will influence the terminal nerves exceedingly well, while it strengthens the heart and central

nervous system. Macrotys is also indicated in some cases. With the best of treatment the results are not always satisfactory. The above excellent paper is timely and important. It was read by the doctor in Feb. before the Chicago Medical Society. Unfavorable results follow influenza oftener than we are apt to believe.

## PHLEBITIS

FINLEY ELLINGWOOD, M. D., CHICAGO

An inflammation of any portion of the structure of a vein which results in changes in the coats of the vessel, is denominated phlebitis.

The disease occurs as a complication of other conditions, and is not always diagnosed as an independent condition. In fact in many chronic cases it is not recognized at all, and while it contributes very materially to the prolongation of the disease, as a separate and distinct condition it receives no treatment. This at times becomes a serious error.

The disease may be either acute or subacute. A chronic form is not always recognized, as in this form structural changes are apt to produce obliteration of the lumen of the vessel, and result in conditions, that are otherwise recognized.

The location of phlebitis, or the conditions attending it, supply a variety of names for this disease. There is *plastic*, or *hyperplastic* phlebitis, the condition above described; *gouty phlebitis* which occurs during the course of gout; portal phlebitis, an

inflammation of the portal vein; *puerperal phlebitis*, an inflammation of the veins of the uterus, occurring during the puerperal state. *Sinus phlebitis*, an inflammation of the cranial sinuses. *Umbilical phlebitis*, an inflammation of the umbilical vein. *Varicose phlebitis*, an inflammation which involves varicose veins.

When the disease involves the inner lining of the vein only, it is called *endo-phlebitis* and was quite common in those days when blood letting was constantly resorted to as an antiphlogistic measure. The inflammation in these cases began at the point of incision of the vein, and extended to the neighboring parts. Phlebitis follows at times, the ligation of a varix, or the tying of the large veins, or injuries of the veins from punctures, gun shot wounds, or other traumatism. Inflammation of the veins of the uterus occur after delivery in some cases.

The symptoms are those of pain in the injured parts, soon followed by a knotty feeling, with a tense and painful cordlike condition, which follows the course of the vessel. There may be a chill with more or less fever and a greater or less degree of nervous symptoms. There is discoloration of the skin and an acute edema below the obstruction. There may be rapid and irritable pulse, dry brown tongue, dry skin, constipation, anorexia, and if pyemia develops there will be pain in the joints. Later the skin may become white, shiny, stretched and very hard.

This condition like other inflammations may terminate by resolution, by suppuration, ulceration or gangrene. Occasionally the vessel becomes immediately occluded, a clot forms, and permanent obliteration results, the clot and veins ultimately contracting, to form a firm cord which is known as *adhesive phlebitis*. When this disease follows a septic traumatism it is apt to become dangerous, leading to direct blood infection and pyemia.

When this inflammation develops more gradually, as in the subacute forms, it is not dangerous. It is usually induced by previous disease of the coats of the vein, which have resulted in thickening, and in a deposit of fibrinous matter. The vein may be occluded and in the occluded structures an abscess may form which should be opened as an ordinary abscess.

The opening of the abscess even when the structures of the coats of the vein are cut clear through will not usually result in hemorrhage, because the vein is blocked by the intravenous products of the inflammation. The lumen of the vein does not communicate directly with the abscess. In occasional cases, the occlusion will break up, and the abscess will open directly into the vein, inducing acute pyemia, with a possible acute diffuse form of the phlebitis, in previously unattacked portions of the vein.

Perhaps the most common form of phlebitis is that known as *crural phlebitis*, an inflammation of the crural

vein, due to obstruction from thrombus and occurring soon after labor.

This form is known by the various names of phlegmasia, alba dolens, white leg, milk leg, white swelling, The condition occurs, usually, during the second or third week after delivery. It involves the lower extremity of one side. The leg becomes greatly swollen or edematous and the skin assumes a white, shiny appearance. There is usually a mild chill with some fever and considerable heat in the part. Over the course of the vein there are a number of irregular prominences which can usually be plainly felt under the skin. In some cases, the swelling and the pain in the parts may be present for two or three days before the fever appears.

After a few days the heat subsides, the hardness and sensitiveness diminish, the patient becomes reduced in strength and is often anemic. The limb remains edematous for some time, often for a long period, the patient suffering from phenomena similar to those which occur in protracted fevers.

I have had considerable experience with phlebitis in several of its forms, and have learned to adopt those measures in its treatment which can be depended upon as reasonably satisfactory.

I was called at one time, to a distant city, to consult with a physician who had a case of fracture, in which, while the bone seemed to have united quite

early, later the patient suffered from a chill, had quite a high fever, leg swelled rapidly, until the skin became stretched to its most extreme limit. The physician had not thought of phlebitis as a possible complication to an ordinary fracture. This was treated in the most careful manner and improved rapidly from the time treatment for phlebitis was instituted.

In the treatment of these cases the specific indications for some of our remedies are so plainly marked that these remedies would be selected at once by a specific prescriber and the best of results follow. The local aching, and severe pain in the surrounding muscular structures, immediately suggest macrotys. The aconite pulse is nearly always present with the fever, but occasionally indications for gelsemium are plainly apparent. Bryonia can be used in this disease, also, with a prompt response to its influence. In the subacute cases, collinsonia or hamamelis are most desirable remedies.

Where the indications are not plainly pronounced, I have used gelsemium and macrotys as routine treatment. In nearly every case, a mild saline laxative which will thoroughly cleanse the intestinal tract and will neutralize any excessive gastric acidity, will be found essential. Subsequently, a light diet and close attention to the possible recurrence of gastric acidity, meeting such with an alkaline agent, not always necessarily laxative, will be the proper course.

Local measures contribute materially to the cure, whatever the variety of the disease, if it be near the surface. If in a limb, as in the crural form, the limb should be elevated, and should be thoroughly bathed with hot salt water, after which I usually apply a simple liniment at first, which consists of one part of ammonia, and four or five parts of olive oil. This should be applied very freely and the limb enveloped in cotton, the whole held in place by a loose roller. It should be dressed at least twice a day. In other cases the application of hamamelis frequently is of much benefit. Occasionally gauze may be saturated with hamamelis and applied to the parts for hours at a time, the limb being kept very warm. This is especially valuable when the local aching and pain are very hard to bear. These become so severe at times, that a mild anodine is necessary. Here I resort to my favorite prescription, which contains one-sixteenth of a grain of morphine, five grains of sodium bromide and a little hyoscyamus or cannabis indica in each dose, repeating the doses frequently until an effect is produced, and then as needed.

As convalescence advances, it will be found that strong tonics will be needed in nearly every case. The stomach must be put into the best possible condition. For a few days the digestion should be assisted by artificial measures.

So common is anemia in most cases of phlebitis and especially in milk leg, that iron will be found essential. It is an

excellent plan to combine equal parts of the tincture of the chloride of iron with dilute phosphoric acid, and to give this combination in from twelve to twenty minim doses, every two, three or four hours for perhaps two or three weeks. I had excellent results in one case from the syrup of the oxide of iron. Any unusual or erratic indications should be promptly met as they arise.

## PUERPERAL ECLAMPSIA

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

On November 26, 1907, I was called to attend the Rev. — at his home. The minister, with his family, had very recently settled in our place, and in order to “get settled” as soon as they could, they had worked very hard. The minister was in bed suffering from bad headache and sick stomach, and he said to me, “Get me well quick, and don't use any morphine, for my wife is expecting to be confined and I must not be here in bed when she is sick, for I am uneasy about her and want you to attend her.” After prescribing for him, the wife was called into the room and I found her to be a Dane, aged twenty-nine, and the mother of four children, and she had been expecting to be confined any time for three weeks. She was quite stout and large and weighed about 180 pounds.

After questioning her carefully regarding her previous confinements, excretory organs and matter pertaining to confinement, she assured me she

was all right, but complained that she had been having much headache of late. I at once became suspicious and secured a sample of her urine for examination. I tested the urine for albumen but could detect only a slight trace.

That night, at two o'clock a. m., I received word to "Come over at once as Mrs. W—was having a chill and was very nervous, restless, could not stay in bed and was having some pains." Reaching the house quickly I found her walking the floor and shaking. Upon inquiry, was told she was not having labor pains, but an aching pain across the abdomen. She was very nervous. I requested her two attending neighbor women, who had been called in, to assist her to bed and prepare her for a vaginal examination, and while they were doing this and chatting with each other, I was scrubbing my hands when one of the attending women called, "Doctor, come here quick." I found the patient on the bed with her head turned to the left side, face purple and turgid, eye balls turned and fixed, and eye lids batting and snapping. Breathing labored but not stertorous, and the body jerked in spasms and finally became rigid, and she became unconscious. During this convulsion, which lasted some time, the bowels and bladder both moved unconsciously, although they had moved some two hours before, so I was told.

After the paroxysms had passed, I made a vaginal examination. The external os was with difficulty found,

and it was in the posterior portion of the vagina and upon the left side, and closed tight. No dilatation at all.

Fearing more attacks I gave her hypodermically, thirty drops of Lloyds sp. gelsemium. I waited thirty minutes and seeing no improvement gave thirty drops more. She went into an easy sleep; slept for two hours and awoke in a dazed condition, which lasted all night, but she had no more convulsive movements.

I began giving her, as soon as I could, saline laxative and diuretic, and had splendid results. She became rational and felt good. I congratulated myself on her good condition. She was given the above remedies right along during the day.

Two days after this, about six p. m. I was called again in great haste. Responding promptly I found her in a harder convulsion than before, and not having any veratrum, I again used Lloyds sp. gelsemium hypodermically as before. The convulsive movements ceased, after I had given the second dose; I made a vaginal examination at this time, and found the external os tightly closed as before.

She remained in a somewhat semiconscious condition for two days. All this time the child in utero was living and moving about freely. Realizing the seriousness of the case, and the parties being new in our village, I suggested counsel, but the counsel did not suggest anything more

than that which was being done at this time.

A week later she felt so well that one evening she got up from bed, was pulled to the supper table in a rocking chair. She ate a fair supper, chatted with the family for a few minutes after eating, said she was tired, and was pulled in the rocking chair back to the bed. Immediately she went into another convulsion and had then four hard, severe attacks all about thirty minutes to one hour part before we could control the seizures.

We used sp. gelsemium and we used it in dram doses too, with but little if any, effect. We used specific veratrum also, with the same results. We then used chloroform and two of Abbott's H-M-C tablets, full strength, thirty minutes apart, and I assure you we got results, for she slept eight hours good, and two hours more, dozing, and awoke in a fairly good condition. During all these days, frequent examinations of the urine had failed to show any special or appreciable amount of albumen and the specific gravity ran from 10-18 to 10-22.

I kept her upon diuretics and (lave her May apple as an hepatic stimulant and also the saline laxative. On December 20th, she went into labor property and was delivered of a fifteen pound boy, and did not have any more signs of convulsions. She was in labor about four hours and had what is called on ordinary labor, except there was a very profuse postpartum hemorrhage

coming on two hours after, but was without much trouble finally controlled.

In all my obstetrical experience, and it has been considerable, there are very few cases that do not show albumen in the urine. I have seen it stated that there is always albumen in the urine in case-, of eclampsia, but I state positively this is incorrect, for our counsel and myself both tested samples of this patient's urine at different times and we did not find any.

If there is ever a time on earth which tries a doctor's mind, heart, body, brain and soul and makes him grow old quickly, and for which he never receives proper remuneration, it is a severe attack of eclampsia or a severe post-partum hemorrhage.

## **RELAPSING TYPHOID**

C. WESTON EDWARDS, M. D.,  
DULUTH, MINN.

The fact is frequently overlooked during the course of the treatment of typhoid fever that there is danger of relapses: That the case may be one which is classed by some writers as relapsing typhoid. The physician in charge should bear the fact in mind, that in infrequent cases, relapses occur. If he is looking for their occurrence 'he will plan his course of treatment somewhat differently from that which he would otherwise adopt.

An intercurrent relapse is one in which

after the disease has developed with all its characteristic phenomena, and after the symptoms have abated satisfactorily, and the patient is on a fair road to recovery, with the temperature for from two days to a week almost at the normal point, there will suddenly occur without any apparent cause whatever, a complete repetition of all the previous symptoms. The onset of this recurrence is usually more abrupt than that of the first attack. and in some cases certain typical phenomena such as delirium or a tendency to diarrhea may be exaggerated in the second attack. The temperature may or may not go higher than in the first attack.

This form of the disease must be distinguished from an aggravation of the symptoms induced by carelessness or by errors of diet. It is seldom that there is more than one recurrence, but reference is made to repeated recurrences. In a marked case under my own observation the typhoid phenomena were present to a greater or less degree during a period of four or five months, and consulting physicians were positive that we had in that case five, at least, distinct relapses of the disease. The patient had the best of care, a scientific and rational course was adopted, with but little result from the treatment.

## **A CLASSIFICATION OF BRIGHT'S DISEASE**

No classification of the conditions involved in chronic Bright's disease can

with our present knowledge of its pathology be perfectly satisfactory. In my last number I presented a comparison of the facts concerned in nephritis which was based on the most popular classification.

An effort is now being made in France to classify all conditions under two heads: the first, is where there is a large amount of albumen and a small quantity of water with high specific gravity, dropsy without increase of arterial tension. These cases are usually classed as parenchymatous nephritis. It is now claimed that the above conditions may be observed without structural involvement of the kidney.

The second group is nearly the opposite of this in many particulars. It is distinguished in this classification as always presenting a tendency to uremia. In this group there is an increased quantity of urine with a low specific gravity and consequently a low amount of solids, little or no albumen, and no dropsy, as long as these conditions are present. In the last stages, when anuria occurs, dropsy follows. Uremia to a greater or less extent may be present at any time.

This classification could be distinguished then as the dropsical type and the uremic type. The first could be said to run a short course, and the latter a long course.

There are to me, as many objections to this classification as there are to the other. It is simpler however and this is

a point in its favor. Every clinician knows there are many cases which present symptoms pointing to both types-mixed cases which demand close scrutiny, for their correct diagnosis.



## THE DUAL ACTION OF DRUGS

*Editor Ellingwood's Therapist;*

I have your favor of the 20th instant and am pleased to have attracted the attention of a therapist of your calibre. At the same time I regret that you maintain the theory of the *dual action* of drugs, that which I regard as the source of a constant misunderstanding concerning drug action.

No one claims a dual action for veratrum viride because it is a depressant and its minute dose is always useless or worse. I am at loss to understand why aconite and other stimulants should be credited with a dual action; how they can be stimulants one moment, and depressants the next. If they are stimulants at any time they are always stimulants, just as a depressant is always a depressant, and the results of their administration, that are said to be due to their depressing action, are due to over stimulation inducing less or more paralysis.

I would be as much justified in claiming a triple action for ipecac, which is always a stimulant, for in vomiting,

when depressed vitality is present, small doses cure promptly, and the less the depression, the more the minute dose is the efficient dose.

Increase the dose enough, and vomiting is always induced through its stimulant, or so called irritant effect, but a larger dose is demanded for this effect when the vital energy is depressed than when it is not.

Increase the dose to the enormous quantities given for dysentery and they become curative in that case by giving rest by over stimulation, inducing paralysis of intestinal sensation or motion. The dual effects of alcohol, strychnine, etc., can be, I believe, explained upon the same principle.

In my opinion the dual action of drugs is a myth. Homeopathy's drug in minute doses succeeds only when the patient is depressed, and the drug is a stimulant. For instance, Hughes in his pharmacodynamics gives ten times as many pages to aconite as to veratrum, and the thirtieth dilution of the former is prescribed, while the smallest dose of the latter he suggests is the first dilution. Holding the foregoing views the reason is obvious, and once generally grasped, the profession will "see a great light," therapeutically.

I believe you are doing a great work in hastening therapeutic reform, and trust you will regard this as a sincere effort to add my mite to the good work, and will believe me, Yours faithfully,  
GEO. M. AYLESWORTH, M. D.

Collingwood, Canada.

COMMENT: The above letter was not written for publication, but with the doctor's subsequent consent, I publish it with great pleasure, because it brings out a reasonable theory, a rational idea, concerning the so-called dual action of drugs. I am constantly on the look-out for just such theories as the above. It is the presentation of these, and their thoughtful consideration by our readers that will enable us ultimately to arrive at approximately correct conclusions, concerning drug action. At first thought I was not inclined to accept the doctor's opinion, but I have since kept my mind on the idea as he has presented it, and I believe that I can now see very good reasons why his statement is applicable to at least several of our remedies.

We have claimed dual action for bryonia. This remedy produces the best results in small doses. We have no way of knowing that its violent, irritating and depressing effects in large doses are anything else than an intensification, an exaggeration of this same satisfactory influence, exercised to too great a degree. I shall certainly keep this idea of the doctor's in mind in my future study of some of these drugs, and shall be glad to hear an expression from others on these lines.

### SUGGESTIONS AND CRITICISMS

*Editor Ellingwood's Therapist:*

In response to your request and query in the April number: "If you could not use but thirty remedies, which would those be," etc., the writer would submit the following briefly and in about the order of prominence and frequency of use:

Gelsemium, bryonia, veratrum, aconite—**sedative-febrifuge**. Cactus, collinsonia, grindelia, sticta—**heart**

**and cough medicines**. Macrotys, phytolacca, nux vomica, iris—**muscle and gland medicines**. Pulsatilla, staphysagria, saw palmetto, rhus aromatica—**nerve and mucous membrane soothers**. Echinacea, baptisia, sulpho-carbolate of zinc, sulphurous acid—**antiseptics**. Chloroform, morphine sulphate—**anesthesia, pain**. Sanguinaria, borax, oil cajuput, iodide lime—**throat, local stimulants**. Additional, asclepias, viburnum prunifolium, capsicum, quinin. Here are thirty acknowledged remedies—just about the number and selection with which to accomplish prompt favorable results in either acute or chronic disease.

As to ten more supplementary agencies, the writer keeps the following in reach: magnesium sulphate, **antacid and laxative**. Resorcin—**skin**. Red pinus, cal. hydras, cocaine—**eye remedies**. Alcohol, carbolic acid, dialized iron—**poisonings and solvent**.

It will be noticed that of many written about and extolled, under, we may say, each head, known reliables have been selected and adopted into the practice of the writer. There is no coal tar derivative named. No calomel, no podophyllin, no protonuclein, no antidiphtheritic or other carbolic-acidized serum. In the main, just clean, pure, straight and well proven agents, which if selected according to well defined pathologic lesions, and applied in proper form and amount, will yield, do give the largest results.

So much for the thirty and supplementary medicines. Now a word or so of friendly criticism of some statements to be seen in this same excellent April number of THERAPEUTIST. Why give calomel and podophyllin in combination? Any purgative result is owing only to the mercury. Podophyllin in small doses is so slow that it amounts almost to a checkative. And without the oppression and fulness of tissues, the agent is contra-indicated; indications not present in many cases. Drop the use of the term auto-intoxication. Self-intoxication. Impossibility. Any exudate pathologic, any waste matter, any retrograde metamorphic product whatsoever, whether deposit is the result of inflammation, whether matter alvine in retention, or whether exudatory is, at the moment of separation from a cell, or gland, foreign matter. If any amount of such product, however much or however little, be, by inexplicable movement, found in the blood current, *it*, the debrisic element, being foreign, could not by any sort of pathologic caper, play *auto*. When cells are in homogenous relationship and physiologic, the state of wellness inheres, certainly.

To intoxicate there must be the introduction of foreign matter, element, something. The body can not react upon itself to make itself sick or drunk. Come, brother, brethren, drop the term auto-intoxication. Pretty term, and sounds full and large, but like so

many others and much other straw which have worked way into medical nomenclature, it is empty—meaningless.

The writer may be considered “nutty,” but he would not think of prescribing veratrum and aconite in combination. Pulse full, frequent and bounding, fulness of tissues, face dusky red—veratrum. Pulse small, weak, frequent, features pale or pinched—aconite. We need to disparage the use of medicines in combination, when it is found that even a single agent is composed of complex divergent products and principles. Take the nightshade for illustration.

You have, Mr. Editor, in design and effort in THERAPEUTIST, outlined a way which when pursued to ultimate, will land you and your thousands of followers into closest proximity of basic medical truth. And when the goal be reached, will be found to have resolved itself, from the beginning, into the axiom: The single remedy proven and relied upon to produce direct and positive favorable effect as against certain, well defined pathologic reflex-condition.

Allow me to subscribe myself your sympathizing co-worker,

W. L. LEISTER, M. D.

Co-Editor *American Medical Journal*.

COMMENT: In my April number, I asked our readers to send me a list of thirty remedies which they considered the

most important; which they would select it they were reduced to that number. I am still desiring replies to that request. Among those I have received I publish only the above now, as it presents facts that I desire to bring forward in this number of my journal. The above statements of Dr. Leister are well worth consideration. I trust many others will yet respond in the same line. Let us have a list from at least one hundred doctors.

### **BRIGHT'S DISEASE**

*Editor Ellingwood's Therapist:*

I may be rather late in contributing a fact to your beautiful journal; but will endeavor to make up time before I get through.

In Bright's disease, and in other forms of kidney failure, I have for many years used resorcin in two-grain doses in solution in two ounces of water, half an hour before meals, and at bedtime. After meals I use small doses of hydrastis, and scutellaria—say two drops of sp. hydrastis to four drops scutellaria in four ounces of water, two teaspoonfuls at a dose. Between meals and during the evening I give 20 drops of sp. chimaphila, with ten drops of sp. aconite to four ounces of water, two teaspoonfuls once an hour.

In quite a number of cases where the microscope gave dangerous changes in the kidneys and the average amount of urine was from two to four ounces in twenty-four hours for eight to ten days, there were no signs of uremia, and the patient made uninterrupted recoveries. I find all cathartic agents very dangerous in these conditions. I have

patients avoid all sweet and sour foods at such times; using beef tea, or hot milk for diet until kidney secretions are fully established.

In my experience and observation, Dr. Webster is about right in regard to drinking water, at least after meals. I have invariably found, that in dyspeptic conditions fluids at meal time, or for four hours thereafter, are always bad. I have had cases from three to twenty-one years' standing, that no treatment had ever benefited. They were allowed to drink what water they wished a half hour before meals, but no water or other drink at meals. They were promptly cured with small doses of aconite and pulsatilla in a swallow of water a little before meal time, and a few drops of hydrastis and skullcap immediately after, with ten grains of chlorate of potash dissolved in the mouth and swallowed.

Fraternally yours,

DR. H. P. WHITFORD.

### **SOLAR DERMATITIS**

*Editor Ellingwood's Therapist:*

I have a patient with a very peculiar trouble for which I am unable to find a remedy. He has been to many physicians without any relief, and therefore I am asking help for him. If any one can assist me in relieving him I will appreciate it.

It looks like a true case of sunburn of the entire face, and only comes in warm or hot weather when he is out in

the sun.

When he shaves smooth the entire face is affected when in the sun, but if he lets his beard grow enough to protect the skin, it only bothers the bare surfaces. It is of a very intense fiery red, with some swelling, and of a burning nature.

He can work in a foundry, or any very hot place in the building, and is not affected at all, or is not troubled in cold weather, but the first day out in the hot sun brings it on in a severe form. Then if he stays out of the sun for about four or five days it will peel off, and get well, but will not improve as long as he works in the sun. It appears on the face, neck, and ears. Who can give me suggestions for relief?

Who can give a specific for pin worms?

F. M. SHIRK, M. D.

COMMENT: I would take this case to be more than ordinary sunburn, probably, because of a peculiar sensitiveness of the skin. Ordinary sunburn—erythema caloricum—is usually followed by a discoloration of the skin, or by an increased pigmentation of the surface, and is seldom sufficient to produce swelling. This is, I think, a case of solar dermatitis of an acute character, and should be treated as such. The treatment would be much the same as that for a mild burn. There is probably here an unusual degree of nerve sensitiveness, which causes the terminal nerve filaments to be easily affected by some peculiar element in the sun's ray. It will probably be difficult to treat the skin so that this condition would not occur. Tonic astringent washes should be beneficial.

## TURPENTINE IN HEPATIC DISORDERS

*Editor Ellingwood's Therapist:*

Will you kindly advise me whether or not you regard the oil of turpentine as of essential import in the treatment of organic disease of the liver? I have not found it so classed in any of our text books, but the scattering personal reports which I find in various medical journals, as well as the observations I have been able to make myself, have led me to believe that this is really a valuable remedy in this field. Am I right or wrong?

ARTHUR DEVOE, M. D.

COMMENT: I am very much interested in this old remedy, and accept with avidity any suggestions that are made that will broaden its field of action. I have not made any direct observations concerning the action of turpentine in liver disease, but my observation of its action in diseases of the intestinal tract lead me to believe that it could be used with advantage in these disorders.

The Doctor will furnish us with his experiences in an early issue of this journal. If any other of our readers have made observations in this line, I would like to have them reported at once.

## ALCOHOL IN CARBOLIC ACID POISONING

*Editor Ellingwood's Therapist:*

I do not remember to have seen in any number of the THERAPEUTIST mention of the antidotal influence of alcohol in the treatment of carbolic acid poisoning. I did find there mention of the influence of vinegar in these cases.

I am inclined to think that there is enough alcohol in the vinegar usually, to bring about the beneficial effects.

I had an experience with the use of alcohol which I will never forget. While I was yet a student in college, a cousin took a large mouthful of carbolic acid, thinking it was a cough syrup which she was taking at that time. Immediately she spat it out, called me in great alarm, and said "I have taken carbolic acid." She had not swallowed any of it.

It was only about two weeks before that I had heard one of the professors mention alcohol as an antidote to carbolic acid. I recalled this immediately. I said I have no alcohol at hand. She immediately ran and brought me a pint which she had bought to use after washing her hair. I had her take some of the alcohol full strength and hold it in her mouth and gargle it thoroughly in her throat. It was certainly astonishing how quickly this brought the blood back to the surface and restored the normal appearance of the mucous membranes. In fact it was almost immediately that the shriveled, white, lifeless looking membranes were restored to the appearance of perfect health. There was some soreness of the mouth for about a week, but there were no serious effects whatever.

It seems to me that if every doctor would make this fact known to his patients and urge them to keep this simple remedy on hand for emergencies, there would be fewer

deaths from carbolic acid poisoning.

Wm. F. HORMANN, M. D.  
Chicago.

### SUGGESTIONS IN THE CULTIVATION OF TIMBER

The U. S. Government is now making a most strenuous effort to preserve for the future of this great country of ours, an abundance of timber. The following suggestion is made to every one owning land:

A farm without a good woodlot is incomplete. Usually, not less than one-eighth of the acreage of every farm should be devoted exclusively to timber growing. If properly managed the woodlot will supply the farmer with posts, fuel, and building material, as suits his convenience best. It may even furnish some timber for market.

The woodlot should occupy the waste land not suitable for farm crops. Steep hillsides, ravines, swamps, sand dunes, creek banks, rocky slopes, and corners cut off by ditches, creeks, or railroads will sustain a good growth of timber and become an important source of revenue. Forest growth on steep slopes and river banks protects them from erosion by heavy rains and freshets.

Circular 138, recently issued by the Forest Service can be had free of the Forester at Washington. It gives the farmer some most valuable suggestions.

A. J. JEDLICKE, M. D.  
Chicago.

## Urinary Irritation—Chordee

The two following prescriptions I have used in cases of irritation at the neck of the bladder, the first especially, in elderly men where the frequency of urination was the only troublesome symptom; the latter, where there has been previous disease of the urethra, or of the prostate gland. The latter prescription I think will be found valuable in many cases of urethral irritation, especially if there is weakness of the organs.

Specific med. elaterium drops. 20  
Aqua destil. q. s. ozs. 4

Mix. Sig.: Teaspoonful every two hours.

Spec. med. staphysagria dr. 1  
Fl. ex. hyoscyamus drs. 3  
Spec. med. triticum. ozs. 1/2  
Normal tr. vesicaria oz. 1  
Aqua destil q. s ozs. 4

Mix. Sig.: Teaspoonful three times a day an hour after eating.

In a severe case of chordee, I gave my patient twenty drops of specific gelsemium, early in the evening and repeated the dose at bedtime. This produced entire immunity from the disorder. There was no erection whatever during the night, but entire flaccidity. These suggestions are certainly well worth knowing.

## Facial Neuralgia—Chordee

In line with suggestions Which I have seen in this journal during the past year, is my own experience in the treatment of some cases of neuralgia. I use the following formula:

Sp. belladonna dr. 1/2  
Ammonium chlorid drs. 3  
Chloroform water, q. s. ozs. 3

Mix. Sig. One dram every three to six hours.

In the treatment of chordee I use the single remedy salix nigra in from half of a dram to one-dram doses at bed time. If necessary the dose may be repeated.

A. W. DORTCH, M. D.

COMMENT: As salix nigra is an active sedative to the nervous excitability of the sexual functions the probabilities are that that class of cases in which this remedy will act as the doctor suggests, is the sthenic class. Where there is weakness and a tendency to impotency this remedy would be likely to be contra-indicated.

## Leonurus as a Heart Tonic

The January number of ELLINGWOOD'S THERAPEUTIST contains a short article on the action of leonurus cardiaca, but I find therein no mention of the action of this remedy upon the heart.

Leonurus is a valuable heart tonic. As such it is highly esteemed by the medical herbalists of Great Britain. I have used it in my practice for a number of years as a simple heart tonic, and have found it to exercise an important influence, in such conditions, producing permanent results. I strongly recommend it to the observation of my brother physicians in the United States for this purpose.

A. DAWES, M. D.

Birmingham, England.

### **An Improved Plastic Dressing: Oleum Ricini et Bolus Alba**

A country practitioner often finds it inconvenient to keep everything on hand ready made for use, that he occasionally happens to need. A plastic dressing for inflammatory conditions, etc., commonly called "Denver mud," can be made with castor oil and finely powdered white clay, worked into a thick mass with the addition of a few drops of a flavoring oil to cover the odor of the castor oil. The oleum ricini has the relaxant and antiinflammatory effect, and the bolus alba the absorbent effect of morbid and poisonous substances wherever applied. The mass referred to is nearly identical with the usual plastic dressings and as near as I can find it is the same. With me it has practically the same therapeutic value.

The best white clay can be obtained from any wholesale drug company, under the name of China clay, for 3

cents per pound, and any doctor can make his own "mud."

O. NOBELL, M. D.

### **Cold Feet**

In the treatment of acute inflammatory conditions, we must seek to re-establish physiological equilibrium of the circulation and of secretion and excretion. In this connection, be it remembered that no patient ever does well so long as the feet are cold.

HORACE R. POWELL, M. D.

COMMENT: The doctor neglects to give us his treatment for cold feet. His suggestion is an important one. An article of some length could be written on this topic. Many physicians neglect this condition through a protracted period of acute disease, which would be materially shortened if the circulation was made uniform. In chronic cases of cold feet we find sometimes a most baffling condition, one which must needs be overcome and yet is difficult to correct. Suggestions as to a cure will be gladly published.

### **Tibial Ulcers**

I have treated tibial ulcers with echafolta with excellent results. I consider this medicine more nearly a specific for all blood dyscrasias than anything I have ever known. I am just completing the cure of a tibial ulcer of three years duration. I use this remedy alone, nothing else, both externally and internally. I give thirty drops in water, three times daily, and apply a 25 percent solution externally.

Much success to your journal. I think of the THERAPEUTIST next to my Bible.

J. A. CANNON, M. D.  
Pickens, S. C.

### A Case for Diagnosis and Treatment

I have a case which I desire to present to the readers of this journal for a diagnosis and treatment. It is that of a man forty years of age. Several years ago he had an attack of gonorrhoea with stricture. The symptoms at present are as follows: There is pain beginning in the right groin, extending down to the knee, the veins in the right side of the scrotum and in the spermatic cord on that side are enlarged and are extremely painful.

When urinating or when the water is held for a length of time, the pain in the thigh and in the knee becomes almost unbearable. When sitting, down, the pressure of the seat against the muscles of the leg causes the pain to occur and if that leg becomes cold the pain is greatly increased.

There are no external appearances of the disorder, no swelling. The trouble seems to be in the muscles, tendons and ligaments, and in the knee joint, or the pain is reflected from the original seat of the trouble, to these structures.

If any readers of this journal can make any suggestions and give a correct diagnosis of this case I believe it will be

profitable to all.

E. T. SAGAR.  
Columbus, Ohio.

COMMENT: I have given the doctor my diagnosis and have suggested a plan of general treatment of this case. If any reader has had a similar case, his experiences will be beneficial to all. I desire, with the doctor, to hear from our readers.

### Treatment of Wounds

In cases of sprains, contusions, bruised and lacerated wounds, I have found equal parts of ichthyol and echinacea painted on with a brush two or three times daily and properly bandaged, to be the very best treatment, relieving the pain and soreness, promoting healing and a return to the normal condition in the shortest possible time.

W. J. DONALDSON, M. D.  
Commerce, Mich.

\* \* \* \* \*

*Chelidonium*.—This remedy is given in a general way for liver faults. Specifically there is a yellowish or greenish discoloration of the skin with usually more or less emaciation, there is pain in the right hypochondrium, sometimes full and distinct in character, at other times a throbbing pain or a short pain which extends through to the lower border of the right scapula.

# Choice Cleanings

## SUCCESSFUL TREATMENT OF GALLSTONES WITHOUT RESORT TO SURGERY

In the August, 1907, number of the THERAPEUTIST, I reproduced from the *Virginia Medical Monthly*, an article by Dr. Charles S. Webb, with the above title. I have received requests for sample copies of this number of the journal until I have but a few copies to spare. Furthermore, the subscribers for the present year are desiring to know the details of Dr. Webb's method. I have therefore thought it best to reproduce that method in this number of the journal. The plan of this journal is not only to present the best things but to keep them before the readers in such a way that they can always have immediate access to them, whenever required.

The doctor's idea is to overcome the pain and to produce relaxation by the internal use of chloroform and compound spirits of ether, then he depends upon position, and the use of castor oil. He presents the plan as follows:

Chloroform	dr. 1
Olive Oil	ozs. 2
Mucilage acacia	ozs. 2

Mix. Shake well. Dose: two teaspoonfuls every four hours. These doses may be varied somewhat as to quantity and interval, if the conditions seem to require it. After taking this mixture for about forty-eight hours, let

the patient fast for ten or twelve hours and then give the following dose :

Spts. eth. Co.	dr. 1
Olive oil	ozs. 8

Mix and shake well. Take all at one dose. The patient is then directed to lie on the right side, with hips slightly elevated (about four inches) for one hour; then, on the left side, with hips elevated about twelve inches, the spinal column being kept as straight as possible, so as to form the hypotenuse of a triangle of which the perpendicular is twelve inches and the base a smooth mattress. This position is kept, if possible, for one hour and a half. After this, the patient may sit up, or walk around the room, if so disposed.

"After three hours," the Doctor says, "I give a full dose of castor oil and await results. The discharges should all be saved, well diluted and strained through a wire sieve. The stones are mostly of an olive green, or dark golden brown color, and vary in size and shape according to their impaction. Any careful observer who has once seen and examined gall stones will have no difficulty in identifying them, against the "fatty concretions" and foreign substances sometimes mistaken for them. I cannot too strongly urge that the success of this treatment depends on the accurate observance of every detail.

"If the patients ask, as they sometimes do, if they will be forever free from biliary colic after treatment, I simply tell them that no reputable physician

can guarantee them against a second attack of anything, not even smallpox. I can say, however, that all the cases I have treated have had a long respite, and I know of only two who have ever had a return.

“This is my idea of the rationale of the treatment. The chloroform (as in the first prescription) relaxes the involuntary muscles. We are told by anatomists that there is no muscular fibre in the bile ducts, but there is in the duodenum. The hepatic duct and the cystic duct unite at an acute angle and form the common duct, which descends through the right borders of the lesser omentum and behind the descending portion of the duodenum to the inner side of that intestine, where it terminates by passing obliquely between the muscular and mucous coats, and opening on the summit of a papilla, which is common to it and the pancreatic duct.

“The papilla is situated near the lower part of the descending portion of the duodenum at the inner side, and the duct is constricted in size during its passage between the coats of the intestines.” (Wilson's Anatomy.) This author also says that a few smooth muscular fibres have been observed in the biliary ducts, but there is no special muscular coat.

“The chloroform, administered at four hour intervals produces general relaxation, and the biliary ducts partake of it. Notice also that the ‘common duct is constricted in size

during its passage between the coats of the intestine,’ that is, between the muscular and mucous coats. This part of the duct, therefore, is also enabled to dilate or expand because of the relaxation of the muscular coat of the duodenum. The compound spirits of ether given with the final dose of olive oil also helps this dilatation.

At this stage of the treatment the position is everything. When lying on the right side, with the hips elevated four inches, the oil glides out of the stomach into the duodenum and backs up as in a reservoir.

When the position is changed to the left side, as described, the oil finds its way into the common duct and perhaps into the gall bladder and so the tubes are lubricated, the calculi are oiled up, and when the patient assumes the upright position the oil flows out by the force of gravity and brings the calculi along with it.

“This is my theory as to how the whole thing is done and it seems to be reasonable, for if a gall stone can come out of the tubes, why cannot the oil go in, if the position is favorable, like pouring liquid into a bottle? This is the only way in which I can account for the facts which have now been observed too often to be considered a mere accident or a post hoc.”

## HEMORRHAGE FROM VARICOSE VEINS OF THE VAGINA IN PREGNANCY

Grunebaum states that varicose veins of the vagina are quite frequent in pregnancy. The veins become increased in length as well as in width and become tortuous. They are found in from 25 to 75 per cent of all pregnant women according to different authors.

The cause of the varicosities is primarily the pressure of the gravid uterus on the hypogastric and iliac veins. Over-filling of the large intestine through constipation is also an important factor in producing this trouble.

The upright position in standing and working is a third factor. We must add an individual predisposition by weak-walled veins. These varices produce serious and even fatal bleeding at the time of labor. The author describes three cases of hemorrhage in labor observed by himself.

The indication is to empty the uterus as soon as possible when hemorrhage occurs, since it cannot be controlled. When the physician has found such varices in the vagina the patient should be made acquainted with the danger of bleeding, and should be instructed how to make pressure on the varix with wadding should hemorrhage occur when a physician cannot be reached easily.—*Munch Med. Woch.*

COMMENT.—As I have said elsewhere, if

these cases are reported early I have not found it difficult to cure them in advance of the labor. Active specific astringent tonics are used internally and locally and the general condition of the patient is given much attention.

I do not believe vaginal varicosis is as common as the above foreign writer finds it. I doubt if ten per cent of our cases are so affected.

## DROWNING

By H. H. BLANKMEYER, M. D.,  
HONEY GROVE, TEXAS

In the *Chicago Medical Times*, November, 1906, I read Professor H. K. Whitford's article on Drowning, introduced there by Dr. Ellingwood, which to me was very interesting. You know it is, as he there states, a commonly accepted fact :

1. That a drowned person under water five minutes cannot be restored to life;
2. That a drowned person going into the water alive has his lungs filled with the fluid;
3. That a person drowned must not be resuscitated by the use of heat.

To all three of these accepted ideas he takes a most emphatic opposite stand, and with convincing argument he argues that a person can be restored to life even if apparently dead an hour or more, and all this time under water, so long as decomposition or breaking down of tissue has not taken place, and he quotes cases that he has actually resuscitated, while two other doctors failed, and all three patients were

drowned at the same time and in like manner. He argues that a person going into the water alive does not get any water into his lungs while drowning, because as soon as two or three drops touch the epiglottis it will spasmodically contract and close the entrance of the trachea, which, as you know, is the passage to the lungs.

Therefore, a person taken from the water with water in his lungs was most likely dead or unconscious before entering the water, and therefore the generally accepted evidence that the person entered the water dead, if the lungs are found free of water, according to Dr. Whitford, is false. He argues that today men are serving penitentiary sentences upon the circumstantial "water in the lung theory" who may be innocent of murder.

The water you have seen come from the mouth of a drowned person when rolled over a barrel or held with feet elevated was from the stomach, not from the lungs.

Dr. Whitford argues that to resuscitate a drowned person heat should be used and not withheld. In drowning, the body becomes chilled, and naturally the blood thickens and the capillaries become clogged; therefore, it would be the height of folly to cause artificial respiration and try to make the heart force congealed blood to flow through frozen capillaries. Get the capillaries and blood into condition first and then perform artificial respiration. Don't

that seem reasonable? What engineer would ever think of making steam and power if he knew the pipes were filled with mud and ice before he would get such mud or ice in condition that it would move and allow the steam to circulate?

"Here is the main point of this paper that I wish to bring forward." If Dr. Whitford is correct in his views—and I like them better than any I have ever heard—haste is not necessary in restoring a drowned person.

The actual method of artificial respiration is not the essential feature. You all know or have heard of the Paris or Laborde method of drawing out the tongue and jerking it rhythmically.

The Sylvester method is to draw the tongue forward, move the arms from side of body upwards until they nearly meet over the head and then slowly bring the arms down until the elbows meet over the abdomen; repeat this movement sixteen or eighteen times per minute.

Marshall Hall's method is to place the body face downwards, with forehead on forearm; stand astride the body and grasp it about the shoulders, raise the chest as high as possible without removing head from arm, holding it about three seconds; then place body upon the ground again, press lower limbs downward, then upward, gradually increasing force, for ten seconds. Suddenly let go and repeat lifting as before.

Dr. H. K. Whitford's common sense, practical method is to restore the normal temperature of the body first. This he writes, is best accomplished in a bath tub with the stopper so arranged that the water will gradually and slowly escape, allowing more hot water to be added from time to time, and thus keeping the water at one temperature. While the patient is in the tub the stimulation can be increased by pouring the hot water from a height of five or six feet on the body, avoiding the face and spine. If a bath-tub is not handy, use blankets soaked in hot water, repeating as often as necessary to get body and circulation back to the normal. If you are where hot water or blankets are not to be had, then do the best you can with friction to get normal temperature of the surface and capillaries. When you have caused as much stimulation as you can toward normal circulation, then draw the tongue forward with tongue forceps, or by the use of your finger and give free passage of air through the trachea to the lungs. Then, cause artificial respiration by any method best known to you, and if the blood current has been properly prepared it will not take more than five or ten minutes' work at artificial respiration to accomplish happy results.

*Eclectic Medical Journal.*

## Ellingwood's Therapeutist

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It is an undeniable fact that the practitioner of medicine in the United States today is the best in the world, by all odds. He is self reliant, independent, progressive and aggressive, and withall, or as the result of these combined traits, he is becoming more and more successful. His methods are advanced, rational, practical, and as they bring results they establish confidence and antagonize therapeutic nihilism.

In the face of these facts there are yet a few medical journals and medical authorities, that fill their pages with quotations from foreign writers making statements, which, to those who have been long in the profession, have been retired long ago; have long been forgotten. These are brought forward as authoritative advanced statements, worthy of consideration without question. With the exception of the use of synthetic drugs the Germans who are quoted most frequently, are the farthest behind.

It would contribute to the advancement of our profession if these journals were

as free to promulgate the truths commonly known among the physicians in our own country, and would push these with confidence.

#### **MORE ABOUT THE SINGLE REMEDY**

We advocate the study of single remedies and advise their use as applicable to single precise conditions, but if we find two or more of those conditions, existing at the same time, we do not hesitate to prescribe the indicated medicine for the two or more conditions, as seems to be demanded. These multiple conditions are more apt to be present in adults than in children.

It is in these cases that we may make a formula of perhaps three or four remedies, for the case which we are then treating. But we do not advise this formula for every such case, without regard to the existing conditions. The formula is varied from day to day, if the conditions vary. It is also different in the same general disease in different patients, if the specific conditions are different. Infants or children may exhibit a single uncomplicated group of symptoms which oftener can be met by a single remedy.

We are constantly criticised by those of the dominant school, for sticking to the so-called single remedy. They are very stubborn in failing to understand that we seldom if ever expect to find one remedy specific for the disease as a whole. It's the *single remedy* for the *single condition*. we insist upon. As stated above, several of these single

conditions may exist at the same time in the same patient.

#### **THE ECLECTIC MATERIA MEDICA**

No man in our school is more competent to present the status of our materia medica than the editor of the *Medical Gleaner*. In a recent article he makes some statements which I feel every one should read. I quote as follows: "To one not familiar with the eclectic materia medica, it would appear like vain boasting to assume that we have the richest materia medica extant. Yet we believe an unbiased judgment must accord with eclecticism such a possession. How it has become such, would form an interesting chapter, but space permits of but a few words.

Edward Dowden, in his "History of French Literature" has written of a great writer: "To present Victor Hugo in a few pages is to carve a colossus on a cherry stone. To tell why the Eclectic Materia Medica is the richest extant would be like a task. Four causative factors are very evident however. The eclectic investigators began their investigations in the field and forest and ended them at the bedside. Laboratory works solely could never have arrived at the results which have made ours a rich materia medica.

The eclectic has never been content to study but one plant of a botanical family, upon the assumption that all species of the same genus possess only the same or similar properties, with no

other variation than that of degree. Theoretical clinical results from the application of these plant relatives, with supposedly similar properties, are riot borne out by actual bedside tests.

Again, the eclectic doctor has worked out his therapeutic problems himself, and this has not been the work of a pharmacist. The eclectic pharmacist has not evolved medicines and speculated as to their therapeutic action, and then offered them to the all-too-trusting doctor as positive agents for certain diseased conditions. It has been the doctor's business to determine the uses of a remedy; the pharmacist's duty to arrive at the greatest perfection in the preparation of the agent so discovered.

Lastly, the eclectic has always demanded honesty, quality and power in his medicines, and he sees to it that he gets them. As a rule he dispenses his own medicines, and knows reliable preparations when he sees them. He knows the integrity of eclectic medicines. He knows, too, that the Federal government has never had to lay its hands upon a standard eclectic medicine.

### **BROMATOXISMUS**

In my recent work on the Treatment of Disease although I could find no precedent in previous use for so doing, I used the above term as a general designation for food poisoning of all kinds. The specific forms of food poisoning are designated by various

names. Tyrotoxismus, is the name given by Vaughn, to the form of food poisoning caused by the tyrotoxican which be isolated from cheese and ice cream. The name galactotoxismus refers to poisoning induced by the various germs which may be found in impure milk. Kreotoxismus is a very common form of food poisoning but it is seldom called by this name. It results from the eating of infected meat. The term sitotoxismus refers to poisoning by vegetable substances which have become moldy or otherwise contaminated with bacteria. Ichthvotoxismus and mytilotoxismus are terms which refer to the poisoning which results from eating unhealthy fish, or oysters, clams and shell fish, in a state of decomposition.

These foods are taken usually with the supposition that they are healthy. The patient himself being in excellent health. After a period of time, varying from half an hour to three or four hours the patient is taken with a griping pain, either in the stomach or bowels. This is often accompanied at once with nausea and violent vomiting. If severe vomiting occur immediately and early after the food is taken, but little harm results from the poisoning, as the larger portion of the food may be vomited before it is absorbed. If much time has elapsed, more harm results, as no more toxins are absorbed.

If the pain increases and persists, the constitutional influence of the poison is very quickly seen and soon becomes

conspicuous. There is a free watery diarrhea, the pulse is small, feeble and irregular; the patient becomes chilly, the skin cold; there are severe cramps in the muscles of the legs and arms, the skin is cold and relaxed; there is a profuse cold perspiration; the extremities, as well as the face and nose, and in the later stages, even the breath, are cold. There is great muscular weakness with depression, vertigo, difficult breathing, dullness of the mind, dimness of vision, dilated pupils and sometimes great restlessness and wakefulness. Frequently the mouth becomes sore and there is extreme soreness over the stomach and bowels, and there may be vomiting of blood or hematuria.

There is some variation in the severity of the symptoms, as induced by the different poisons. Those from meat and fish toxins are apt to be the most severe. However, severity in any case depends upon the quantity of the infected substance ingested, and upon the state of the stomach, in promoting its absorption.

The first important thing to be accomplished in the treatment of these patients is the restoration of heat—the elevation of the temperature. The patient should be packed in hot bottles or in a hot pack or placed in a hot bath under circumstances in which there is to be no chilling of the surface. The bowels should be thoroughly evacuated. If vomiting has not been sufficient to evacuate the stomach this must be thoroughly irrigated. It is well

to use a high colonic flush after the bowel movement. This may be used at any time if action of the bowels is delayed. After the intestinal canal is evacuated, a full quantity of hot normal salt solution should be introduced unless it becomes necessary, because of the severity of the symptoms, to introduce this by hypodermoclysis.

Immediately the stomach is evacuated, the ordinary gastric sedatives should be used to control the irritability, in order that remedies may be introduced to antagonize the toxins in the system. Bismuth and ingluvin will quiet the stomach if given in frequent doses. They may be given in half an ounce of hot water to which a drop of the tincture of capsicum is added. Echinacea, hydrastis, and perhaps berberis should be given. In some cases calcium sulphid will be indicated.

At no time should the condition of the strength of the patient be overlooked. The action of the heart must be maintained, whatever else is demanded. It may be necessary early to use strychnin or nitroglycerin hypodermically. In some cases brandy may be used hypodermically with good results.

#### **COLD AS A CAUSE OF DISEASE**

In the language of the common people, to “catch cold” is a simple and common accident contingent upon exposure to chill or draught, or to abrupt changes of the temperature.

Pathologically it has been passed over, as too common to deserve scientific attention. While the condition was once universally believed to be a cause of local congestion, and subsequent inflammation, it is now the rule to attribute these conditions to germs, overlooking the congestive phenomena induced by cold.

The effect of exposure of the surface of the body to cold, is the induction of a more or less abrupt contraction of the surface capillaries, producing a temporary anemia of the skin, general or local. Two results follow this, both pathological. The first is the suppression of the excretion of the glands of the skin, and the second is the occurrence of an engorgement—a congestion—in some organ beneath the skin or deeper, without the essential reaction.

There is thus a disturbance in the equilibrium of the circulation proper. When one part of the body is emptied of blood, the blood remaining, in the circulation is necessarily forced into another organ or part. If the proper reaction takes place this local engorgement is only temporary, the tendency being strongly towards the reestablishment of a natural equilibrium.

If from any reason any organ or part has not at that time its normal tone—its normal resisting power—the engorgement will cause irritation, the congestion will quickly assume an acute, active form, destruction of

tissue takes place, the local and general heat are increased, and the result is an acute inflammation. This is a natural consequence. It is the same with any organ in the body. The probabilities are that at no distant time public opinion will be that those characteristic pathological germs which in many cases are claimed to be the cause of disease will be thought to exist not as the cause, but as the result of a disease under the circumstances described.

The local congestion induced, and the retention of toxic excretory products, are both to be contended with in the treatment of a patient for cold.

Heat is the direct antagonist of cold, and to the conditions induced by it. Heat stimulates the glands of the skin immediately, causes relaxation and promotes excretion. Heat stimulates the capillary circulation in the deeper organs, producing dilation to permit of a free outflow of blood. It stimulates the blood to pass through both the venous and arterial capillaries and to carry with it what broken down tissue up to that time has accumulated, and to bring in the oxygenized principle through the arterial capillaries, which will restore the broken down structures. Cold on the other hand, while preventing the accumulation of abnormal heat to a degree for the time being, only increases the congestion more and more, and locks up the morbid material in the diseased parts.

Rationally and physiologically the application of heat, and the

determination of the active free hyperemia in the presence of heat, is necessary to the complete restoration of an inflamed organ, and to the re-establishment of the normal general equilibrium in the circulation. This theory is directly opposed to the continued application of cold, which is so commonly advocated. Bier, a German investigator, has recently brought out his theory for curing chronic local disease, by inducing hyperemia, and because the theory was "made in Germany" the profession are flocking to it in a perfect stampede. It amounts to nothing more than the proper application of heat with constriction in some cases, and the entire rejection of persistent cold application. It confirms the opinion I have stuck to, in the face of violent opposition, for years. I have developed the essential facts of the Bier theory in the editorial which follows this.

#### **BIER'S ARTIFICIAL HYPEREMIA AS A CURE FOR LOCAL INFLAMMATION**

For many years a few writers have argued that the rational method of treating local inflammation is by the application of heat. Heat promotes an active flow of blood not only to the part, causing an active hyperemia, but from the part, carrying with it the products of retrograde metamorphosis.

Bier, an eminent surgeon of Bonn in Germany, observed the beneficial results of this method years ago, and began to make observations, first, in the treatment of chronic joint

affections and subsequently in the treatment of other inflammations. He adopted various measures and made a wide range of observations, with the positive conclusion that an artificial hyperemia, properly induced, encouraged nature's processes in the cure of local inflammations, and was in itself a most rational method.

His conclusions now are that induced venous hyperemia is applicable to chronic inflammations, and that in acute inflammations the entire circulation is involved. The doctor uses many of the best known methods such as moist heat, dry heat as well as torsion bandages to attract the blood to the part and to keep it actively circulating in the part. This course is persisted in over a sufficient period, depending upon the character of the inflammation.

The effect produced by the artificial hyperemia is to increase the quantity of active blood in the circulation of the diseased area; is to lessen the pain; to promote elimination which in itself is very important, and to increase the mobility of stiffened joints.

Another very important result which the doctor believes he has proven, is the antiseptic influence of acute hyperemia. He believes it destroys bacterial life, and thinks he has more clearly proven this than any other influence of the remedy. His theory is, that as the leucocytes which antagonize the existence and the growth or development of bacteria, are

concentrated in the parts by this hyperemia. Stimulated by the effect of the heat, they wage a more than usually active warfare against diseased germs. As a result of this, there is an arrest of suppuration; there is a greatly shortened term of febrile action; there is a rapid absorption of all other products of inflammation, and a normal restoration of the condition of the parts.

He believes also that this method assists in the breaking down and removal of the products of chronic inflammation, such as exostoses and other adventitious products. In severe cases where these factors are present, where there are bands of adhesion, as well, he has succeeded in breaking up deposits, releasing adhesions, dissolving, he believes, the products of the inflammation, and restoring motion to the parts.

The results of this course are so widely in contrast with those which are familiar, where cold is used, or where an antihyperemic condition is induced, that the superior advantages of this method are plainly apparent. This method also terminates necrosis, stops the progress of any destructive process, prevents the formation of bands of adhesion, and other restricting processes, and does not interfere with the nutrition of the part. In fact it greatly increases local nutrition, as it increases reconstructive activity and brings food to the diseased tissues.

About the only conditions to which Bier believes that this measure is not applicable is in the treatment of pulmonary consumption, where there are amyloid changes, where there are large abscesses, and in deforming arthritis. Where there is local tubercular disease, benefits may be obtained, if the treatment is persisted in, but it often requires many months.

### STRAIGHT SHOTS FROM THE ILLINOIS MEETING

The following is taken from Dr. Jentzsch's paper. We expect to produce the paper in full next month:

“Four years ago my son, 11 years of age, was stricken with a fulminating case of nasopharyngeal diphtheria. The serum antitoxin was exhibited promptly in sufficiently large doses, and was repeated with no other result, but that the child passed from an active sthenic condition, with dyspnea, into a passive collapse with apnea. This I had witnessed before and now knew to be fatal with certainty. When the case seemed beyond human help I filled my hypodermic syringe with the pure specific lobelia and gave the child the entire dose subcutaneously. Strange to say I gave it with a confidence altogether out of proportion to the circumstances. However, the result proved this to be justified, for the patient responded immediately in a marvelous manner.

All the fatal symptoms gave way to those of returning health, the patient

passing from a death-like struggle into a peaceful slumber from which he awoke after three hours, somewhat weak. Another dose was given which was followed by a still more pronounced reaction for the better. The patient from that time continued to convalesce with the exception of a post diphtheritic pharyngeal paralysis, and made a rapid recovery. The paralysis yielded to a final dose of the same remedy.

Since treating the above case, I have treated one hundred and fifty cases of diphtheria in my practice in Chicago with the above treatment, using in some of the cases in addition our plainly indicated remedies, and every case has recovered. The action of lobelia was uniform in all the cases."

The use of lobelia hypodermically opens up a new field for the study for this remedy. Considered from the point of view of those who have so used it, its influence in some cases is almost miraculous. Dr. Jentzsch has now made more than six hundred injections of from ten minims to a dram. He uses the specific medicine every time, and has had not a single abscess or unpleasant result from the injection.

In the discussion of Dr. Jentzsch's paper on the hypodermic use of full doses of specific lobelia, for the immediate cure of diphtheria, the following facts were brought out:

Lobelia hypodermically in dram doses has not yet with any observer (and

observations have been made on over two hundred cases), produced the slightest nausea. The effect of the remedy used in this manner, seems to be entirely different from its well known influence. It acts as a powerful stimulant to the capillary circulation, While it produces relaxation in proper doses it does not produce depression. It improves the action of the heart and circulation at once. It is absolutely benign; no unpleasant effects have yet been noticed; no abscess has yet formed from its injection.

It has been used by our physicians to overcome asphyxia from any cause. It has an immediate influence in some cases of apoplexy, and especially in delirium tremens. It has been used with much benefit in epilepsy. Dr. Jentzsch in one case to resuscitate an infant newly born, injected half of a dram and repeated it in twenty minutes, with pronounced success. In a case of umbilical hemorrhage in a four days old infant he gave one dram hypodermically and produced immediate relief.

Dr. C. P. Reed made some excellent suggestions in the use of saw palmetto. The doctor believes the best preparation is made from seeds recently dried. He gives the remedy in full doses-half of a dram at least of the fluid extract. Its influence is soothing to all mucous membranes, especially those of the bronchial tubes, and of the urinary apparatus. He has cured with it, many cases of persistent winter cough. The effect of the remedy is

slow, but very permanent. Where there is chronic prostatitis with these cases in old men, the results are pronounced on both conditions. Its continued use will produce permanent benefit upon the urinary conditions which depend upon the enlarged glands. In any case of prostatitis, he considers it an important remedy.

He has given it in several cases in the latter six or eight weeks of pregnancy, and has obtained results similar to those obtained from the action of mitchella macrotys and other remedies, in preparing the patient for an easy labor.

Dr. Tallerday confirmed all the good things said of this remedy by Dr. Reed and claimed in addition that it causes his patients to gain in flesh, the influence in emaciated patients being apparent. In some cases of marasmus he prefers it to cod liver oil.

Dr. Graves gave the following specific indications for the application of external agents in erysipelas: Where the skin is bright red and the heat is intense, he covers the surface with dry boric acid, and lays over this, a hot, wet compress. Keeps it hot for a while, and then applies a poultice of crushed cranberries or buttermilk.

Where the eruption is dark red, with active circulation and heat, he applies Dr. Whitford's carbolic acid paste, and then applies hot application persistently.

Where the skin is dusky or purplish he applies ichthyol and glycerin.

Dr. Schussler applied acetate of lead, ten grains, in a four ounce solution of equal parts of glycerin and water,

Dr. Tafel uses jaborandi in the treatment of erysipelas or gives an injection in sthenic cases at the onset, of pilocarpine.

Dr. Woodward had a case of severe confluent measles in an adult, 45 years of age, where the burning of the skin, and the itching, were well nigh unbearable. Accompanying this was an extreme headache. Remembering the beneficial influence of veratrum, applied to the burning skin in erysipelas, he added one dram of veratrum to four ounces of water, and sponged the surface of the body rapidly with that. The effect upon the distressing skin symptoms was instantaneous. The relief was immediate. He then gave the patient a few whiffs of chloroform, and the headache disappeared as satisfactorily.

He has since used this application in all cases of burning and itching from eruptive diseases. It not only gives relief, but it promotes a cure of the condition. Wherever pruritus is present, especially if there is a sensation of burning, veratrum applied as above will exercise a soothing influence. When boils occur in crops and persist in spite of the usual treatment, give the patient half of a teaspoonful of a good fluid extract of

yellow dock every two or -three hours for two days.

When the specific indications for collinsonia are present, the remedy will work much more specifically and more immediately if the intestinal canal be thoroughly cleansed with a mild laxative or with a colonic flushing.

Dr. Tallerdag pre-vents and cures nausea and vomiting after surgical operations, by rectal injections of the normal salt solution, and the peptonoids, to which occasionally prickly ash is added.

In the treatment of facial neuralgia or neuralgia of the head or trunk, Dr. Graves uses one-eighth of a grain of cannabis indica with a little hyoscyamus.

Dr. Tafel has made an extensive observation of the action of sarracenia in the treatment of eruptive fevers. He has used the remedy alone in three hundred cases of scarlet fever, and in two hundred and sixty cases of measles. Its influence, he claims, is undoubtedly specific. The results are so decidedly satisfactory, that he finds it necessary, in but few cases, to use any other treatment. This remedy seems to cover all the indications. He has used the same remedy also in a few cases of small pox, and has been satisfied that its influence was highly beneficial. He obtained good results also in one case of pneumonia. I have been confident for several years that this agent should have a more

thorough trial.

The right remedy, in the right dose, at the right time, is curative.-Abbott.

### DRY CUPPING

At one time revulsive, derivative and counter irritating agents were used very commonly. There is no doubt but they were used too frequently, and too actively, but properly used they exercise in selected cases a most excellent influence, and their use is now apt to be overlooked. Among the commonest of these was cupping. Wet cups are seldom if ever needed, but dry cups are harmless, and often immediately and actively beneficial. It seems impossible to those of us who are older, that the younger physicians should know so little of this method, although it is not usually mentioned in the college course.

There are two conditions in which I have found dry cupping of immediate and permanent benefit. These are where there is spinal irritation-deep soreness over the spinal cord or over the ganglia with the long train of nervous symptoms which are apt to follow this condition. The other is backache in the region of the kidneys of a distressing and more or less permanent character. When this condition is persistent during the course of chronic kidney disease, I have found cupping to assist very materially in the treatment of the kidney disorder. It is of immense service in nephritis.

I have found this method serviceable also in the treatment of congestive headache, the cups being applied at the nape of the neck; also in chronic liver disorder and in pelvic derangements which are accompanied by constant more or less severe pain in the sacral regions.

In applying dry cups, an ordinary tumbler may be used or a small cupping glass. These are of thick glass with smooth edges, thin glass cups, while the vacuum is produced more quickly may break with laceration of the skin. The surface to be cupped should be moistened with warm water. Three or four drops of alcohol should be dropped into the bottom of the glass when the surface is prepared, ignited and the glass immediately inverted and pressed against the moistened skin, while the alcohol is still burning, care being taken that there is not enough alcohol to run down upon the skin while burning.

Immediately the glass is pressed against the surface, the flame is extinguished and the glass cooling, a vacuum is formed, and the structures beneath the glass are pressed upward into the vacuum in a convex form. The skin included, fills very rapidly with blood, the capillaries becoming greatly distended. I have found a small glass, one the top of which has the diameter of about two inches, to be the best size. Larger than this it is more difficult to handle.

The glass will remain on until the pressure abates from the return of air within the glass, but usually a physician must decide for each case, how many glasses should be applied, and how long they should remain on. I have frequently produced fainting and nausea with a single glass. These symptoms should not cause the glass to be withdrawn. The patient should lie prone and may drink a little cold water. From three to six glasses may be applied at once under proper circumstances and may remain on from four to twelve minutes.

When the area within the glass becomes greatly discolored or discolors rapidly I have made it a point, either to admit a little air by pressing some smooth steel object under the edge of the glass, as the handle of a key, or by thus removing the glass entirely. Their application may be repeated every two, three or four days, according to the severity and progress of the case.

Wet cups refer to the withdrawal of a small quantity of blood by scarifying the skin before the cup is applied.

### **PROGRESSIVE MUSCULAR ATROPHY**

This condition is a commoner one than it is at first supposed. Although in the earlier stages it is amenable to treatment, in the latter stages it is usually pronounced incurable. At the onset of the trouble, the condition is simply one of weakness. This is followed in a short time by a shrinkage

sometimes of a single muscle, and at other times of a group of muscles. It sometimes involves a finger or a thumb, and at others the entire arm, notably the right arm.

The rapidity with which the atrophy progresses depends much upon the cause. Males suffer from this much more often than females. In the later stages the muscles of the arms become much reduced in size. There is almost complete loss of strength, with trembling and uncertainty in its action; cramps and spasmodic contractions may follow.

While the condition is ordinarily one of simple atrophy, at other times the muscular fibre is replaced by granular, fatty or waxy substance. The appearance of the muscle, in the simple form, is much the same as in health, except the anemic appearance.

It is difficult to locate the cause of this condition. It is undoubtedly due to a degeneration of the spinal cord, induced by cold, general exhaustion or over muscular work. It should be recognized early and all available measures should be used for its immediate relief. The best means are nutritious and stimulant tonics, with iron and arsenic. Arsenic is considered a very good remedy, Where an alterative and tonic are both needed, the iodide of iron is available. But the most serviceable treatment will be the Faradic current in those cases where the nerve centers are not seriously complicated, and the continuous

current where the fault is located in the spinal column or in nerve centers. I had a notable experience with a one armed freight conductor. I was enabled

to diagnose the condition early. I enjoined rest. I treated him almost exclusively with the Faradic current. This was persisted in for two or three months with an almost complete cure.

### OSTEOMALACIA

This very peculiar condition is not so common in this country, as among the poorer classes in the old country. It is known sometimes as malecosteon or mollitis ostium. It is characterized by a deficiency in the earthy principle of the bones. Not so much that this principle is not supplied, as that from inflammatory conditions, which are apparent in the medullary tissue of the bone, the bone becomes soft and flexible. The earthy principle is eliminated principally by the kidneys in the form of oxalate of lime. The outlines of the bones are not altered but are retained in form as cartilage. This in turn becomes disintegrated and softened and in some cases actually liquefies.

This condition was at one time confounded with rachitis, but recent writers point out their great dissimilarity. The condition is not always a general one. It may be confined to a few bones, but when general it produces sometimes most startling distortions and exceedingly strange appearances. A case is reported

by Morand of a woman who died in 1752 greatly deformed. The trunk of the body was only twentythree inches in length and the soles of the feet could easily be placed against the sides of the head. In these cases the pelvis becomes narrower, its anterior-posterior diameter being greatly increased.

The condition is much more common in females than males. Out Of 511 cases, 61 were males, not quite 12 percent.

Almost nothing is known of the causes of this strange disease. Locality is one of the first causes, as indeed there are but few localities in which it may be found. In fact, by far the greater number of cases are found along the shores of the river Rhine. It is presumed from analyses there have been made, that lactic acid is the cause of the disorganization of the organic structure of the bones, as this substance has been often found in the marrow of bone so affected.

There are diagnostic points which will enable a physician to distinguish between this and the rickets. The first is that this disorder is a disease of adult life only, two cases having been known under twenty and very few under twenty-five, while rickets is a disease peculiar to childhood. This is attended with severe pain, while rickets is usually painless. This condition is steadily progressive, while in rickets the progress is often arrested and recovery ensues. This condition affects females principally, while with rickets

as many males as females are affected.

The disease is difficult of recognition in its early stages because the pain and soreness resemble rheumatism, and cannot ordinarily be otherwise distinguished until the bones begin to yield. There are symptoms similar to chronic myelitis; pain in the limbs, extreme sensitiveness to pressure over the spinous processes, with contraction of the adductor muscles of the thighs.

There is difficulty in breathing, great difficulty in walking or standing. In some cases the disease advances with considerable rapidity, in others, progress is slow. In all the prognosis is unfavorable, recovery having taken place in only a few cases. In the treatment of this serious disease the functional activity of the vital organs should be greatly encouraged. Tonics of the most active character are indicated, among which phosphorus has the first place. This agent may be given in the form of the phosphates, but the tincture will usually produce the best results. A complete change in all the habits of life, as well as in locality, is very desirable, and the constant administration of alkaline waters, would seem to be indicated by the pathology of the disease. One patient strangely recovered after the administration of chloroform.

#### **DELAYED LABOR**

Delayed labor is defined as one in which the frequency, strength, duration and expulsive character of the

uterine pain has been so changed as to prolong the second stage of labor, so that either the life of the mother or that of the child is endangered. The cause of uterine inertia may be local and general.

An condition causing, a disturbance of the uterine muscle would tend to produce this condition, such as multiple pregnancies, uterine tumors, excess of liquor amnii as well as an overdistended bladder. Among the general causes are mentioned, (1) general lowered condition of the system; (2) certain psychic and emotional disturbances; (3) fatty changes and atrophy of the abdominal muscles or separation of the recti.

As to the treatment, the author says that he believes in conservation in all things, particularly in obstetrics, and of the great need of giving Nature a chance; however, in selected cases, he believes in the early application of forceps in the second stage of labor. In conclusion he remarks that the woman about to become a mother has the right to demand every alleviation from suffering which medical science has provided, such as anesthesia, asepsis and rapid delivery.

Given a case of labor with the os uteri fully dilated and obliterated, ruptured membranes, empty bladder and rectum, and asepsis, no abuse is possible. The time at which forceps should be applied depends upon the conditions that arise in each case. It is the author's rule to make use of the

forceps after no progress has been made for two hours. The old idea, and one rather common among, general practitioners, to wait until danger signs to mother or child were present, was decidedly erroneous.

—*Phila. Med. Jour.*



**CHRONIC DISEASE.** The natural method of diagnosis and of successful treatment. By W. H. Burgess Avondale, Tenn. Published by the author. Price, in princess cover, \$1.00 in leather, \$1.50

This work includes a work previously published by the author entitled *A New Field*. The doctor is certainly an original investigator. He has been a very close observer of the direct action of drugs, in lines peculiar to himself. He has brought out a very great many practical suggestions concerning the action of remedies, that have not been otherwise presented, and his statements are devoid of quackery or undue egotism, but show plainly that a long experience and the obtaining of satisfactory results have convinced the author of the truth of the statements he makes. He draws upon all sources for his knowledge and for his remedies. He has used magnesium sulphate for a great many conditions, and succeeds in obtaining results from its action where others have never thought of using it. This is certainly a valuable little book.

**THE PHARMACOPEIA AND THE PHYSICIAN.** A series of articles which discuss the chief substances in the U. S. P., classifying them according to their

uses and endeavoring to show combinations which may be made to take the place of many well known proprietary preparations. By Robert A. Hatcher, of New York, and Martin I. Wilbert, of Philadelphia. Published by the American Association Press, Chicago.

This work is valuable from a pharmacological standpoint only. It contains but few therapeutic suggestions and those are based so exclusively upon laboratory observation as to possess but little value for clinical purposes except perhaps with a very few of the alkaloids. It says of aconite that it possesses almost no action except that of its alkaloid, and gives no uses whatever to this except for external purposes and toothache. Certain prejudices continually show themselves throughout the book which always greatly hampers one in the thorough study of the drug. It would be refreshing, indeed, to find a work published by this the highest of authorities in the profession in general, which would absolutely without prejudice bring out the properties of those remedies which are now being used successfully by all schools.

## Miscellaneous

If no other antidote is to be had, a solution of common soap drunk immediately, will perfectly antidote carbolic acid.

It is said that if alcohol is burnt with a Welsbach mantle it gives a much better light than gas and almost equals electricity.

Where a small piece of ovarian tissue is left from removal of both ovaries menstruation may continue uninterrupted for a normal period.

The persistent use of extreme doses of salicylic acid for rheumatism, has induced severe hemorrhage of the nose, gums, retina, or kidneys.

There are certain cases of hemoptysis which will be very quickly relieved by giving three or four drops of cactus every twenty or thirty minutes.

Vesication over the fourth and fifth dorsal vertebra, was advised by an English writer some years ago, as an infallible cure for vomiting of pregnancy.

Dysmenorrhea is often accompanied, especially in weak, nervous women, with palpitation, which frequent small doses of cactus will speedily relieve.

Bert, of Brussels, claimed that in the diagnosis of severe chronic disease of the stomach, cancer could be excluded if there was no edema of the ankles.

There are occasional cases of gonorrhoeal epididymitis which can be successfully cured, with fifteen minimum doses of the tincture of pulsatilla, every three or four hours.

The fluid extract of geranium given internally will control passive hemorrhage. Applied directly it controls hemorrhage from a tooth, nose bleeding and other simple local hemorrhages.

If twenty drops of the fluid extract of belladonna be mixed with an ounce of glycerin and this be applied on a compress over the swollen glands it will quickly relieve the pain in parotitis.

A writer claims that in cases of hay fever if a slight cut be made in the lower border of the interior turbinated bone, and some hemorrhage encouraged, there will be immediate relief of the nasal symptoms.

A common fault, noticeable among some surgeons, is that of wasting time after anesthesia is induced in a patient, pattering and unnecessary attention to useless detail., or no attention to the patient.

Sternburg investigating yellow fever when he was surgeon general cured twelve cases by the use of strong solution of bicarbonate of soda, with the 1/100 of a grain of corrosive sublimate.

In the early stage of heart disease in children with a rheumatic tendency there are aching pains which are classed as growing pains. This will be a fatal mistake if the condition of the heart is overlooked.

It is said that in the Island of Skye, from which skye terriers are brought, hydrophobia is prevented and cured by an infusion of stramonium. The infusion is made very strong and is given in large quantities.

In the treatment of croup, whooping cough, and hiccough an excellent auxiliary to any method of treatment is the use of small doses of jaborandi frequently repeated. Some physicians use pilocarpine instead, and claim the same results.

A reasonably sure method to determine the presence of morphine in the system, is to drop a few drops of the tincture of the perchloride of iron into the urine. If morphine is being eliminated a characteristic blue tint will show itself.

A proper distribution of normal physical exercise, between the periods, and the avoidance of toxemia and rest in bed, at the time of the period, is of great advantage. To these measures may be added the proper use of the specific remedies adapted to precise existing conditions.

When urine has been retained in large quantity, for eighteen, twenty or more hours, not more than one-half the quantity should be withdrawn at once. Collapse has followed the sudden withdrawal of the whole quantity. The remainder may be withdrawn half an hour later.

Common sense on the part of the

doctor is an unusual but essential trait. If he be possessed with it he is willing to save life in any way. He acknowledges no boundary, no sect, no school. He draws from every other source. He searches heaven and earth, if necessary, to find that which will most quickly relieve his patient.

Loss of appetite, we are apt to claim, is due to faults of the stomach alone. This is usually a mistake. Hunger originates in the structures of the body and is caused by the demand of these structures for nutrition. If the stomach were removed, hunger might yet exist. On the other hand with many animals hunger is present when the stomach is full of food.

Dysmenorrhea has an often unrecognized cause, as has also other menstrual disturbance, in the physical inactivity and irregularity of city life. The lowered vitality from deficient strength, of the structures of the organs, are to blame for headaches, nervous symptoms, and pain, during the period. These cause subnormal temperature at times, while autotoxemia may induce a menstrual fever.

While hematuria is usually not difficult to control there is occasionally a case which is not amenable to the usual treatment. There is no one remedy that will benefit every case, but we have quite a number of accessible remedies. Mitchell in his writings advises five drops of the tincture of bursa pastoris four or five times a day, as a remedy

for those cases which present no typical phenomena.

I have long been convinced that the regularly recurring severe pain of labor, itself, prevents accidents from the use of chloroform at that time. On several occasions I have seen every evidence of the approach of alarming symptoms between the pains, when upon the natural recurrence of the pain, or upon irritation of the fundus uteri which immediately produced contraction, the severe chloroform symptoms would immediately disappear.

Statistics have been collected of forty thousand cases of anesthesia with nitrous oxide gas combined with oxygen, where the gases were given warm, in which there was not a single fatality. If this includes all cases without regard to conditions it is certainly a strong argument in favor of this method of producing anesthesia. The author of the paper believes that all anesthetics should be warmed to the temperature of the body before administration.

A homeopathic authority claims that he has obtained excellent results from the use of balsam of peru, administered in the first stage of pulmonary tuberculosis. The cases in which he has obtained the best results, are those in which there was expectorated a large quantity of pus, with an excessively fetid odor. His method of prescribing was to dissolve twenty drops of the balsam in an ounce of alcohol and to

give five drops of this four times a day on sugar. This changed the character of the sputum most materially, but did not greatly influence the course of the disease.

Neurasthenia has become quite common in adults in the cities, but it is often overlooked in children. Wilson says, that it is founded essentially on a lower nutrition of the nervous system and perhaps also on one and all of the tissues and systems of the body such as the bony system, muscular system the nervous system and the circulatory system. The probabilities are that the fault of the latter is due to underlying nerve disorder. The difficulty in inducing a rapid recovery is that, because of functional disorder of these organs, the nutrition which is carried to the blood, and the lymph, is diminished or materially altered, and is in every way insufficient.

#### **POST-OPERATIVE CARE OF MAMMARY CANCER**

In patients who must needs have an operation for cancer of the breast the fact must be borne in mind, that subsequent care is of vital importance. Three things, especially must be considered. The first is, the exclusion from the blood of every possible toxic agent and the subsequent retention of a perfectly pure state of the blood. Quite recently there is an accumulation of evidence in favor of the fact that certain of our vegetable remedies have a great deal of power in destroying all those principles within the blood which

promote the development of cancer.

At the same time these remedies by some peculiar subtle influence which is difficult to understand, increase the oxygenation of the blood, restore the oxygen carrying power of the blood, and increase the power of the blood to destroy these toxins. Echinacea, I am assured, of all of these remedies, has the power to raise the opsonic index.

The third important thing to be considered, is that the patient must avoid pregnancy. The clinical fact has long been recognized that the physiological stimulus furnished to the mammary glands by the pregnant condition causes the germs which may still be lodged there to take on a specially malignant character. It is the physician's positive duty to inform the patient of the danger in these cases and advise against it.

Those patients therefore in whom the disease does not appear until after the menopause are especially favored. With these there should be less liability to the return of the difficulty. One writer believes that the removal of the ovaries in severe cases, before the menopause, will contribute materially to a spontaneous cure of the condition.

#### **EXAMINATIONS IN MATERIA MEDICA**

The following resolutions were adopted by the Homeopathic Medical Society of the State of New York, February 1,2, 1908:

Whereas, There is an evident movement on the part of the chief organization of the old school of medicine —allopathic— to effect changes in the medical laws of the various States so that therapeutics and materia medica shall be excluded from the list of subjects that candidates for medical licensure must be examined upon before the State Boards of Medical Examiners; and,

Whereas, A thorough knowledge of these subjects is absolutely essential to prepare physicians to use drugs intelligently in the cure of disease; and,

Whereas, It has long been claimed by advocates of examining boards that the knowledge that they would be required to go before State boards for examination upon any particular subjects before they could obtain a license to practice medicine caused medical students to give better attention to such subjects; and,

Whereas, If the above be true, the exclusion of therapeutics and materia medica from the State examinations must necessarily lessen the interest of the students in those subjects during the college course; and,

Whereas, Therapeutics and materia medica are the points upon which Homeopathy depends for its advantage over other systems of medicine, and must be protected; therefore be it

Resolved, That this Homeopathic

Medical Society of the State of New York, in convention assembled, does hereby declare that therapeutics and materia medica should be legally included in all examinations of candidates for license to practice medicine.

*Medical Century.*

COMMENT.—Everybody, even the best authorities of the regular school, recognize the truth of the second whereas. it is a glaring fact that the laity take for granted that the profession is based upon the necessity to know of drugs with which to cure disease, but it is not consistent to acknowledge it in the making of state laws, as it is an argument for the appointment of all medical sects on state boards of examiners.

#### MACROTYS IN CHOREA

The most of our practitioners have had experience with the use of macrotys, in the treatment of chorea. When this condition occurs in conjunction with rheumatism, the specific indications for this remedy are more pronounced. The case reported was that of a girl of thirteen, who was in constant motion when awake, she could not use her hands; her speech was imperfect; the trunk was bent and twisted in violent contortions; the face was greatly distorted; and during the night there was severe pain in the hands. This case was treated with the tincture of macrotys. Ten drops, three times a day, was given; almost from the first there was an apparent improvement which continued until within a few weeks

there was complete cure. Our method would have been to give five drops every two hours. I think results would have been more rapid.

Tremors of any kind, if treated early, with the sulphate of sparteine, can often be controlled and the tendency overcome.

A most excellent auxiliary to the treatment of almost any form of persistent dry cough, is the inhaling of the vapor of the oil of turpentine, five drops on a square of loaf sugar dissolved slowly in the mouth, and the saliva swallowed.

I have found hydrogen peroxide, a small quantity in a pitcher of cold water, administered to typhoid fever patients ad libitum, to be a most excellent method of supplying oxygen and administering an antiseptic at the same time.

At one time the extract of belladonna was almost universally advised in the treatment of rigid os uteri. Now from ten to twenty drops of the tincture of belladonna are given internally, every hour or two, for the same condition.

#### **PROOF OF THE UNMISTAKABLE NON IDENTITY AND THE COMPARATIVE POTENCY OF HYOSCINE AND SCOPOLAMINE**

Dr. Wendell Reber of Philadelphia contributes an interesting article upon this subject in *The Journal of the American Medical Association* for April

25. His paper was read in the Section on Ophthalmology of the American Medical Association at its Atlantic City meeting in June, 1907. For some unexplainable reason this article, which bears so strongly upon the controversy concerning the alleged identity of hyoscine and scopolamine, has been withheld from publication for eleven months. This is of peculiar interest, inasmuch as the editor of the Association Journal during this period has been asserting and reasserting most vociferously through the columns of that journal that these two alkaloids are both chemically and pharmacodynamically identical. Dr. Reber's conclusions, which were based upon careful experimental work made upon human beings, are diametrically opposed to the assertions of Dr. G. H. Simmons, Dr. H. C. Wood, Jr., and others, in *The Journal of the American Medical Association* and its "anvil chorus."

Dr. Reber follows his experiments, which were quite extended, with an interesting study of the chemistry of hyoscine and allied products derived from the Solanaceous plants. He shows that hyoscine hydrobromide and scopolamine hydrobromide were made official in the third edition of the German Pharmacopeia (under the name of the latter), in which they were asserted to be identical "through the influence of E. Schmidt," the authority most quoted by those asserting the absolute identity of these two alkaloids. Apparently this belief in their identity is a one-man dictum which has

been passed from Schmidt to the German Pharmacopeia, and thence over to the makers of the U. S. Pharmacopeia.

To show that this difference in action between hyoscine and scopolamine cannot be due to any difference in the purity of the two products, Dr. Reber quotes his correspondence with Merck & Company, to show that both the hyoscine and scopolamine hydrobromide had a rotatory power of -20. In other words, they are chemically identical, of the same degree of purity, yet pharmacodynamically different.

Dr. Reber says: "This leaves the matter precisely where it was in the beginning, namely: that with two drugs said to be absolutely identical as to clinical effect, pharmacodynamic power, molecular build and reaction with the polariscope, there should seem to be a more or less uniform difference in potency when tested by the delicate accommodation reaction."

"In the last analysis," says Dr. Reber, "it is always the clinical phase of such studies that interests us most." With this we most emphatically agree, since in this important report the claims made by Abbott, verified by many practitioners, concerning the nonidentity of the action of hyoscine and scopolamine are upheld at every point. Dr. Reber shows that hyoscine and scopolamine differ decidedly in their action upon the eye. If the slightest difference of action of these

two substances is admitted the whole argument of the J. A. M. A. critics of Abbott must break down. Dr. Reber prefers the hyoscine to scopolamine in his refraction work, just as many others prefer hyoscine to scopolamine when the alkaloids are used for anesthetic or analgesic purposes.

#### THE ILLINOIS STATE ECLECTIC MEDICAL SOCIETY

The recent meeting of the Illinois State Society was a pronounced success. There was about 175 registered, and the spirit during the entire three days was fine indeed. The papers were of the highest type. The discussions were practical in the extreme. No time was lost at any time except perhaps in that the sessions were a little late in opening. The following officers were elected:

*President*—Dr. C. H. Bushnell, of Chicago.

*First Vice President*—Dr. Hulick, of East St. Louis.

*Second Vice President*—Dr. J. A. McDonell, of Chicago.

*Recording Secretary*—W. E. Kinnett, Peoria.

*Corresponding Secretary*—Dr. Standlee, of Peoria.

*Treasurer*—W. E. Matthew, of Blue Mound.

A number of the papers read will appear in this journal, and a synopsis of others. Elsewhere I have boiled down some of the excellent things presented there. The session next year will be

held in East St. Louis.

### **OHIO ECLECTIC MEDICAL SOCIETY**

The Forty-fourth annual meeting of the Ohio State Eclectic Medical Association was held in Dayton, May 5, 6 and 7. One hundred and fifty-one members were present, and this proved to be one of the largest and most interesting meetings held for many years.

Wednesday evening, Drs. Probst, Lyle and Juettner read addresses on Tuberculosis, which proved very entertaining and instructive. The following officers were elected for 1908-9.

*President*, J. P. Harbert, Bellefontaine.  
*First Vice President*, J. F. Wuist, Dayton.  
*Second Vice President*, Geo. W. Deem, Columbus.  
*Recording Secretary*, W. N. Mundy, Forest.  
*Corresponding Secretary*, J. L. Payne, Cincinnati.  
*Treasurer*, S. M. Sherman, Columbus.

The next meeting will be held in Cincinnati, April 27, 28 and 29, 1909.

### **National Eclectic Medical Association**

On June 17th the National Eclectic Medical Association will again convene for the careful consideration of matters of vast importance to all those who believe in Eclecticism. The brethren of Kansas City have done much hard work to make this a

splendid meeting, full of pleasure as well as profit. Several of our most prominent men will give us each day a special address upon subjects of interest and importance. The section work will be good, papers of interest being reported as freely promised. This meeting will mark the period of progress made most satisfactory to all of us, by the Council of Education. Their report will prove very satisfactory to all.

Now men, this is the time and this will be the place for each to renew his vow of eternal allegiance to the cause. The prosperity of the National and Eclecticism depends upon the graduates of our schools, as a mass, not upon the officers, or members of that organization alone. No individual is above or higher than his source of existence as a medical man, consequently, you are directly interested. Work must be done or we will retrograde. Energy expended along the proper line will do wonders; we must preserve our own identity as no one will do it for us. So come, be on hand early, stay late, give aid by your presence, and no fear can possess us of the results.

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

### **NATIONAL ASSOCIATION BULLETIN FOR JUNE**

Again our National Association meeting is but a few days away. Again we bring to your notice the need of every loyal Eclectic of the Association and its

influence, and the duty of each to the National body.

Throughout the year we have tried to keep all in touch with the efforts of the officers and committees to serve your interests.

The N. E. M. A. exists for you, not for the officers and committees; we are YOUR servants, we desire YOU to be present, for it is to you that our reports should be made, and it is for YOU to know the full year's work, our needs and the true situation.

Not for many years have, your officers and committees had so much to do and so much to report that is of interest and of VITAL importance and that demands careful and thoughtful action.

While this meeting is primarily one for business, our brethren of Kansas and Missouri will not allow you to return without a taste of genuine western hospitality.

Many good things await all, who in duty to themselves and loyalty to the cause, will be at the meeting.

WILLIAM P. BEST, M. D.,

Secretary.

### **Good Faith with the Medical Profession**

In the various forms of reflex irritation in children especially if from gastric or intestinal causes, santonin one-half grain thoroughly triturated with sugar

of milk should be given every two hours.

Bartholow advised in certain forms of habitual constipation, that a few drops of the wine of tobacco be taken at bed time. He believed it to increase both peristalsis, and secretion.

In acute or sub-acute nasal catarrh, the distress through the eyes and at the root of the nose, with frontal headache, are very hard to bear. Ten drops of the tincture of euphrasia in water, given every two hours, will quickly modify all these symptoms when present, and if given at the onset will prevent the development of an attack.

Appetite is referred to the stomach because it is there that the nutrition is prepared for distribution. Where faults exist with the distribution of nutrition or where from the disease within the tissues there is a fault with the appropriation of the nutrition which is supplied, then hunger disappears, as it may also from disease of the stomach.

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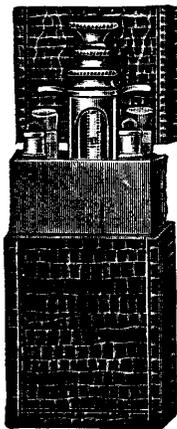
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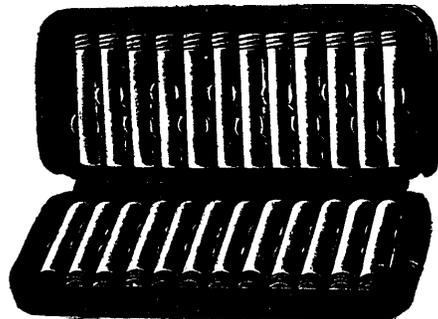
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