

# Ellingwood's Therapeutist

FINLEY ELLINGWOOD M.D.

EDITOR AND PUBLISHER

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SINGLE TRUTHS  
FROM  
MANY DOCTORS  
AND  
MANY TRUTHS  
FOR  
EACH DOCTOR

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# Ellingwood's Therapist

A monthly Journal of Therapeutics: educational in character, issued on the 26th of the previous month; devoted to the determination of the exact action of single drugs upon exact conditions of disease. A Journal to which every subscriber is also a contributor, and in which the Subscriber and the Editor are working in the closest possible relationship, to determine true and invariable drug action, for the benefit of the entire profession, and thus, Humanity.

**OUR MOTTO:** To learn the Truth. To prove the Truth. To apply the Truth. To spread the Truth.

**OUR CEDED:** The Truth from all, for all, to all, without regard to the creed of the individual.

**OUR FAITH:** That all disease will ultimately be subdued, in whole or In part, by remedial measures;

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

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

That the study of the clinical action of the single drug, is the true method of drug study; That each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known;

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

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# Ellingwood's Therapist

A Monthly Journal of

## DIRECT THERAPEUTICS

Finley Ellingwood, M. D., Editor and Business Manager.

Vol. VIII

SEPTEMBER, 1914

No. 9

## Leading Articles

### THYREOTOXICOSIS

JOHN W. SHAW, M. D., JERSEY, ARK.

This disease is variously called exophthalmic goitre, Graves' or Basedow's disease, hyperthyroidism, thyreotoxicosis. Dr. James Berry, in a lecture delivered before the Medical Society of London, reported in the London Lancet, says that the first two of these names are old and well established terms which need no explanation. They may be used synonymously for the well-known disease in which the three cardinal signs of exophthalmus, goitre, and tachycardia are present, together with a good many other characteristic signs and symptoms, such as muscular weakness and tremor.

The term hyperthyroidism has an advantage in that it admits of a much wider application, including many forms of the disease that are not exophthalmic, and are not the well-known disease described by Graves, Basedow and others.

The term is a useful one for a large number of cases which cannot strictly be classified under the older headings, but which nevertheless can be considered as belonging to the same type of cases and due to the same cause.

The term is consistent with modern

ideas, as to the pathology of the disease, and expresses the view that the disease is due to overactivity of the gland, a view which although not absolutely proven, has much evidence in its support.

The last term, Thyreotoxicosis, although somewhat cumbersome and not at present widely adopted, is in favor with the Berne School, so famous in the history of the surgery of the thyroid gland. This term perhaps is the best of all, in that it implies that the disease is due to a thyroid poison without permitting the user of the term to the theory that the thyroid secretion is excessive in amount.

The use of these two last terms, founded as they are on pathological grounds, have the advantage of avoiding the absurdity of labeling as exophthalmic cases in which there may be no trace of exophthalmus, or of coupling with the names of those who certainly never described the numerous minor forms of the disease, which are now by common consent to be allied to the disease which they did describe.

Much discussion has taken place in the past, as to the causation and

pathology of this remarkable disease. The older view, that it was a disease of the nervous system, a view which even now has a few supporters, must, I think, be abandoned. Practically all at the present time have adopted the modern theory that the disease is due to an affection of the thyroid gland.

To go into the description of the morbid anatomy of the gland, while very interesting, would consume too much time, therefore we have omitted this.

While the lecturer above referred to goes on to state the four cardinal symptoms by which the disease would be easily diagnosed—tachycardia, exophthalmos, tremor, pulsation and enlargement of the thyroid—he regards as of far more importance that indication of early Graves' disease, the extreme sensitiveness, or subjective sensation with regard to heat and cold. A patient with incipient Graves' disease complains of heat, even in very cold weather, while in myxedema or hypothyroidism patients complain more of cold sensations and are happier in warm weather.

The lecturer goes on to describe the goitre heart and the tendency to sudden death in some cases, which must be taken into consideration when surgical operations are contemplated, for removal of the gland.

As to treatment, we find in the literature of this disease quite a variety of measures and methods. Among the drugs are named the following, well known for their influence upon the circulation: Veratrum, aconite, strychnine, digitalis, convallaria, jaborandi, cactus, and adrenalin. For the nervous manifestations, pulsatilla, the bromides and hydrobromate of quinine. For the blood, calcium lactate, sodium phosphate, sodium chloride and arsenic.

Of mechano-therapeutic measures the X-ray, the galvanic and faradic currents and percussion over the seventh cervical vertebra have also their advocates, and are used as adjuncts to the

medicinal treatment of the disease. The injection of serum from thyroidec-timized animals, has also been used.

The *Medical Record*, issue of May 10th, this year, Dr. Sinclair Tousey reports a case in which there has been no return of the disease in seven years. The patient was 32 years old, weighed 116 pounds, had a blood pressure of 140 m.m. and a pulse of 130. There was moderate exophthalmus. Graef's symptom was marked in the upper lid, not following the eyeball when she looked down. There was such palpitation that she shook the bed, and tremor of the fingers to such an extent that she could not pour out a cup of tea.

The treatment consisted in the application of the X-ray and high-frequency currents over the thyroid gland three times a week for three months. Arsenic and strychnine were given as the only medicine. The X-ray is given the credit for the cure of this case. The author uses, however, an X-ray generator which is in effect, a dynamo, producing a constant current of from 10,000 to 110,000 volts. This means greater speed and safety in radiography, and ability to secure simply the penetrating rays for deep-seated lesions, or the less-penetrating rays for surface lesions, instead of the mixture of rays produced by induction coils and transformers.

Dr. Berry in his lecture goes very fully into the operative or surgical treatment of the glands. The results, however, insofar as medical treatment is given, are statistically as follows: In cases treated on broad general medical lines, about 25 per cent made a good recovery, another 25 per cent were very much improved, and although not cured, the patients were in fair health and able to follow their occupations. Another 25 per cent became more or less chronic invalids, while the remaining 25 per cent lost their lives from the disease itself after a longer or shorter illness.

Dr. George Murry has expressed the

opinion that the prognosis given in textbooks is too pessimistic, as a very considerable number of cases do either completely or partially recover without operation.

Dr. Berry says there can be no doubt that medicinal treatment really does very little to influence the course of the disease. Most of the patients who recover do so only after a prolonged period of ill health and often great distress.

The sufferings of patients with well marked Graves' disease are said to be so great, although this is not always the case, that they are only too ready to undergo any operation that offers them any chance of relief. The mortality of operation is put at 10 per cent. As this is not a paper on the operative treatment of cases, we will not go any further into detail along that line, but will describe a patient and the treatment as occurring under my own observation. Quick curative results cannot be obtained in these cases from medicine, while the more urgent symptoms may be greatly relieved.

A man in general practice is not likely to see many cases of this kind, and in a country practice, may not see more than one or two in a lifetime of practice. The literature on the disease is abundant and becoming more so, the further the investigators go into the study of the ductless glands, and their internal secretion.

April 19, 1913.-Mrs. A., colored, aged 47, has noticed an enlargement of the thyroid for perhaps a year, which presents the following symptoms: Eyes full and staring, the thyroid fuller on the right side; tongue full with dirty yellowish white coat. She complains of something rising in the throat at times. There is pain between the shoulders, ranging from the right shoulder to the right hypocondriac region. The pulse is 105 per minute, hard and irregular. Temperature, 99 degrees; valvular sounds are accentuated. The bowels are constipated;

heart's action irregular; menstruation ceasing, missed as long as two months at a time.

Treatment: I gave cactus from two to five drops, aconite from  $\frac{1}{8}$  to  $\frac{1}{4}$  of a drop and lycopus from five to ten drops at a dose, every two to four hours, also specific iris, one dram, chionanthus one dram, phytolacca one dram, elixir of lactated pepsin to make four ounces. Of this mixture, a teaspoonful, alternated every four hours with the above mixture. I gave also to regulate the bowels at bedtime, a tablet of podophyllin, rhubarb, leptandrin and aloes.

On the 28th of April the patient complained of sweats and hot flashes, with dizziness. I discontinued the iris and phytolacca and prescribed the syrup of lacto-phosphate of lime, two ounces, Fowler's solution, 16 drops, mix; of this, one teaspoonful three times a day before meals. I gave pulsatilla in from three to five drop doses, which was added to the cactus and lycopus mixture. This was for the head symptoms.

For the sweats I gave aromatic sulphuric acid, eight or ten drops in water every four hours.

On the 30th of April the pulse was 175, temperature normal, urine very dark, high colored and scanty. There are yet hot flashes and sweats, with pulsation over the hyoid, and over the epigastric region. I continued the cactus, lycopus and pulsatilla, but left off the aromatic sulphuric acid, and gave the bitartrate of potassium, a level teaspoonful in water every four hours, with a view to correct the condition of the urine.

May 10. The patient is improving, but I cannot at this time make a prognosis.

May 13. Continued the lycopus, pulsatilla and cactus, and gave fifteen-grain doses of bromide, for the severe headache, when it would appear.

On the 14th of May the pulse was 160, condition unchanged.

May 22. I prescribed iris, phyto-lacca, chionanthus and polymnia uvedalia; also pulsatilla and crataegus, and applied uvedalia ointment over the gland once or twice a day.

I did not examine the patient again until the 25th of November, six months later. At this time the gland was much reduced in size, pulse 120 per minute-patient standing. Patient was greatly improved. This patient died on the sixth of the following March, having received no treatment at my hands except as above specified since May 22, 1913.

She had an attack of la grippe and died from this and from, pneumonia, which followed. There was no post-mortem examination.

In a lecture before the Clinical Society of New York Post-Graduate College, the treatment of these cases as recommended was as follows :

First, rest. Second; diet of carbohydrates and fats, with milk and eggs. For internal treatment, quinine hydrobromate 5 grains, ergotine 1 grain, four times a day.

This treatment was used by Forcheimer in a series of 71 cases, with 80 per cent of cures.

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Socrates was pronounced by the oracle of Delphos to be the wisest man in Greece, which he would turn from himself ironically, saying there could be nothing in him to verify the oracle, except this, that he was not wise and knew it, and others were not wise and knew it not.-Bacon.

A wound from the tongue is worse than the wound from the sword; the latter affects only the body-the former, the spirit, the soul.-Pythagoras.

---

If a patient be made to sleep in a room that contains the vapor of water, to which has been added a small quantity of formaldehyde, it will be found that catarrhal symptoms will rapidly disappear, whether nasal or bronchial, and if given at times when the condition is apprehended it will ward off the condition.

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#### MINOR GASTRIC SYMPTOMS OF BILIARY LITHIASIS

WM. F. WAUGH, M.A., M.D., MUSKEGON, MICHIGAN.

Gall-stone colic is not the only manifestation of biliary lithiasis. Much more frequent are the gastric phenomena. These are rhythmized by the digestion and in general provoked by it. (Loeper, *Le Monde Medical*, 5 Juillet, 1914.) They may occur at any time from the entrance of food in the esophagus to its descent into the colon; during the first half-hour, the first, second or fifth hour of digestion

The patient eats with appetite, and during the evening or night is seized with violent pains, radiating to the dorsum and scapulae, desire to vomit or even vomiting bile and food, which gives relief

The persistence, the repetition at a fixed hour, arouse suspicion of a gastric *or* duodenal ulcer; palpation reveals tenderness to the right just below the liver. The gastric juice is normal, often hypochlorhydric. Cytodiagnosis is negative. The Weber reaction cannot be found in stools or the gastric liquid. Radiography shows the permeability of the pylorus to bismuth, and when one operates he finds a great gall-bladder full of calculi, whose removal is followed by absolute disappearance of the illness and pains.

The earlier form, in the first digestive period : This patient, when she drinks, feels a retrosternal constriction with frequent regurgitation, seeming to depend on cardiospasm. During digestion she complains of salivation, with pituitous vomiting. She was long considered a neurotic. One more violent crisis was attended by the ejection a calculus in the stool. There was a certain resistance to pressure in the right side, with tenderness in the gall-bladder. There was spasm of the cardia, the stomach healthy, a marked vesicular shadow.

What is more common than gastric burning, and what varied causes may

arouse it; from the simple hyperesthesia of the stomach encountered in neuropaths, to true gastrites, from fermentations to hyperchlorhydria? Biliary lithiasis may also determine this burning which may occur in any stage of digestion.

With some persons biliary lithiasis induces digestive heaviness, rumbling and eructations after meals, respiratory troubles, appearing within an hour after eating, and ceasing at the third or fourth hour. Relief may be accompanied by hunger, abnormal and brutal, contrasting with the apparent lightness of digestion.

Upon all these dyspeptic states in engrafted aerophagy, modifying the physiognomy, increasing in intensity and causing very painful distension. The paroxysmal form is frequent in vesicular crises. Here is an aerophagy infinitely more burning, in a stomach chronically irritated and resembling the common dyspeptic aerophagy.

Besides the true gastric crises the gastric symptoms of biliary lithiasis are varied. All these are abortive and do not by themselves suffice for the diagnosis. Their true nature is often only recognized when hepatic colic occurs. At first sight nothing distinguishes them from ordinary dyspeptic troubles of the neurotic, from gastritis attenuated or grave, from cancers at their debut, or even from certain ulcers with dyspeptic manifestations; unless it be by their long standing, tenacity, the regularity of their appearance contrasting with general good health, the appearance of a little icterus or a little fever, the increased sensibility of the right hypochondrium over that of the left; possibly shooting pains into the shoulder and vomiting that affords only momentary relief, all of which are significant but not conclusive.

The diagnosis should eliminate true gastric lesions, yet confirm the existence of a simple functional trouble of which we may recognize the biliary origin. In most cases palpation of the stomach reveals no important modifi-

cation. The volume is more frequently lessened than augmented. Dilatation exists, though, and a certain degree of *clapotage* subumbilical may be perceived five or six hours after meals. Earlier forms are only present in very old lithiases with marked adherences of the gall-bladder with the pyloric region and consequently in veritable stenoses.

Pressure of the hand on the stomach is not painful, and no resistance is perceptible in the grand cul-de-sac and the left hypochondrium. It is more to the right and higher, under the liver and forming with it a single body, that one finds tumefaction if it exists, and in all cases tenderness.

The exact localization of the gall-bladder is, to tell the truth, a very delicate procedure, because the pylorus and duodenum are not far away, and all three organs follow the movements of respiration. Yet leaning the patient far back, the body supported by a cushion, cutting the abdomen in two, presenting to manual exploration the lower surface of the liver, one can delimit more exactly the tender point or the tumefaction perceived. This is easier as the gall-bladder is the more voluminous, more inflamed, and as the perivesicular reaction and the adherences are the more accentuated.

These may form at an early stage, uniting the bladder with the pylorus, lessening at once mobility and permeability. They originate in a vesicular infection often torpid, that may pass unperceived, and of which neither patient nor family retain remembrance. The existence of a little febrile crisis small as it may be, takes in the history considerable importance, as great in vesicular lithiasis as in chronic appendicitis. But inflammations and adhesions are not essential to provoke gastric reactions; the presence of a calculus or gravel suffices.

Resides the tenderness revealed by palpation there may be tender points on the right shoulder, the vertebral column, the right phrenic, over the tenth

or eleventh rib, which should be sought with care.

Chemic examinations are negative. Marked hyperchlorhydria points to ulcer as hypochlorhydria does to cancer. Either may accompany lithiasis. . We know the importance attaching to the reactions of Weber and of Meyer in cancer and in ulcer, and even in certain gastrites where they are positive, enduring or passing, as well in the gastric liquid when examined with precaution as in the stools. Their absence is capital in uncomplicated biliary lithiasis. It is the same with cytodagnosis, which can only be positive in intrinsic organic lesions of the stomach. Cholesterinemia is frequent but difficult of detection, requiring a perfect apparatus and an experienced chemist, not always found by a clinician.

A symptom that has not received the attention it merits is the lowering of the azoturic ratio and its variations. Many of these patients show abnormality here. This lowering is not often seen in uncomplicated ulcers of the stomach or duodenum, in gastrites or neuroses. It is not pathognomonic since it is seen in hepatites, but is a good reason for suspecting a malady of the liver.

Indicanuria is inconstant; uric acid generally increased; the presence of pigment in the urine infrequent, and examination of the stools gives little information.

There remains then radiography, which permits us to see not only the calculi but the increased volume of the bladder, deforming the lower border of the liver, and pressing upon the pylorus, even causing a protuberance that palpation can erase. In making this examination the stomach should be distended with gas. Tenderness developed by the manipulation may indicate inflammation of the bladder or of the pylorus. On raising and lowering the liver with the hand the presence of adhesions may be estimated, by the pain developed. The superposition exactly verified by the radiography, of

the tenderness and the vesicular shadow, and not the pylorus, the colon or the stomach, is a good indication of lesions of the gall-bladder. Aberrant liver lobes may resemble an ailing gall-bladder, but have not the sensitiveness and occupy a position more lateral. Yet error is possible and may be difficult to avoid.

Therapeusis should seek to lessen the spasm which is the dominant element, and to diminish the violence of the gastrovesicular reflexes which are its origin.

Patients should eat often and but little at a time, to avoid distending the small stomach; they should eat slowly to introduce only aliments finely divided and pulpy, avoiding all substances likely to irritate the mucosa, the musculature or the gastric nervous system; they should drink little at meals.

Revulsives over the liver and stomach, cups, hot or alcohol compresses, are always useful. Fifteen minutes before each meal direct a lukewarm alkaline water, to calm the irritability; and one or two hours after meals an infusion very hot and well sweetened to facilitate evacuation.

To subdue gastric irritability give a dessert-spoonful of lime water with cocaine two centigrams per 100, in a little chloroform water diluted with mint water, or calmant drops: Ethereal tincture of valerian, 10 grams; tincture of belladonna, 3 grams; tincture of hyoscyamus, 3 grams; 15 drops in a little water a quarter hour before each meal.

The pains following meals may be attenuated by codeine, morphine, belladonna, thebaine, or better, by dionin, in doses of one centigram in drops or diluted. If the patient does not take these well, use suppositories : Extract of valerian, 0.08 ; extract of belladonna, 0.02; dionin, 0.02; cocoa butter, 3.00. For one suppository. This acts at once against the nervous sensibility and the spasmodic element.

The treatment for biliary lithiasis must be directed prudently, for this in its latent forms is a veritable *noli me*

*tangere*. The patient will bear three treatments of ten days each. The first is Vichy water, lukewarm and slightly sulphated, taken in early morning. The second is of urotropin and sodium salicylate, which he absorbs in doses of 1 to 1½ grams, divided in four portions. The third is of euonymin, 1 to 4 centigrams, associated or not with biliary extract, and the powder of medicinal soap, or with pure oleic acid, of Harlem oil, with infusion of boldo containing a soup-spoonful of syrup of turpentine.

Many other combinations are possible, acting against the spasm and the lithiasis, such as amyl valerianate, 10 centigrams ; in capsules. The following appears very efficacious: Ethereal tincture of valerian, 10 grams; tincture of boldo, 10 grams; tincture of belladonna, 4 grams; tincture of hyoscyamus, 4 grams; 10 to 15 drops three times a day.

We note with curiosity the French adherence to the ancient forms of valerian. This valuable remedy has fallen into disuse here, and this is regrettable, as it fills a useful place. Many times the powerful anodynes and nerve sedatives are employed when a weaker drug like this would better fill the need. When we do use valerian we prefer the valerates, of zinc, ammonia and especially of caffeine; and are thus enabled to secure the benefit of the drug without the unpleasant ordeal necessitated by the galenic forms.

Boldo is a very uncertain article, varying in its content of boldine from none at all upward. Few remedies require more accurate dosage, as in very small doses it exerts a singular effect upon maladies of the liver, but if the doses are increased the patient presents a growing sense of uneasiness that soon induces him to refuse the medicine. Boldine can be dosed accurately ; the uncertain preparations should be excluded from the Pharmacopœia

We have to disagree with Dr. Loeper as to the principal point for therapeutic attack in this malady-the infectious

angiocholitis is the enemy to be opposed. Without this element the calculus is as harmless as a bullet imbedded in the tissues and encysted. Millions of persons carry gall-stones and never suspect it, because the stone does not irritate a healthy mucous membrane; but let the lining of the biliary passages become inflamed and the stone becomes an irritant. Cure the inflammation, extinguish the infection, and a clinical cure results-the patient has no pain, no suffering, nothing to indicate the presence of the calculus, and assures us that that is a cure good enough to satisfy him.

The surgeon, dealing with mechanical conditions and applying mechanical remedies, only sees the presence of the stone, and looks on its removal as the cure. Unfortunately it does not cure so long as the infection remains.

The remedies advised by Dr. Loeper have repute in France. The first thing a French physician thinks of is Vichy; if that does not fit he looks further. Sodium salicylate has some value as a disinfectant for the biliary passages, in the estimation of men like Hare. Sodium succinate has given the writer such excellent results in a use covering twenty-five years that he has scarcely considered it advisable to look further. Uniformly under its steady administration the paroxysms decrease in severity and become less frequent so that well within the year they have entirely ceased. Who in this heyday of surgery has the patience to take medicine for a year?

A certain proportion of persons operated upon come to us to have the cure accomplished that they might have had without the surgery. Others fear the knife, unreasonable as it may seem. Many expect to be operated, but put off the day and take treatment in the meantime, to find the malady subsiding without absence from work.

Dr. Loeper's suggestion of euonymus reminds us that Europe some time ago experienced a fur-ore of enthusiasm over this plant. This passed, and its

place is as yet not clearly defined. Of vegetable remedies we have had more definite results from dioscorea in biliary lithiasis than from any other. As yet we use it as a succedaneum to succinate, with a growing enlargement of the field of dioscorea.

As to belladonna and hyoscyamus: Omit the dirt and we have a mixture of atropine and hyoscyne, both powerful antispasmodics, and the latter an anodyne whose value is better appreciated here than abroad. Considering the nausea present, it seems the part of wisdom to use the naked alkaloids with small dose, freedom from irritation and taste, capability of hypodermic administration, quick action, and other advantages. Inject in a paroxysm gr. 1/200 of each, with cactus to relax vascular tension, and let the alkaloids quickly permeate the bloodstream, and we have speedy and complete relief from the atrocious pains, and no danger of morphine poisoning when the antagonistic pain is removed.

Most of the patients who die in these paroxysms perish from morphine narcotism. When the calculus rolls out of the duct into the duodenum the pain ceases and its antagonism being stopped the huge doses of morphine that have been desperately injected to give relief exert all their powers unopposed-and death follows.

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Look not mournfully into the past; it comes not back again. Wisely improve the present; it is thine. Go forth to meet the shadowy future without fear, and with a manly heart.  
-Thomas a' Kempis.

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#### "UTERINE DISPLACEMENTS AND THEIR CORRECTION"

H. H. HELBING, M. D., ST. LOUIS

What method is best for the correction of these wrongs, has been and still is a mooted question. While I have been asked to speak on the subject of fixation, I must necessarily take a broader view of this subject in order to do it justice.

In the first place, let us have a clear understanding of what we mean by

fixation. There has been more or less confusion over the terms fixation and suspension, they having been used indiscriminately. To be definite in the use of these terms, we must distinguish between the two. The Kelley method of operation, or attaching the uterine fundus to the parietal peritoneum in front is termed suspension, while the attachment of the uterine body to the abdominal wall, after freshening the inner surface of the wall, as well as the surface of the uterus, is termed fixation. In suspension two anterior ligaments are formed, because the uterus, being attached to the peritoneal lining of the abdomen, pulls away from the abdominal wall, in time, and is suspended, while if firmly fixed, as stated above, it remains in close contact with the abdominal wall, consequently is fixed where it was placed.

Kelley's suspension operation was first brought to the notice of the profession about twenty years ago. It was popular for a few years but gradually became superceded by operations upon the broad ligament. In fact, but few noted surgeons have accepted the Kelley method. It was constantly fought because there were several objections to the results following its use, and I believe now it is but little used as a routine measure.

Referring back to my *Journal files*, I find in the *American Journal of Obstetrics* of the year 1897 this statement by Dr. Hayd of Buffalo, N. Y.: "Ventral fixation, or suspension of the uterus, coupled with the various plastic operations upon the cervix and vagina, is the only means, surgically or anatomically, which will fix and support for future comfort and well-being an extremely prolapsed uterus. However, because that uterus sometimes offers a serious impediment to delivery by interfering with the proper dilatation of the organ is no reason why the operation must be relegated to oblivion; but, on the contrary, it should be employed to relieve that large class of suffering

women who have passed beyond the child-bearing period and who most frequently are the victims of extreme procidentia uteri."

We naturally infer that at this time there was a great deal of criticism of the fixation or suspension method. We note, too, that the writer confuses the two terms. During the aforementioned period I adopted the Kelley method for correcting displacements until I had some cases that became pregnant subsequently and invariably had a tedious parturition in which forceps had to be used to terminate the labor. Not only this, but involution was slow, which worried the patient, as well as her physician, necessitating the use of local treatment before the patients recover their usual good health.

Let me now quote you the statement of Dr. Branch of Johns Hopkins Hospital, found in the *American Journal of Obstetrics* for 1910, preliminary to what I shall have to give you from my own experience. He says: "An ideal suspension of the uterus must do three things :

"1. Keep the uterus in good anteposition, relieving the symptoms consequent upon the retroflexion.

"2. Allow unrestricted development of the uterus necessary to the completion of normal pregnancy.

"3. Cause the organ to resume its suspensory function after labor.

"The old Kelley ventral suspension fulfilled admirably the first of these requirements, but did not meet satisfactorily the second and third."

I might add to the above rules as follows : To the second, in addition there should be no hindrance to parturition, especially dilatation and contraction of the uterus. And to the third rule, involution should not be hindered.

Other objectionable sequences to follow Kelley's method were intestinal obstruction, due to intestinal coils becoming entangled in the anterior ligaments subsequently formed. A St. Louis physician had a case of uterine

hemorrhage occur, due no doubt to the lack of contractile force in the uterus.

As I said before, a few years ago I invariably did this operation for the correction of displacements, but after having a few cases, some of which I attended myself, and having a great deal of difficulty delivering them, as well as complaints during convalescence, I abandoned this method as a routine measure. While I still think it might be used in a very few selected cases, still, true fixation would perhaps be more suitable.

There is no method, I think, that should be adopted as a routine measure in this character of wrongs, but in most cases now I use the Ferguson modification of the Gilliam method. It is conceded by practically all surgeons that to correct a displacement and leave the uterus and appendages in as near a normal relationship as is possible, some method of shortening the round ligaments must be adopted. Some operators have doubled the ligament over and stitched it to the anterior or posterior uterine wall, but I am of the opinion that to pass a suture through the uterine body, thus fastening the round ligament to it, might interfere with its contraction, for the same thing is done in the Kelley operation, which may be the reason why uterine contractility is interfered with.

I selected, and have used, the Gilliam method in preference to all others because, according to reports of operators who were using it, this method gave them the best results, all things considered. It is not claimed that it is perfect, but it will fit in, in the large majority of cases.

The cases in which it is applicable are those in which pregnancy is liable to occur later, and where the displacement is not extreme, that is, when procidentia does not exist. But you ask what method shall we pursue in these other cases? In procidentia I believe a hysterectomy is necessary, but this is not all, merely removing the uterus is not going to prevent a prolapsus of

the vaginal wall, including the bladder and rectum, so that we must do some plastic work in the pelvic cavity, before closing the abdomen, as well as some plastic work on the vaginal wall in order to support these tissues and bring about a complete cure.

If a patient with subinvolution with a second or third degree prolapsus presents herself to us, and the woman has passed the menopause, it requires keen judgment to decide just how you will correct the wrong. If it were my case I would do either a hysterectomy or a fixation. If I can get the consent of the patient to a hysterectomy, that is what I invariably do, as it is the operation of choice. It is only by this means that you are assured of a radical cure.

Of course the patient's strength must be taken into consideration in the selection of either method. If fixation is done then we may have the subinvolution remaining which is a diseased uterus, giving us a possibility of reflex symptoms caused thereby. Then there is the danger of cancer developing in this diseased organ, besides the pressure on the bladder sometimes causes a patient distress. In all cases we should not neglect the vaginal outlet as a part of our operative procedure. Be sure there is no laceration or relaxation, with a consequent vesicocele or rectocele.

The Ferguson modification of the Gilliam method consists in bringing the round ligament, on either side, up through the abdominal wall and fastening it in the center of the abdominal opening. After opening the abdomen, and having enucleated all diseased tissue found, you attach a hemostat forceps to either broad ligament about midway between its attachment to the uterus and its exit through the internal ring, then take a rather sharp-pointed curved hemostat and starting in the wall of the abdominal incision on one side, just beneath the fascia, forcibly push the forceps

through the muscular layer and parietal peritoneum about an inch and a half from the edge of the incision; grasp the round ligament at the point which has been held by the forceps previously placed there as a guide, then pull the ligament through the channel made by your curved forceps, which brings it through to the abdominal incision. After repeating the procedure on the opposite side, the two ligaments become apposed in the central incision through the abdomen, and are held together with a chromic gut suture No. 1 in size. The abdomen may now be closed in layers.

To conclude, I wish to quote some statistics of results following this method of operating. There were 59 replies to letters of inquiry mailed to patients; 66 per cent, or 39, were cured of all their old symptoms of distress; 13.5 per cent, or 8, were improved; 17 per cent, or 10, of them were unimproved; cured or recurrence of symptoms after labor, 2, or 3.5 per cent. Of the 59 there were 20 pregnancies. Of these, 15, or 75 per cent, were normal. In two of the labors forceps were used. There were two miscarriages and in one a long hard labor.

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That which befits us, embosomed in beauty and wonder as we are, is cheerfulness, and courage, and the endeavor to realize our aspirations. Shall not the heart that has received so much, trust the power by which it lives?—Emerson.

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#### UNCERTAIN AND EXACT PATHOLOGY CHARLES WOODWARD, M. D., CHICAGO, ILL.

That electricity is the vital force of animal life, we must concede, but is its origin a feature of chance or is it generated with chemicals like the artificial product? We know that at birth the child is in a state of suspended animation until oxygen, entering its lungs, combines with the acid and alkaline elements and generates electrical energy, which starts respiration, heart action, cell activity and life. It has other functions also to perform, as cell dynamics, osmosis, and the develop-

ment and maintenance of the organism. What other force can start these functions? But it would appear, from the many uncertain conditions of pathology, that the lesson to be learned from the physiological beginning of life has been of little interest to the world. If the subtleties of normal life are not understood, how are we to contemplate with profit the modifications produced by perverted activities ?

That which is most important to learn, in regard to pathology, is its incipient cause, for this stimulates a line of thought that will enable the physician more definitely to determine disease. When tracing these effects we recognize that it is electrical energy which enforces all physiological phenomena. What, then, obstructs the forces that perform these vital functions? In the observance of diseases, from cause and effect, perversions of the physiologic functions are really determined that can be developed only by conscious and unconscious irritation and reflex contractions. We shall hence define the initiatory cause of all diseases, except trauma, as irritation and reflex contractions. This definition presents a starting point for tracing disease from its incipiency through perversions to degeneration.

To understand fully the effect of irritation it is necessary to comprehend the continuity between the alimentary tract and the skin. By the suppression of perspiration acids are retained and the alkalinity of the blood is reduced, disproportioning thereby the secretions and resulting in acidemia with a long train of symptoms of indigestion. Irritations originating in the alimentary tract are unconsciously conveyed to the great sympathetic nerve centers and produce reflex contractions in every cell. Some would have us believe that these contractions are reflexed to a distributing branch on a single nerve. Can this opinion be sustained? Every irritation of the alimentary nerves results in reflex contraction of the skin, easily observed by

its dryness and emptied capillaries. Can we deny that every internal cell and capillary are not similarly affected ? Observe a woman in the throes of puerperium during expulsive contraction, when every fibre of the system participates in the paroxysm.

There is no doubt (1) of the oft-repeated irritations of the alimentary nerves from the use of chemically prepared foods, and (2) that every internal cell and capillary are temporarily influenced by reflex contractions. This presents the causes which continuously pervert the blood, nerves, circulation and metabolic processes, and disportion the acid and alkali secretions, resulting in the generation of weak electrical energy or resistance.

Pathology must be recognized as scientific as soon as it is founded on causes that develop permanent perversions. The superficial symptoms which appear at acute and subacute attacks are too transitory to indicate the true condition of the system. The late Professor Scudder gave great weight to the word "condition" for determining diseases and specific indications; but who has not seen strongly indicated remedies fail hundreds of times ? As long as this word is used to determine diseases from transitory superficial symptoms there will be uncertainty in pathology, though its meaning may be emphasized for recognizing the exact degree of perversions, It requires some perseverance to break away from the habit of prescribing for transitory symptoms, but the practitioner who learns to determine diseases by symptoms, which represent permanent perversions will become master of many permanent conditions which are considered intractable.

I will illustrate a case of prostatocystitis which was determined by recognizing permanent perversions developed from unconscious irritation and reflex contractions. A man, aged 32, contracted blenorrrhea six years ago, again two years later, and during the past four years had been continuously

treated by several physicians, who controlled the infectious stage, but chronic prostatocystitis had developed. The transitory symptoms were a white, coated tongue and edges covered with papilla, dry skin, absence of fever, rapid weak pulse, nervousness, urine amber color, reaction neutral, and free of albumen, sugar or phosphates, but slight traces of indican. The perversion symptoms were hyperesthesia of the nerves, perverted circulation, with anemia of the blood, a cyanotic sallow complexion, fatigue and predisposition to colds. These latter symptoms are developed by conscious and unconscious irritations and reflex contractions which originate in the alimentary tract. The irritations were controlled and a line of treatment adapted for assisting nature to overcome the perversions. In two months' time some of the perversions were overcome and the others, such as complications of the prostatocystitis, so modified that a recovery resulted.

Great weight is given to bacteriology as an additional knowledge to the science of pathology, but a reference may be made to its futility in determining diseases. We observe that the influence of individual predisposition is often very marked. Let us quote what the bacteriologist Welch says: "The fact that some individuals are attacked and others, apparently equally exposed to the danger of infection, escape, is not always due to any especial predisposition on the part of the former. It may be that the germs attack one and miss the other, and we would have no right to say that the former are especially predisposed than to say that those who fall in battle are predisposed to bullets and those who escape are bullet-proof." This statement knocks out the foundation of this additional science to pathology. Are we to acknowledge to the world that, from relying on the uncertainties of bacteriology, we are unable to determine why some are more predisposed to infection

than others? Close observation has determined that those who are predisposed to infection are individuals who are affected with several permanent perversions, like nervous hyperesthesia, perverted circulation, cyanotic sallow complexion and predisposition to colds, and those who are not predisposed are those whose systems have not developed these permanent perversions.

Again, great weight is being accorded to the sphygmomanometer as being of more clinical value than the fever thermometer. It is a fact that high blood-pressure is a compensatory effort and one of the natural defenses of the body, but should we be satisfied with this knowledge? We meet patients, whose health is declining, with a blood-pressure of 180, at least 50 too high. No effort, then, should be made to reduce it, for reports have been made that increasing the pressure to 190 brought more regular heart action, and increasing it to 200 controlled disagreeable symptoms, resulting in comfortable feelings. The question arises, is a stimulating treatment indicated? How long and to what extent shall we increase the blood-pressure; or, if such a treatment is wrong, does the sphygmomanometer indicate a treatment that will reduce high blood-pressure?

If such stimulating and irritant remedies as strophanthus and nuxvomica will increase blood pressure, stimulating drinks and irritant foods will act similarly. High blood pressure may be observed in those who have the permanent perversions well marked and in those who are habituated to continuous potations or frequent debauches.

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The conviction of my life is that the higher our knowledge mounts the deeper will be our faith in God. The little knowledge inclines our hearts to doubt; the fuller brings us back to Him. Whosoever is afraid of truth does not believe in God.—*Rev. H. D. Overton.*

## FRESH BLOOD EXAMINATION

ROBERT L. WATKINS, M. D., NEW YORK.

Probably ocular blood examinations, viewing and diagnosing from the fresh blood as it appears both to the naked eye and through the microscope, ceased with the work of John Hunter, the English surgeon, over one hundred years ago. Or if not then, it must have done so with the discontinuance of general blood letting as a therapeutic agent, except for a few sporadic investigators about sixty years ago.

Stained blood examinations, as carried on so largely today, especially in laboratories, is of use to the expert hematologist and to the general practitioner only in special cases, or where something has been found by the fresh blood test, that he desires to make more plain.

Blood, to be of service to the physician as a guide to disease, should be observed in a few seconds after it is drawn. He then sees it nearly as it exists in the circulation. Only a drop is necessary. Changes take place so rapidly on exposure to the air (and staining kills it) that the observer should look quickly, and in time he can determine the changes and note their significance.

For example, the tone or vitality of a red blood cell can only be told as it is seen moving about under the microscope. If such is found round and tonic, it indicates good vitality; if flabby or crenated, just the reverse. All cells crenate on standing - hence look quick. Then there are ferments in the blood of some patients, which disappear a few seconds after the blood is drawn. The fibrin, on the other hand, which is always present and significant in some cases, especially in rheumatism, does not show up very well at first, which shows that the blood must be watched for a time as some products disappear and other products, at first invisible, make their appearance.

Although of late years many text

books have been written on the blood, (and I have written *my* share), all the fresh blood expert hematologists in the United States and Europe could, I think, be counted on the fingers of one hand. Most hematologists forget the simplicity of John Hunter and some others, and look for Greek names of things-names which mean little or nothing. Their results convey no information to the general practitioner, except the name of some stain or contortionless cell which was caught in the act of dying, as all cells will die when they have emerged from their natural habitat, the blood vessel. They should be seen immediately. And then skill is required in securing the drop and placing it on the slide correctly.

A physician recently sent for me to see a little girl about ten years old who had a persistent temperature of 104 degrees, with a cough, both of which had hung on for several days. The opinion of several consultants was that the trouble was tuberculosis of a miliary nature. I took the blood-fresh, examined and photographed the same inside of two minutes - told the doctor it was not tuberculosis, and that the child would live. And so she did, although I was several times called and a line of treatment adopted for as on the 'phone for advice afterward, on account of the continuance of the fever.

The young lady made a good recovery after the persistent use of simple remedies, and is now attending to her usual school duties.

Some time after this the same physician called me again, saying his daughter, he thought, had a similar trouble. I said, "No; she has colitis. The colon is secreting large quantities of mucus, which simple remedies will relieve," and did.

A man about fifty years old was, a few weeks ago, sent to me by a dentist who was afraid to fill his teeth because, of the white coating all over the inside of his mouth on the mucous membrane of the bucal cavity, as well as the

fauces. He had had two Wassermann tests, with negative results, so he told the dentist. At the same time, the dentist was right in suspecting syphilis, for he came to me, and on making a fresh blood examination I found the dentist's suspicions correct, together with other complications, such as auto-intoxication, discernible by the ferments in the blood. The crypta syphilitica of Salisbury was present—the syphilitic germ which is present in all stages of the disease, first, second and tertiary.

The patient was put on specific treatment and responded well; but he would not have done so if I had not also treated the auto-intoxication at the same time. He has often expressed his gratitude, for when he first came the sores which were not characteristic of syphilis were beginning to show outside the corners of his mouth. The exact condition was determined by a fresh blood examination, which requires only a few minutes of time, a microscopic eye and a small drop of blood properly placed under a microscope.

I could go on illustrating by many cases which have come under my observation in the past twenty-five years, and the method to be appreciated must be thoroughly understood.

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Young men are apt to think themselves wise enough, as drunken men are to think themselves sober enough.—Chesterfield.

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#### CANCER RESEARCH\*

PERDUE, M. D., KANSAS CITY, MISSOURI.

The laboratories from which these brief reports are made aim to determine the better known facts, The research conducted in them is clinical and not experimental. They have no desire to repeat the colossal failure of the Imperial Cancer Research Fund or of the Rockefeller Institute or of the Gratwick Laboratory in the matter of cancer research on guinea pigs, rats,

mice, monkeys, chickens and trout. They do not presume to waste time and effort denying the postulates of Koch by experimenting with tumors not communicable to man.

The workers in these laboratories realize that there are thousand of human beings suffering from carcinoma. These people are looking for relief. The research of these laboratories looks to the cure of human cancer. The observations are made on the individual patient.

These laboratories have never been committed to any one theory of the etiology of cancer. True research looks to the obvious, to the thing near at hand, and does not attempt to build hypothesis upon hypothesis. Hypothetical sera based upon hypothetical germs must needs fail. There must be a foundation of fact.

When a patient comes to these laboratories for treatment, he is first put through a rigid and complete physical examination. A complete case history is taken. Not a perfunctory examination, with a brief record, but a case history from birth, and an examination from head to foot.

This physical examination is made of record under name and serial number.

After the physical examination the patient is sent to the pathological laboratory. Here a corresponding record is made for the purpose of identity of patient. Then his blood-pressure is taken first. A differential count of red and white corpuscles is made and the resistance of the red corpuscles is estimated quantitatively. Slides of blood are stained and differential counts are made of the white corpuscles. The hemoglobin is estimated with the Dare hemoglobinometer. The patient is then weighed and given a bottle and instructed to bring all the urine passed in 24 hours to the laboratory for analysis.

All the foregoing findings are carefully made and recorded. If there are

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\*Report of the Johnson Pathological Laboratory of Eclectic Medical University, Kansas City, Missouri.

proper indications, the stomach contents are examined. In a case of obscure diagnosis an Abrams' reaction for carcinoma is made.

On the following day a complete analysis of the urine of 24 hours is made and recorded. All these findings are turned over to the physician in charge, diagnosis and prognosis are made, and treatment commenced. In the meantime tumors have been dressed and the patient prepared in every way for commencing regular treatment.

These examinations are repeated as indicated from time to time during treatment and at the time of discharge of patient. The treatment is regulated as indicated by the improvement and changes in the blood, urine and tumor. All are made of record.

Treatments are usually given twice a day. At these times the physician in charge takes the temperature and the pulse. These and all prescriptions and treatment are made of record.

After the cancer tumor has been removed, sections are made for microscopical examination. The microscopical examination and diagnosis is recorded and one or two slides preserved under appropriate serial number.

When the tumor is on an exposed surface a photograph is taken both before and after treatment.

After a patient has been cured he is kept in correspondence as long as possible. Many have been kept in communication from five to ten years.

The case record covering a period of ten years now exceeds 11,000. From these case records tables of age incidence, of sex, of character of tumor, location of tumor, irritating secondary causes, and of geographical distribution have been constructed.

From these case records it has been possible to deduce the laws which govern blood-resistance under the toxic influence of the cancer poison, the retention of chlorids and alkalis, to protect the red blood corpuscles from hemolysis, the cumulative protective alkalin-

ity which finally breaks trophic control and in a place of irritation stimulates epithelium to lawless growth.

These case records show that epitheliomas are rare in brunettes, rare below the collar and above the wristband, are more common in men than in women, therefore are common in those people exposed and susceptible to the influence of the open air and sunlight. They show that almost all women who have a cancer of the breast have had a previous uterine laceration or a chronic uterine irritation.

These researches have developed the cause, etiology and pathogenesis of human carcinoma. They prove that it is not a parasitic disease. They prove that it is a chronic intoxication, that its rational treatment is constitutional, that the tumor is but a local manifestation of an advanced stage of the disease.

It is the purpose of the writer to treat the results of these researches in detail, dealing with the blood in cancer, the urine in cancer, the cause of cancer, the relation of cancer of the breast to lacerated cervix uteri and the Abrams' reaction for the diagnosis of cancer.

Cancer is not an infectious, contagious or communicable disease. The white corpuscles do not show any of the reactions peculiar to diseases of the communicable class. There is no specific germ of cancer, therefore there can be no specific reaction to the toxin of a specific germ. There is no phagocytosis in cancer. Any disturbances of the normal relations of the white corpuscles are found in advanced stages of the disease and are attributable to suppuration of the cancer sore or to lymphatic disturbances due to metastases.

Cancer is a chronic intoxication. It can be properly classed with uremic poisoning and diabetes mellitus in that the poison is organic. These chronic intoxications are a large class of diseases. Lead, phosphorus, arsenic and mercury poisoning are examples. Pel-

lagra is also another instance of chronic intoxication.

As a chronic intoxication, cancer has a marked influence upon the blood. This influence is expressed on the red corpuscles. Red corpuscles have much more to do with health and disease than do the white corpuscles. They carry the oxygen and the carbon dioxide. Without them there is no oxidation. When depleted in cancer there is anemia and cachexia.

At first cancer is an acid intoxication. This intoxication first manifests itself in attacking the red blood corpuscles and diminishing their power to carry hemoglobin. This depletion of their power goes on steadily from the beginning of the cancer intoxication till the death of the cancer victim.

The power of the red blood corpuscles to hold hemoglobin is called resistance. It is normally measured by solutions of common salt or sodium chloride. The physiological or isotonic condition of the normal blood-plasma is 0.85 per cent NaCl. In this strength of fluid the normal red corpuscles retain their hemoglobin and functionate. In hypotonic solutions they progressively lose their hemoglobin down to about 0.32 per cent of NaCl, where they all lake and disappear. In hypertonic solutions they give up water to the solution, contract and become wrinkled and crenate.

According to their resistance to solution in salt solutions the red corpuscles are divided into three classes. Those which still retain their shape and can be seen in a 0.32 per cent solution are said to be of resistance maxima ( $R_1$ ); the great mass of corpuscles which retain their form and hemoglobin in a 0.38 per cent salt solution are of the resistance media ( $R_2$ ); while those which lose hemoglobin up to 0.48 per cent salt solution are of the resistance minima ( $R_3$ ).

Corpuscles of resistance maxima are the new or young corpuscles just coming into the blood-stream from the hemopoietic organs; those of resistance

media compose the great mass of the red blood corpuscles; those of resistance minima are the old worn-out corpuscles ready to leave the blood-stream.

The first effect of the cancer intoxication is to increase the number of corpuscles of the resistance minima. This tends to produce anemia. The corpuscles of resistance minima can be seen in the blood long before the cancer tumor has become large, and before it has aroused the concern of the patient. As soon as the intoxication threatens the integrity of the blood, the reaction of defense begins.

The hemoglobin can be kept in the blood if the plasma is rendered hypertonic—that is, if the alkaline and chloride content is raised above 0.85 per cent. To do this the chlorides and alkalies are retained and thrown into the blood and not excreted in the urine. This process goes on and on until all of the red corpuscles become of the resistance minima and still retain their hemoglobin because of the high concentration of the plasma.

The advance of the cancer intoxication can be estimated quantitatively by the estimation of the relative number of the corpuscles of the resistance minima. They may be counted from a few thousands to 5,000,000 or more to the cubic millimeter of blood.

The technique of this test is very simple and is within the objections of people who seek medicinal treatment for cancer and refuse surgery. The blood is drawn in the Thoma-Zeiss pipette, using a 1 per cent salt solution as a diluent. In this fluid the corpuscles of the minimum resistance will appear plain in the counting chamber, while those of resistance maxima and media will be crenated. A count of the corpuscles gives a quantitative estimate of the resistance.

Under constitutional treatment the toxic material is eliminated and the blood returns to the normal, as evidenced by crenation of all corpuscles in a 1 per cent solution of common salt.

The diseases called the chronic intoxications generally have a marked effect upon all the body fluids. As indicated in a former paper, the first effect of the cancer intoxication is noted in the decreased resistance of the red blood corpuscles. The hemoglobin is kept in the red corpuscles by the isotonic condition of the blood plasma. This is a simple matter of chemistry.

As long as the chlorids and alkalies in the plasma keep up the osmotic balance the hemoglobin will remain in the red corpuscles. But whenever a hemolytic toxin of any kind is liberated in the body, this osmotic balance is broken and anemia from the loss of hemoglobin is initiated. There is immediately a reaction of defense. The chemistry and rationale of this defense is very simple.

Sodium chlorid and the alkalies are a part of the daily ingestion. In health they are eliminated in the ratio of their ingestion. The presence of chlorid of sodium or common salt greatly aids dialysis. It is eliminated by the skin, the intestine and the kidneys. The normal content of the urine is from ten to fifteen grams of sodium chlorid in 24 hours. The human organism generally has enough sodium chlorid on hand to supply hydrochloric acid to the gastric juice and to protect the blood from hemolysis.

Whenever there is a toxic attack on the red blood corpuscles, the alkalies and chlorids are used to raise the osmotic tension of the blood plasma and thus retain the hemoglobin in the red corpuscles. Therefore in cancer patients the one notable feature in the urine is the low percentage of chlorids.

The retained chlorids thrown into the blood plasma create a condition of concentration of the blood plasma which may be said to be physiologic for the cancerous. But this cannot go on indefinitely. When the blood plasma attains a concentration which protects the red corpuscles, the chlorids return to the urine until such time as they are again needed for the

protection of the blood. For this reason cancer patients are found with a very low elimination of chlorids, and again with a higher elimination, which, however, rarely attains the normal minimum.

Any division of these two natural classes is, of course, arbitrary. However, for the purposes of this analysis, we have arbitrarily divided cancer patients into those whose chlorid elimination is below five grams of sodium chlorid in 24 hours, and those whose elimination is above five grams in 24 hours. From a close analysis of many cases we find that the sodium chlorid elimination of the first class is slightly in excess of 2 grams per 24 hours per 100 pounds of patient, that in the second class it is about 5.5 grams per 24 hours per 100 pounds of patient.

At the same time there is generally a small amount of highly concentrate urine. All the other normal constituents may be high in amount. This is noticeably true of the urea. Patients passing small amounts of urine in cancer cases average about 456.6 cubic centimeters in 24 hours to 100 pounds of patient, and those passing the larger amount pass 834.7 cubic centimeters to 100 pounds of patient. In this connection 110 patients weighing 15,576 pounds passed 71,126 cubic centimeters of urine in 24 hours, or 456.6 cubic centimeters per 100 pounds of patient, and 35 patients weighing 5,257 pounds passed 43,985 cubic centimeters in 24 hours, or 834.7 cubic centimeters per 100 pounds of patient.

Under properly indicated constitutional treatment the toxic materials are eliminated from the system, the need for protection of the blood disappears, the chlorids return to the urine in normal amount, the urine becomes of normal quantity. At the same time there is a normal amount of chlorin available for hydrochloric acid in the gastric juice and sufficient sodium chlorid to promote dialysis and assimilation.

(To be continued)

## LETTERS

### THE IMPORTANCE OF AN EARLY DIAGNOSIS IN TUBERCULOSIS

*Editor Ellingwood's Therapist :*

Two very intelligent reasons may be assigned for insisting that in no other disease is it quite so important to make a diagnosis early, as in tuberculosis.

The first is from the standpoint of the physician in the interest of his patient. The profession is now fully agreed that none of the specific infectious diseases are more amenable to prevention than tuberculosis, if diagnosed early, and all are equally as firm in the declaration that none of the ills of humanity are more stubborn and unyielding in their grip upon the lives of men, than advanced tuberculosis.

The second great reason for the doctor to feel the importance of his responsibility in this matter comes in thundering tones from the great throng of helpless humanity that stand as babes, not knowing any way of escape.

For twenty-five years we custodians of the public health have assured the public that we were in a position to protect the individual against the great white plague. We have assured them that since its entity was made sure by Koch and other high authorities, and since we have learned of the infection, we can flag the danger points and protect the public against future invasion.

Is this statement we have made all these years founded on fact? Is it really possible to protect the helpless individual against invasion by this disease? This being so, have we made good? Have we kept faith with our constituency? Emphatically, NO!

We have alarmed the ignorant populace with reference to the poor, unfor-

tunate individual who has not been schooled in the care of himself. He finds that he has no place among men. He is ostracized in society, shunned in the home, and treated as an alien among the elect.

But what of the rosy-cheeked girl of five sweet summers, with dimples and curly hair, and a tubercular otorrhea?

What of the young wife who is being fondled and kissed by her unsuspecting husband? How is it with the boy with tubercular lymphatics, cracked lips, who wants to get well, who eats and drinks with your boy, and who is fondly kissed by his mother many times each day? Why do we not warn these? These may be incipient cases, and it is especially this class that require our professional skill in diagnosis. It is these that need our help, in their education in the laws of sanitation, but how shall we know of the truth that we have such a subject when we are unable to find the tell-tale bacillus? Can we diagnose a case of tuberculosis in advance of the symptoms that arouse the suspicions of the layman? The man that cannot do this is occupying dangerous ground.

Let every physician awake to the full sense of his duty with reference to incipient tuberculosis, and after weighing himself in the scale of proficiency, if he finds himself wanting, in the name of humanity, *Let Him Qualify*, and take his place in fact, as well as in name, between the public and this menace to the health, happiness and even the life, of those for whom he is responsible.

J. F. OWENS, M. D.

Plainview, Texas.

## A WARRANTED DEFENSE

*Editor Ellingwood's Therapeutist:*

If you will permit me, I would like to make a little suggestion in regard to our attitude to our medical brethren in the THERAPEUTIST family, suggested by Dr. D. J. Bowman's criticism of Dr. Woodward in July THERAPEUTIST. However we may differ in opinion, I think we can do so in a spirit of tolerance and respect without engendering bitterness and provoking unfruitful controversies.

Dr. Woodward's experience and the good he has accomplished and what he has added to the knowledge of therapeutics is worthy of commendation. Doubtless *his* clinical experience has fitted him to do as good work as the man skilled in laboratory technique. It is results by the bedside that 'count.

We can educate without using a club, and friendly discussion of any matter with an open mind will foster exchange of ideas, while drastic criticism discourages the timid yet capable man from adding *his* clinical knowledge which may be of great service to us.

Man is more than a material machine and must be observed from his triune aspect and treated accordingly. The laboratory expert can tell you all about his chemical components and deviations, but in but few instances can he tell you the *cause*. Disturbance of function is the tap-root of all diseases - what *causes* it and how to *restore* it is what counts. We are too prone to run wholly to materialism and forget that all diseases are not due to a material entity, and until that is demonstrated we ought to be very humble about our boasted knowledge.

I have never forgotten a remark made by a cousin of mine anent human knowledge and wisdom, in which he said, "Compared with what is actually *known* to what is *to be known* we are but blithering idiots."

Let us have liberal exchange of ideas in a feeling of friendly rivalry, but cut

out the "holier than thou" spirit and remember what Hamlet said to Horatio.

F. W. SOUTHWORTH, M.D.  
Tacoma, Wash., July 31, 1914.

DR. WOODWARD'S REPLY TO A CRITIC  
*Editor Ellingwood's Therapeutist:*

Apropos of the unprofessional comments by Dr. Bowman, of Raymond, Neb., on my article, "Cancer," appearing in the May THERAPEUTIST, it might be said that it isn't the "*knocker*" who gains admission to our confidence. Resorting to abusive names is *one* thing, and *arguing* a subject comprehensively is quite another.

All of us are ready to listen to intelligent criticism, couched in gentlemanly language, but Dr. Bowman's remarks are manifestly not made in the spirit that should animate one physician toward another, nor do they reveal that he has an understanding of the article he attempts to criticize, from which he is unable even to quote correctly.

It is usually the person of small understanding who ventures forth as the assailant-the would-be critic-of what *he* fails to grasp, which is precisely what has happened in this case. The author of the article "Cancer" does use and believe in the use of any or all indispensable instruments of precision for obtaining exact diagnostic conclusions at the bedside or in the office.

Most physicians agree, however, that when a reference is made to our modern laboratory it is a "place for chemical operations," and not the practitioner's office. It is the same author's belief that the modern laboratory is an absolute necessity to confirm the diagnosis of diseases for those who attribute the cause of all diseases to microorganisms. Practitioners of rural districts, however, seldom have access to the modern laboratory. Therefore, it is well for us to extend our sympathies to Dr. Bowman's patrons.

CHARLES WOODWARD.

Chicago, Ill.

✠	<h2 style="margin: 0;">THERAPEUTIC FACTS</h2> <p style="margin: 0;">SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FOR EACH DOCTOR</p>	✠
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### Varicosis During Pregnancy

Carduus is a favorite remedy with many homeopaths. If two drams of a strong tincture be added to six drams of an elixir, and one dram be given four times a day, it will prevent or remove the varicosis of pregnancy.

THOMAS Y. JONES, M.D.

### Pulaski, Pa.

COMMENT: This is an important suggestion, if effectual. Varicosis of the pudenda, or of the vagina should always be treated, and though we get good results from hamamelis and collinsonia, we need more specific remedies and if carduus is effective we should know it at once that it shall receive due recognition.

### Prevention of Pneumonia

To prevent pneumonia in susceptible patients, prescribe for them three drops of the oil of turpentine on a square loaf sugar every two hours, whenever they feel the least inclined toward the premonitory symptoms of a cold, or to any bronchial difficulty whatever.

HARRY C. HOWLAND, M.D.

### Seattle, Wash.

### Rhus Poisoning

Two drams of ammonium chloride in a pint of water applied freely in rhus poisoning will most quickly allay the inflammation. Other equally good remedies are lobelia, a suspension of quinine, and furthermore other local antiseptics. But if ammonium chloride and lobelia be combined most excellent results will follow.

MORRIS JONES, M.D.

### Watertown, S. Dak.

### To Remove Moles

To remove a mole, saturate a small pledget of cotton in a 3 per cent solution of carbolic acid. Apply this over the mole only; if necessary protecting the outside area. Confine this with a small piece of oiled silk, covered with

adhesive plaster. This should be moistened once or twice in 24 hours, and persisted in until the excrescence is removed. This treatment, I think, is equally good for warts.

JAMES J. WORKMAN, M.D.

### Hookertown, N. C.

### Diabetes

Poluria I find is difficult to cure unless I use boric acid, as suggested by a writer in this journal some years ago. From six to eight grains four times a day has cured some very stubborn cases. It is also of much benefit in diabetes mellitus.

GEORGE GOULY, M.D.

### Pinckney, Mich.

### Indications for Pulsatilla

Pulsatilla is an excellent remedy, but it has few generalities. We must prescribe it with exactness. Persons of mild disposition, credulous, sensitive, especially blonds inclined to plethora, and yet easily excited because very sensitive-these, with nervous disorders, are readily influenced with this remedy.

These patients also have full veins, disordered stomach, and suffer from weakness or tremulousness.

FRANKLIN M. MOTT, M.D.

COMMENT: Patients who are despondent foreboding, trouble borrowers-always anxious-always anticipating calamity-are those most readily influenced by pulsatilla in addition to the above indications. Any of these patients suffering from amenorrhoea, will be relieved and the condition can be regulated by the use of pulsatilla. I believe\* it more readily influences the sympathetic plexus of the pelvis.

### Rectal Irrigation in Sciatica

A hot poultice in the treatment of sciatica, made by a slow irrigation of the rectum with water as hot as can possibly be borne, I find sometimes

to be of the greatest efficacy. Better results can be accomplished by adding half an ounce of epsom salts to each quart of the irrigating fluid, but this latter must not be allowed to remain too long in the bowels. The douche should not be elevated too high. The flow should be very slow. This is my fact at this time.

HENRY N. CASTLE.

Raymond, Wash.

#### Lycopodium

Will any reader who has used lycopodium give us a full description of its specific indications? I have found it excellent in some cases and worthless in others, probably because not correctly prescribed.

JOHN J. MCELWAIN, M. D.

New Orleans, La.

#### Erysipelas Migrans

I have had a case of erysipelas migrans, which I found very difficult to cure because when controlled in one locality it immediately appeared a little farther on. I gave aconite, belladonna and echinacea for the local condition, and painted it with boric acid or permanganate of potassium or chloride of iron, but did not succeed in stopping its migrations until I painted a broad strip around it with equal parts of tincture of iron and tincture of iodine. Will someone suggest a better treatment, as I was not satisfied with this?

HENRY H. HOLMAN, M.D.

Sitka, Alaska.

#### Agrimony for Bronchorrhea

I have used in the treatment of bronchorrhea, which is sometimes very difficult to cure, the *tincture of agrimony*: From 20 to 30 minims at a dose, four or five times a day, may be given, I have found it excellent.

HORACE F. WATTS, M.D.

#### Sleeplessness and Passiflora

Because passiflora fails to produce sleep in nervous and painful cases, it has been largely discarded in all cases. In simple uncomplicated insomnia?

from 5 to 10 drops in water every hour during the late afternoon or evening, it will usually induce a natural restful and satisfactory sleep. It should not be discarded.

EDWARD O. JONES, M.D.

Plumville, Pa.

#### Gum Boils

In the July number of the THERAPEUTIST. I see Brother Wilmot gives what I would think a good treatment for gum boils.

However, if you want to realize just what a specific is, give in such cases 3 grains of the third trituration of calcarea sulphurica every hour or two. I have never seen it fail and have with it astonished many people and some doctors. Dr. Vandergoltz in his *Pocket Book* says it is an almost absolute specific.

J. Q. MOXLEY, M.D.

Lewiston, Idaho.

#### Sodium Hyposulphite in Smallpox

I have depended on sodium hyposulphite to ward off smallpox not only among those who are unvaccinated, but those who have been successfully vaccinated. In all my cases it has not failed to prevent the eruption, if I gave it within three days after the exposure. In any case 60 grains often enough to move the bowels and a wash of the saturated solution as hot as can be well borne, will be found highly gratifying in its influence.

C. B. DEAN, M.D.

#### A Rational Catarrh Compound

In a recent copy of the THERAPEUTIST a subscriber suggested the use of stillingia and echinacea as a treatment for chronic nasal catarrh. Having a severe case then on hand, I prescribed 1 ounce of echinacea and 5 ounces of the syrup of stillingia, and gave a teaspoonful every four hours. This not only cured the patient of his catarrh promptly, but cured a long standing irritation of the bladder which produced frequent urination.

JOHN N. FORSYTHE, M.D.

Tacoma, Wash.

✕	<h1 style="margin: 0;">GLEANINGS</h1> <p style="margin: 0;">SUMMARIZED FROM CURRENT LITERATURE</p>	✕
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### ANAPHYLAXIS

To Richet belongs the credit of first giving to the profession a comprehensive account of the main phenomena designated by "anaphylaxis," the word coined by him to signify the opposite of protection or phylaxis.

Because there appeared to develop in a patient, an increased sensitiveness to a poison after previous injection of that poison this new word seemed quite appropriate. We now know, paradoxical as it may seem, especially in the light of the symptoms, that there is no actual increase in susceptibility to poisons in anaphylaxis, but an increase in the power of the body of the so-called sensitive individual to split the sensitizing protein into poisons.

Failure to distinguish clearly between the original meaning of anaphylaxis and the real nature of the condition to which it is now applied is a serious obstacle to a clear understanding of what is written and said about this subject. This distinction must be kept in mind constantly in reading Richet's account of the various phases of anaphylaxis, or perhaps better allergy.

All students of allergy will welcome a book on the subject by one who has contributed so much to our knowledge of it. Generally speaking, Richet's views accord with those current in American and German literature.-*J. A. M. A.*

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#### LIQUID PARAFFIN IN ENTERIC FEVER

LLEWELLYN P. PHILLIPS, M.A., M.D., CAIRO, EGYPT.

In Egypt it is the exception to see cases of typhoid fever with diarrhea. Constipation is the rule, and this constipation is often very difficult to man-

age. I used to treat it by daily enemata, preceded if necessary by a preliminary injection of olive oil; in most cases this was successful, but occasionally the result was not satisfactory. (The enemata are given out of a douche can.) During convalescence I used to commence treating constipation by using cascara and maltine as an aperient. On one occasion during an attack of typhoid fever with mania I had to give olive oil and castor oil in equal parts by mouth and the patient did well.

In 1912 one of my patients was so constipated during the beginning of her convalescence that I resolved to use paraffin, and I did so with excellent effect; after that I commenced to use it throughout the illness, and such now is my routine. I have found that in cases in which during former acute illnesses enemata have acted with the greatest difficulty, paraffin, if an enema is necessary, acts easily and painlessly, and both my patients and the nurses have been more than satisfied with the result. It seems absolutely free from risk and, further, it probably acts as an emollient dressing to the typhoid ulcers. The only disadvantage I have seen from its use during typhoid fever has been a little occasional leakage per anum.

I give the drug in a dose of half an ounce at night and, if this be not sufficient, in a dose of half an ounce in the morning as well; it is best taken floated on the top of a little soda-water. With such dosage enemata are often unnecessary, though I still often order the bowel to be washed out so as to remove as much toxic material as possible.-*London Lancet.*

## ARTICULAR RHEUMATISM OF PUERPERAL ORIGIN

The case reported by Pierra shows anew how infection originating in the genital organs may work insidiously for several months before making itself apparent. It demonstrated further that a cure may be realized even at this late stage by eradicating the focus. His patient was a woman of 28 who developed subacute articular rheumatism and endocarditis five months after an infected abortion. No benefit was realized from a month or more of the ordinary measures, including the salicylates, but after straightening and curetting the uterus the temperature dropped to normal and rapid recovery followed, except that signs of mild mitral insufficiency still persist to date. The patient has passed through a normal pregnancy since. Articular rheumatism of puerperal origin does not attack so many joints as ordinary articular rheumatism. It generally settles down in one joint after a time—the shoulder in his case—and stays there. The rapid development of the mitral insufficiency in this case could be explained only by the slumbering infectious process in the uterus—*Jour. A. M. A.*

## ADENOIDS

If we may believe an article in this week's educational supplement of *The Times* doctors are undergoing a change of opinion with regard to operations for adenoids and on the tonsils.

According to Dr. Layton, of the throat and ear department of Guy's Hospital, the removal of tonsils is attended by grave risks in certain cases, and the operation for adenoids does not always cure. He also found at the time when adenoidal operations were the vogue that patients whose treatment had to be delayed owing to the excessively large number of cases requiring attention were cured in the interim by the removal of decayed teeth and by breathing exercises.

While admitting that the layman should exercise caution in venturing an opinion on matters which experts only can decide, we cannot help feeling disturbed at the possibility of more harm than good being done by the customary operations of which medical inspection has discovered the necessity.

We are reminded of cases which have come within our own experience where, for instance, a boy operated on for adenoids lost for the remainder of his school life (and perhaps afterward) control of his nerves, and became an apparent victim of St. Vitus' dance; of many others whose breathing and enunciation were no better after the operation than before, or in whose cases a very short period of relief was succeeded by a return of the old trouble.

Such cases illustrate the wisdom of the opinion of *The Times* that "It is clear that the safe-and sane-policy is to stay execution in all but a small proportion of the cases diagnosed as tonsillar and adenoids," and to count the cost carefully before any operation is undertaken in any case.—*Liverpool Courier*

## PLUM STONE IN RECTUM CAUSING INABILITY TO MICTURATE ON ACCOUNT OF PAIN

I was called to see a man, aged 34, who said that on the morning of the day on which he was seen, although he had frequent desire to urinate, he was unable to do so and the attempt produced sharp pain in the anus, which became more severe with each attempt to void urine. There was no history of similar trouble.

Abdominal examination showed a distended bladder and on rectal examination a plum-stone was found, lying point down between the sphincter internus and the sphincter externus, with the point embedded in the sphincter externus. Removal of the foreign body gave immediate relief and in a few

minutes the patient voided over 30 ounces of urine. The plum-stone had been swallowed forty hours prior to the onset of symptoms.-W. F. Dey, M.D., *J. A. M. A.*

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#### PROPHYLAXIS OF CANCER

Mayo emphasizes the fact that pre-existing lesions play the most important part of the known factors which surround the development of cancer, that such precancerous lesions are produced by some habit or life condition which causes chronic irritation, that where cancer in the human is frequent, a close study of the habits of civilized man as contrasted with primitive races and lower animals, in which similar lesions are conspicuously rare, may be of value, and finally, that the prophylaxis of cancer depends, first, on a change in those cancer-producing habits and, second, on the early removal of all precancerous lesions and sources of chronic irritation--*J. A. M. A.*

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#### THE PRACTICAL AND THE SCIENTIFIC

Sir Clifford Allbutt has made himself a praiseworthy record in the past by his statements in favor of the actual observation of exact disease conditions and exact prescribing as learned at the bedside, permitting the strong inference that he appreciates laboratory methods but claims they are auxiliary and secondary to clinical methods.

In a recent speech to graduates he said that "it would not be all for the best if the men of science had had it all their own way. Practical men believe that there is something very much more in practice than scientific and analytic knowledge. Why is it that the practical man had so much contempt for the young men who came from the training schools? The fact is that in the art of medicine there is something much more than science could give.

"The training of the hand and eye gave a certain facility and power that

could not be obtained by any amount of school training. The young man is apt to look on the older practitioners as duffers, but the young and the old are necessary to each other. Even in the laboratory the skilled technical hand knows that he can do more by his own instinct than one who has only a theoretic training."

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#### SENSIBLE DIET

To keep warm and give energy for work, Fisk advises to eat energy or fuel foods, potatoes, bread, cereals, cornbread, syrup and other sugars. To keep muscles and organs in repair, eat a limited and fixed amount of repair foods, meat, eggs, cheese, nuts, flesh foods, peas, beans and lentils. Do not increase the repair foods with increase in work or exposure to cold; increase the fuel foods for further energy.

Eat fruit every day. Canned fruits are good. Cooked fruit is often better than dubious fresh fruit, but some fresh fruit is essential. Eat fresh, green vegetables whenever you can get them. Thoroughly wash all raw foods. Eat some bulky vegetables of low food value, like carrots, parsnips, spinach, turnip, squash and cabbage to stimulate the bowels, and give flavor to the diet and prevent overnourishment.

Eat slowly and taste your food well and it will slide down at the proper time. Do not nibble your food timidly; eat it boldly and confidently. A glass or two of water at meals is not harmful if you do not wash your food down with it. Do not let anyone bring a grouch to the dinner table; it will upset all the food values.

First, last and all the time, be moderate; avoid overnourishment and overweight. Restrict your fuel foods and burn up your own fat if you are tending toward stoutness.-*J. A. M. A.*

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Our lives are either spent in doing nothing at all, or in doing nothing to the purpose, or in doing nothing that we ought to do. We are always complaining that our days are few, and acting as if there would be no end to them. -Seneca.

# Ellingwood's Therapist

## EDITORIALS

### FACTS

I am always wanting facts. It is the facts we have received from the busy Doctor that has put this Journal AT THE TOP, as a practical, reliable and exceedingly valuable Journal.

Doctor, when you can spare a moment's time, think up some good emergency suggestion, that you have used at some time when you was in a tight place, with good

results, and send it on to us. Don't wait for the spirit to move you, but do it when you think of the suggestion.

We especially want facts for the summer months. This is the time the Doctors don't like to write, and thus we most need them then. If any odd case has turned up since you last wrote, report it sure. Read the facts here, pp. 255 and on, and get the truths from them.

### DEATH OF DR. HENRY K. STRATFORD

On Tuesday, the 28th of July, there died at the residence of his daughter, Mrs. William F. Ray, 236 N. Waller avenue, Austin, Ill., Dr. Henry Knox Stratford, who, had he lived ten days longer, would have been 93 years of age.

A few years ago there was no more widely known man in the Eclectic ranks than Dr. Stratford. He was a man of magnificent physique, fine appearance, and up to a year ago, vigorous and in remarkably good health. He was still in practice at that time—the oldest practitioner in the United States. In 1880 Dr. Stratford was president of the National Eclectic Medical Association and presented to the association the ivory gavel which every president since has used. He was president of the Illinois state society and of the Chicago society.

During the civil war he served as a physician and surgeon at Camp Douglas, Chicago. He was a member of the Austin Masonic lodge, No. 850; of Cicero Chapter, No. 180, and of Siloam Commandery, No. 54, Knights Templar.

Besides Mrs. Ray, three daughters survive him, Mrs. Charles A. Holton and Mrs. H. M. Fuller of St. Louis,

and Mrs. Marion Stratford Morrison of San Diego. There are fourteen grandchildren and great-grandchildren.

### RATHER HARD ON THE PROFESSION

While many of the methods of the American Medical Association are commonly censured and criticised in conversation and among the doctors themselves, but little, if any, of the real sentiment gets into print. Geo. Englehard, editor of the *Medical Standard*, one of the most practical of the old school publications, in an address before "The Proprietary Association of America," uttered the following, for which the Jour. A. M. A. holds him to severe criticism. This is quoted as especially severe on the profession:

"Go once to the doctor, and you will go a dozen times. (Applause.) If you are not sick when you go, you are pretty sure to be sick before you get through. \*\*

"The menace to American life and health today, I repeat, is not in the proprietary ('patent medicine') industry \*\* but the crowning menace to the health and life of the people of America today is incompetency or worse in the Regular medical profession." (Applause.)

### AN IMPORTANT THERAPEUTIC SUGGESTION

Since we have been studying the endocrinic glands—the hormones and their influence upon each other—and upon the great functioning processes of all the organs of the body, we are learning that there is a proper balance sustained, essentially, if health be retained, between the actions of these organs, the ductless glands.

While we are endeavoring to determine which gland is acting too freely or is deficient in action and is thus disturbing the balance, why not prescribe *phytolacca* for its general effect upon the glandular organs? If we could immediately know which gland was to blame, and which extract was to be used in that particular case, we might have a sufficient remedy in this extract alone, but inasmuch as it is impossible to determine these facts in many cases, we feel the necessity of having a remedy whose general influence will tend towards a proper restoration of this important unbalance.

While we are investigating the action of remedies for this purpose, we may find it a good plan to use other glandular remedies also, such as iodine in some of the easily appropriable forms, or iris, *chionanthus*, or other of our definite glandular remedies.

There are so many conditions in which this unbalance is to blame, and yet this influence is not recognized, that we are justified in prescribing these remedies, especially *phytolacca* and the syrup of the iodide of lime or of iron, with a proper tonic.

Those of us who are in the habit of prescribing the iodide of iron, have noticed an improvement in many of these chronic cases, and because anaemia is nearly always present, we have attributed this improvement to the iron, whereas it is more than likely that the iodine helped correct the hormonal unbalance and had more to do with improvement than the iron. Let us keep this thought in mind when we are diagnosing these chronic condi-

tions and see if we cannot determine a wider field for our glandular remedies.

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### A SEVERE WOUND DURING PREGNANCY

It is surprising how great injury a pregnant woman, otherwise healthy, can stand and make a perfect recovery. The records show all kinds of violence and serious wounds. A recent case from the Massachusetts General Hospital is reported to the *Journal A. M. A.* of an Italian woman four months pregnant, who had been shot with a shotgun at close range, thirty minutes before reaching the hospital. "There was consciousness, but shock and moaning. The abdomen was distended. There was an irregular lacerated wound in the right lower quadrant, irregular, about the size to admit two fists, with three or four feet of the coils of the small intestine protruding. In the operation about forty perforations were found and closed. There was a rent four inches long in the womb, and the fetus was lying loose in the abdominal cavity. The placenta was removed by hand. A careful operation met all indications and the patient made an uneventful recovery."

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### DRAINING ASCITES INTO THE BLADDER

In a recent issue we referred to the practicability of the drainage of chronic cases of ascites directly into the bladder. A *Leipsic journal* gives the method of Rosenstein, which is summarized by *J. A. M. A.*:

"He exposed the entire bladder and placed a silver ring, 3 cm. in diameter (about twice as large as an ordinary wedding ring), on the top of the bladder, drawing the bladder wall up through the ring into a peak which was then cut. The bladder tissue was turned back over the ring all around and sutured to hold the ring in place, the serous surfaces alone in contact. The bladder thus opened like a jar into the abdominal cavity.

"Then a strip 4 cm. wide was cut out of the wall of the bladder below

the sutured-in ring. The excised strip included both serosa and muscle so that nothing was left of the bladder wall all around at this point except the mucosa lining of the bladder. The edges on each side of the excised strip were then drawn up together and sutured together all around the bladder. This forced the mucosa that had bridged the gap to fold inward all around, no stitches were taken in the mucosa at any point.

"Ascitic fluid promptly drained into the bladder and was voided with the urine, while the cystoscope confirmed that the valve thus formed prevented any reflux of fluid.

"The operation has been a success although not as complete as had been hoped, as all the ascitic fluid does not escape this way; some accumulates below the level of the opening in the top of the bladder. The patient has had to be tapped recently on this account; although eight weeks had elapsed, the total amount of fluid was not more than what had previously been drawn once a week."

#### A PECULIAR ABSCESS

An interesting case is reported where a child three and a half years of age showed a protuberance at the umbilicus. After a day or two, this discharged pus, quite freely, but at times for some months afterward pus would come away in considerable quantities. As narrated in the *Lancet*, it had an offensive odor, suggestive of infection by the colon bacillus. At first a probe was passed, an inch and a half, into what seemed to be a canal. After about a year the discharge was more profuse than ever.

Under chloroform, a probe was passed four inches in a downward direction toward the right side and a mass was discovered in the right iliac fossa. An incision was made down onto the probe and a sinus was found, which was swabbed with iodine. This did not, however, control the discharge. Three weeks later a longer

incision was made and a black, heavily coated pin was found, around which the mass had been formed. This mass was adherent to the cecum. It was then discovered that the appendix was closed at a little above its attachment to the cecum, and that the lumen of the appendix above that, was probably the source of pus formation, but as no connection was found between this and the sinus, the origin of the discharging pus was yet left somewhat in the dark.

All foreign substances were removed and the wound properly closed, the child making an excellent recovery. The supposition was that there was a cyst on the uracus. With all of this disturbance in the region of the appendix there had been no evidences whatever as ordinarily looked for in appendicitis.

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#### CONTINUOUS IMMERSION IN TUBERCULOSIS

Dr. Rose, referred to in a previous editorial, believes that he has made a very important discovery in the treatment of tuberculosis by the use of continuous warm baths. The patient is immersed in warm water and the temperature retained about 98° for from twenty-four hours to two weeks, or even longer. He has had an experience in a great many cases and observed only good results.

In Vol. 2 of the 23rd series of the *International Clinic* he narrates several cases: One patient had pulmonary tuberculosis for many years. He was called because of spondylitic involvement and although there was a valvular disease of the heart, with necrosis of one of the vertebrae, he immediately advised a continuous warm bath for the patient. The treatment was kept up for one month, in which time he did not hear from the patient. He was then surprised to have the patient walk into his office with no manner of support, not even a cane. The general influence of the treatment was very wide and very satisfactory.

He gives the history of another case, a woman suffering from pulmonary tuberculosis for six months. On the 20th of March she was placed in the warm bath. Her temperature was 99.6. The temperature of the water was first 98, later reduced to 96. In ten days her temperature was reduced to normal.

A number of cases are narrated of similar character, all of which were materially improved by the bath.

It seems reasonable to believe that this course of treatment would be available as auxiliary to other important measures. It is a powerful assistant to the elimination and if an intravenous injection were used there is no doubt, but that the effect of the two together would be superior to the influence of either alone.

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#### ACNE

A most important fact to remember in the treatment of that stubborn and most trying condition, acne, is that it is only a manifestation on the skin of quite a wide range of conditions elsewhere in the system. It may be due to conditions in the skin alone, but this is the rarest form. Irritation of the ovaries in girls, as well as other irritations of the pelvic sympathetic system; masturbation in boys, with the same sympathetic irritations, faulty elimination of irritating drugs, serious gastric irregularities, the uric acid diaphesis, all induce it, or each separately.

The blood disorders that act as an irritating cause are legion, but we must especially bear in mind that patients who take the iodides, the bromides, mercury and other inorganic salts that must be eliminated through the skin, are especially liable to it, and some of these remedies given to cure it, will increase the condition without benefit.

How futile, then, is the course usually adopted of treating acne of the face with local applications alone. Very often these are not needed at all

and in some cases produce aggravation. The only rational course is to determine without doubt the cause of the difficulty and remove that first of all.

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#### SIT TIGHT! DON'T ROCK THE BOAT

The following splendid advice to American citizens appeared editorially in *The Chicago Herald* at the first announcement of the declaration of war in Europe. It is seldom we publish anything of a political character, but this occasion the world has never known and this editorial contains advice which, if followed, will declare the standing and dignity of our nation at a time when its influence and character as the greatest nation of the earth, will be forever fixed:

"Sit tight! Don't rock the boat! That's the watchword today. That's the first duty of every American at this moment. That's what this country needs to keep it straight and safe and true to its course-absolutely all it needs.

"Business conditions are sound. We have one of the greatest grain crops in history. Its value has already greatly advanced. We have a sound financial system, backed by the greatest store of gold in the world. Our banks are solid, safe. There is nothing the matter with the United States.

"War will mean an unprecedented demand for supplies. Experts declare American business will feel a great impetus. While other nations destroy, this country will produce. While other nations are armed camps, this country will be a farm, a factory, a forge. Trade extension is predicted in all directions. The immediate future is plain.

"The national administration is acting wisely, promptly. The 'sum of \$500,000,000 is available, under the Aldrich-Vreeland act, for an emergency. The organization of the reserve board will soon be completed. This will enable us to deal more effectively with the outflow of gold. Plans are

perfecting to permit American registry of foreign vessels. This will protect and develop our commerce.

"We are preparing to maintain strict neutrality. Questions may arise with foreign nations as to what constitutes contraband. Such questions cannot conceivably involve us in difficulties. They will be settled by the ordinary processes. The general principles of neutrality and neutral commerce are plain. The United States will adhere rigorously to them. Friendly intercourse, as far as circumstances permit, will be its rule and its procedure.

"Stock exchanges have closed—a wise precaution. This country cannot be the dumping ground of the whole body of securities that war-mad Europe is anxious to convert into money. The closing is temporary. Elsewhere there is no prospect of interference with the orderly processes of American business. Stable conditions are here. All we have to do is to keep them stable.

"The administration has decided to appeal officially to the public to help maintain existing satisfactory conditions. The public cannot fail to respond. The only danger is one which it may create itself. Its course is simple. All it has to do is to sit tight, to do nothing to disrupt the fortunate condition in which this country happily finds itself.

"Don't rock the boat—that's the central idea! The swell from the great battleship, 'Europe,' will be felt. But it will not hurt us. It need not even break over the sides. There's nothing the matter with the boat that we are in. Straight and strong, well-seamed, well-caulked, well-timbered, with reasonable guidance it will bear us safely and prosperously through.

"Sit tight! Don't rock the boat. Keep its head well up against the sea! Don't let it get into the trough of the waves! Let every man realize that at this moment calm confidence and calm thankfulness are the first duty. They are absolutely justified by the

favorable situation in which we find ourselves. They are the certain guarantee of a continuance of those conditions."

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#### HAMMAMELIS

So common is this remedy that we are careless in its administration, and failing of results, we discard it. In its field it is absolutely definite and reliable. For an external application with aching and muscular soreness, soreness on pressure, soreness in the muscles of the breast and general muscular system after a severe labor, its effect is very prompt.

In diseases of the veins, whatever their character, its free use internally and externally will produce nothing, but good results. Given with colinsonia, the combination should be at least tried very thoroughly in every case of piles. All are benefited and many cases are completely cured by its use.

A half teaspoonful every two, three or four hours in any case of passive hemorrhage will result usually in relief, at least, if not complete cure. The remedy must be thoroughly studied. These are only the suggestive indications, directing to the field of its action.

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#### FEVERS OF CHILDHOOD

While fevers appear most frequently in summer time, there is no special difference in the treatment of summer fevers, from those of other seasons, with the single exception of that induced by heat. Elsewhere I have mentioned the effect of heat upon small children, and a fever following such a condition is more effectually treated by reducing the external temperature and restoring the body functions than by the use of special sedatives.

Much good, however, will obtain by giving the child very small doses of the tincture of aconite, repeated every half hour or hour, watching the child closely for the anticipated reduction of temperature. The use of tepid

water to the head and spinal column is an important addition to the treatment of this form of fever. At the same time, it is advisable to flush the colon gently, but effectually. If the temperature of the water used be only slightly below that of the body, the influence will be greater.

The use of aconite in the treatment of children's fevers, when thoroughly understood, makes this remedy really our most important one. I have made it a rule for many years, have absolutely insisted on carrying out the rule that if any excess temperature is discovered in a child, a little aconite be given immediately. It is foolish, unreasonable, unauthorized and altogether too scientific and impracticable to believe that nothing must be done for fevers until it is determined what causes the condition, so that the cause can be removed. What a fool one would be who found a man drowning in a stream to refuse to pull him out until he could find out who had thrown him in and punish that party.

This habit of mine of giving a little aconite until I could determine the correct indications for other remedies, I believe has saved hundreds of cases of protracted illness. I am confident that had I allowed the temperature to continue, pathological conditions one after the other would have appeared, and would have become so firmly fixed as to become difficult of cure, drawing at the same time more or less largely upon the system in a manner often very serious.

The commonest second cause of infantile fevers is acidity of the stomach. A mother having access to a mild soothing alkaline mixture will often prevent fevers if the doctor advises her to give a dose of the mixture whenever the stomach seems to be disarranged, and especially if she observes any elevation of the temperature. The condition increasing, the physician is called, and a few doses of aconite are found sufficient to entirely remove all evidences of any disorder because the

previous alkaline mixture reduced the cause.

It will immediately be claimed that my use of aconite is thus not always in specific lines. In acute cases the disturbance of the heat center is to blame for the elevated temperature, and we need not at this moment look farther than for a remedy which regulates the heat centers and tends to correct abnormalities of this function. Consequently, aconite is specifically indicated, although we may not find the peculiar pulse and dry skin mentioned in Scudder's writings. It may not be surprising to state that we have learned a few things since Scudder died.

The use of veratrum in childhood is questionable. The conditions at that period of life are very temporary, and the depressing effect of this important and most valuable remedy is not commonly needed. There are a few cases, however, in which it may be given for the same precise indications as are found to regulate and demand its use in adults.

This is especially true when there is a tendency toward spasm with a sudden and high elevation of temperature, with a full, round, soft pulse.

The nervous phenomena which indicate gelsemium are familiar, probably, to the most of our readers. These are engorgement of the capillary circulation of the face and head, capillary dullness in the brain, bright red cheeks or a generally bright flush to the face, very bright eyes, with contracted pupils.

With these the nervous irritation is plainly apparent, and the special sedative influence of the remedy is available here in preventing spasm and although not especially so credited, with the equalization of the circulation, which is exceedingly important. Muscular twitching in conjunction with the above evidences, is an important indication of this remedy.

I have used, the last few years, ferrum phos. in the treatment of that

class of fevers in infants that come on rather abruptly, with high temperature but no evidence of the cause. The slight elevations and medium ranges of temperature will be met as stated above, with aconite, but a somewhat more fully established temperature, remaining high can be brought down very satisfactorily, and very safely with the use of ferrum phos. in the usual doses every ten or fifteen minutes. I generally use the third decimal trituration, about one grain at a dose.

This is especially effectual if pulmonary disorder seems to be threatened and in inflammatory conditions of the serous membranes in any locality. In this it acts similarly to bryonia.

In fevers accompanied with local acute pains of a neuralgic character, combine it with the-magnesium phos. in equal doses. Later I may publish an article on the specific forms of fevers, to which this editorial is a simple introduction.

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#### AS TO EATING

If we were to make careful and exact observations concerning the influence of eating, we would find that probably all of us eat too much, and that but very few, if any, eat correctly, and yet how are we to know how much we shall eat or what is precisely the correct method of taking our food?

A writer in the *Copenhagen Journal* has found that people who overeat are subject to rheumatism, lumbago, constipation almost invariably, and later nervous symptoms are common and greatly complicate the conditions.

People that have taken on flesh from too much food are subject to heart and kidney disease, and apoplexy. They have less resisting power. With these patients he has found the blood pressure high, usually, in many cases exceedingly high, in every case of which it was readily reduced by reducing the quantity of food.

He believes that all of the ailments caused by this fault will be relieved if the patient takes food very sparingly so that the loss of weight is steady and apparent. On the other hand, he believes that the entire train of symptoms can be prevented by always eating short of the desire.

It may not be well known that in some foreign countries -where both animals and men are subject to very prolonged hard labor, their endurance is sustained or even increased by supplying only enough food for the immediate need, leaving the individual still hungry.

#### CAESAREAN SECTION FOR ECLAMPSIA

The doctor of the Old School, if he is not all dead, has had a hard time to accept the suggestion that the Caesarean section for eclampsia is in any way a justifiable procedure. A report is made in the *American Journal of Obstetrics* on the analysis of five hundred cases performed in various large cities of the world by two hundred and fifty-nine operators.

In the five years just passed there were 283 cases, with 73 deaths-about 25 per cent. Up to 1908 there were 95 deaths out of 198 cases, with a mortality of 48 per cent. With individual operators the mortality has been reduced to as low as 8.5 per cent. With other observations, deducting the moribund and highly septic cases, the mortality is reduced to 13 per cent.

In 251 cases convulsions ceased after the operation. The writer claims that the method has never had a fair trial. That the experiences of the past, should most materially reduce the mortality for the future.

There is a vigilance and judgment about trifles which men only get by living in a crowd; and those are the trifles of detail; on which the success of execution depends.-Horner.

Get but the truth once uttered, and 'tis like  
A star new-born that drops into its place  
And which, once circling in its placid round,  
Not all the tumult of the earth can shake.

—Lowell.

## BRIEF EDITORIALS

### ERRONEOUS DIAGNOSIS OF APPENDICITIS

An honest foreign surgeon had seven cases brought to him for operation for appendicitis, in all of which he found no appendicitis whatever, but inflammation of the pleura or diaphragmatic pleurisy as the cause of the difficulty, the pains being sufficiently misleading to result in an erroneous diagnosis.

### A GOOD SUBSTITUTE FOR THE PATELLA

An Italian physician some years ago treated a case where the patella was destroyed by osteomyelitis, by cutting a flap out of the tendon of the quadriceps, above, and turning this down with the raw side out. It was sutured in place. After recovery and since it has been found to be almost perfect in its substitution.

### GUAIACOL ON PNEUMONIA

For about two years this journal has been advising *guiacol* in the treatment of *pulmonary tuberculosis*. Mayberry, in England, has long been giving it internally. He dissolves 1 dram in 1 ounce of alcohol, adds to it an ounce of lemon syrup, 2 drams of chloroform and water qs. to make 6 ounces, giving a tablespoonful of this three times a day.

### CESAREAN SECTION

In 26 Cesarean sections reported by Fenton, at the Canadian Medical Association, all of the children were delivered alive, but three died within three days. But one mother was lost out of the 26 cases. All of the operations were performed before attempt at delivery through vagina was made. In most of the cases there had been not more than one or two examinations.

### MOUTH DISINFECTION IN WHOOPING COUGH

The idea of disinfecting the mouth, throat and nasal passages by applications of a proper antiseptic, one which will prevent the secretion of mucus, is becoming popular in the treatment of whooping cough, especially in modifying the paroxysms. The results in all cases have been plainly apparent and have justified the theory that the infection is probably conveyed from these mucous surfaces.

### TREATMENT OF MOIST ECZEMA

A treatment that seems to us to be rather severe, the *Prescriber* says, was adopted by Tomlinson in the treatment of moist eczema. He painted the moist surface four times a day with full strength tincture of iodine. The result was satisfactory from the first. The itching ceased, the vesicles dried, the skin peeled off, leaving a healthy surface from which there was no recurrence of the disease, after six weeks.

### HEAT VERSUS COLD

The application of heat over any local inflammation is being recognized by the highest authorities in the world as in every way superior to cold. In infants the rule is becoming invariable. In adults there are occasional cases where there is an exception and where cold applications will be the best, but any physician who has been in the habit of using cold applications will be immediately convinced that heat is superior, if he tries the heat thoroughly in a few cases.

### CONTAGIOUSNESS OF SCARLET FEVER

A new theory concerning the contagiousness of scarlet fever is brought out by Roger, in the *Paris Medical*

*Press.* He believes that the germs enter the body through the mouth. If desquamation spreads the disease, he believes that it is due to the fact that the germs from the mouth render the scales infectious. He believes the disease to be a definite septicæmia with a specific sore throat. The eruption, he believes, is secondary.

#### INTESTINAL INJURIES FROM WORMS

A report is made in a foreign surgical journal of eleven cases which were operated on from mischief committed from intestinal worms. In three cases they had obstructed the intestine, inducing ileus. In six cases they had entered the abdominal cavity. In one case there was perforation and in another they had caused adhesions. In still another a large worm had entered the appendix and extended it to twice its length.

The operator did not undertake to remove the worms at the time of the operation. They were expelled by anthelmintics afterward.

#### HEAT IN INFANT MORTALITY

There are a number of authorities this summer who are writing on the influence of heat as a causative factor in inducing the death of infants. All believe that too little attention has been paid to this cause alone, and all believe that the general public should bear in mind that high temperatures persisted in with the patient in a poorly ventilated room, will produce almost immediate and serious results in children not otherwise absolutely vigorous. In all cases this condition must be avoided.

#### DIPHTHERIA MISTAKEN FOR GLANDULAR FEVER

A foreign writer suggests that *diphtheria* may locate itself in the cervical lymph-nodes of the throat, and produce a fever which is in every way similar to glandular fever, diagnostic principally by the appearance of the bacilli, but having no false membrane whatever.

In the seven cases he treated the inflammation was of those glands located back of the Sterno-cleido mastoid muscle. Immediate cure from antitoxin confirmed the opinion that the difficulty was diphtheritic, rather than specifically glandular.

#### CARDIAC ASTHMA

One of our doctors suffered for many years with asthma, spasmodic in character, but of nervous origin, with some enlargement of the right side of the heart. At one time when angina threatened, the difficulty of breathing being very great, he took eight drops of crætagus every fifteen minutes and experienced almost immediate relief.

The remedy was afterward depended upon under similar circumstances to prevent or relieve severe symptoms.

#### CAUSES OF PRURITUS ANI

So unsatisfactory is the knowledge of pruritus ani that any careful consideration of the subject has our attention. The following facts are taken from an article by Dr. Murray in the *Medical Review of Reviews*, concerning the causes of this disorder: "Of the 94 cases of pruritus ani occurring in the 900 case records examined, I find that 50 were constipated, 5.5 per cent of 900 cases examined; 21 had hemorrhoids, 2.3 per cent ; 11 had anal growths, 1.2 per cent; 20 had ulcers, 2.2 per cent; 23 had diseased crypts, 2.5 per cent ; 12 had hypertrophied papillæ, 1.3 per cent ; 3 had polypi, .03 per cent; 3 had fistula, .03 per cent."

#### DIETETIC INFLUENCES ON THE URINE

It is probably true that the *diet influences* the function of the kidneys sufficiently to make it necessary to consider the character of the food given to a patient when it is necessary to *analyze the urine*. If a patient is given an exclusive carbohydrate diet or an exclusive protein diet, the conditions would be radically different, and the estimation of the amount of salt in the urine, with the quantity of water also,

would be influenced by the amounts taken. These facts should be considered in determining the normal urine of any given patient.

#### IMPLANTING A URETER

The practicability of *implanting the ureter* into the intestine is now seriously questioned, as almost invariably infection from the intestine will ascend, and subsequent infection of the kidney is more serious in itself than the removal of the organ primarily. It must be borne in mind, however, that it must be positively known that the other kidney is in a perfectly healthy condition, and functioning properly, under all circumstances, before a kidney is removed.

#### EPITHELIOMA

We have mentioned previously the use of *salicylic acid* applied to *superficial cancers*. Weinbrenner reports nine cases of epithelioma, all of which he claims to have cured in the early months of their appearance, with this remedy. The time required was from two and one-half to eight months. The crystals were applied directly, and destroy-at once the pathologic tissue, but do not affect the sound tissue. Where the open surface is extensive there is considerable burning for perhaps fifteen minutes after the application of the agent. Gradually the discomfort from the application grows less severe. The dressing must fit tightly against the surface.

#### IODOFORM IN LEPROSY

Courtney, in the *London Lancet*, suggests that *leprosy be treated* with intravenous *injections of iodoform*. He begins with one-half grain of iodoform twice a week. This was gradually increased up to one grain five times a week. He dissolves the iodoform in liquid paraffin and ether.

As a result of the treatment all of the patients claimed to feel better and stronger. Their appetites were improved and they were able to do more work.

The anesthetic cases were not improved, but all other varieties showed plainly the desirable effects from the treatment.

#### A NEW THEORY OF MALARIA

Now comes a South American writer and claims that we North Americans do not know much about malaria. He says that chronic malaria is inclined to keep away from the liver. It is only an occasional case in which the liver is complicated, and these are usually slight. Cirrhosis of the liver, so common in many of these chronics, is not induced by the malaria, but by alcohol. The anemia which is attributed to liver faults is due to worms. He has applied functional tests persistently to the liver in these cases and finds them usually normal. If there is some simple fault it is curable by ordinary measures.

#### DIABETES FROM THE KIDNEYS ALONE

It is asserted by foreign authorities' that *diabetes due to the kidneys alone* will appear in cases of senile arteriosclerosis. In this class there is probably a pathological condition in the kidneys that interferes with the elimination of sugar. The condition differs in many particulars from diabetes mellitus. Delangen had a case in which the least sugar occurred when the patient was taking the most carbohydrates. It occurred during the day. Rest and milk diet did not affect the condition, nor exercise. The amount of sugar in the urine seemed thus to be independent of the amount of carbohydrates taken.

#### CAUSE OF SEASICKNESS

A series of experiments have been made in Berlin, by Bruns, to determine the cause of seasickness. His conclusions are that it is a reflex from disturbance of the apparatus for equilibration. If it were possible to devise an apparatus by means of which the equilibrium would remain the same during all the disturbances caused by

the ship's erratic motion, it would probably solve the question of cure.

By paralyzing the sensibility of the terminals of the vagus he believes that atropine hypodermatically given early as a preventive and repeated as the symptoms appear is the best of known remedies, though he believes it acts differently during the attack than when given before.

\*

#### GASTRIC ACIDITY

A simple test has been devised by Holmgren for the determination of the amount of acidity in the stomach. It is based, the *Journal A. M. A.* says, on the fact that when a solution of mineral acids is dropped on blotting paper the water of the solution spreads faster and farther than the acid. By this means the proportion of the acid in the fluid can be readily computed by the proportional size of the concentric rings. He tested the gastric fluids of thirty-two persons and found that the results were uniform and reliable. A development of the knowledge of the method, he believes, will make a more correct diagnosis possible, especially as the method can be applied to vomitus.

♣

#### SUGAR AND RICE DIET TO PREVENT LOSS OF NITROGEN

In nearly all fevers the output of nitrogen is very great, as evidenced in part by the high specific gravity of the urine, with excess of urea and uric acid. While this phenomenon may be due in part to a lack of water, the difference is not sufficient to account for the difference in specific gravity, and for the presence of uric acid and urates in excessive quantity.

A foreign writer claims that the use of carbohydrates as food exclusively in these cases will prevent this excessive loss of nitrogen, and for this purpose he feeds his patients on sugar and rice, finding that he can actually reduce the loss by this simple course.

♣

#### THE THIRD STAGE OF LABOR

A foreign authority presents the observations made in the clinic at Stutt-

gart, concerning the treatment of the last stage of labor. The operators there insist on leaving the mother, entirely alone for fifteen minutes after the child is expelled. During the next fifteen minutes both the mother and child have full attention. The vulva is cleansed every few minutes, fresh aseptic linen being replaced. No effort is made to remove the placenta for at least an hour. If it is not fully detached then, from half an hour to an hour's time is further given. Every effort is made to avoid interfering with the womb, and the inspection made every few minutes prevents the operator from being surprised by sudden hemorrhage.

♣

#### RESIDUAL URINE

It is commonly thought that an enlarged prostate gland will so prevent the passage of urine that residual urine will accumulate and ultimately cause purulent cystitis.

A writer in the *London Practitioner* believes that residual urine is the fault of the patient. That it requires at this time of life more effort to evacuate the bladder, which he does not make, and recklessly permits the urine to accumulate until its presence induces a mild form of paralysis, which makes its evacuation much more difficult.

These patients should be advised of the danger, and should make effort to evacuate the bladder in every case. They should also refuse to neglect calls to urinate, and should obey every call immediately.

♣

#### RATS

The United States Public Health reports-on rats-believe that there are as many rats in the United States as there are individuals, and that the rat is the greatest of all pests. The United States, Great Britain, Denmark and France have estimated that it costs from \$1.00 to \$1.80 each to support every rat. It is further determined that the bubonic plague is essentially a disease of the different species of rat

conveyed to human beings through the agency of fleas, and when the plague has once gained a foothold in the country and the rats of that country have become infected, the cost of stamping out the infection will be many times the expense attended with the wiping out of any other epidemic. It is estimated that the actual sum lost to this country by rats each year is \$167,000,000.



#### INJECTION OF BLOOD FOR VOMITING OF PREGNANCY

Concerning the vomiting of pregnancy, any method that will promise satisfactory results must have our careful consideration, Dr. Curtis of Chicago, in the *J. A. M. A.* reports the history of a patient who suffered uncontrollable nausea and vomiting. The doctor withdrew from a pregnant woman, whose blood was first tested for syphilis, 15 c.c. of blood, and this was immediately injected into the muscular tissues of the patient's back. There was considerable improvement within the first 18 hours, but emesis continued for five days, when a smaller quantity was withdrawn from another pregnant woman and injected in a similar manner. This was followed by complete disappearance of emesis or nausea. The pregnancy was not disturbed, and at the end of the term labor was in every way normal and the child perfect.



#### TYPISTS' NEURITIS

The neuritis induced by persistent typewriter operations is baffling the skill of almost the entire profession. Many claim that it can only be cured by complete rest for from a year and a half to two years, and then change of occupation must follow.

A severe case, very painful and persistent, came to my attention last year. This I treated with bryonia and macrotys as indicated, and magnesium phosphate persistently, with applications of a simple liniment made by adding one ounce of spirits of ammonium to five ounces of olive oil.

The patient was able to resume work after about three months and has continued in perfect health, though refraining from persistent typewriter operating since.



#### IRRIGATION OF THE DUODENUM

Dr. McDonald, in the *New York Medical Record*, reports the treatment of twelve cases where there was *extreme vomiting* as an evidence of *toxæmia*, which he cured by introducing a tube through the esophagus and stomach, into the duodenum, through which the duodenum was thoroughly irrigated by a solution of the granular sodium sulphite.

The solution passes rapidly through the intestines and is found in the rectum in less than 30 minutes from the time it is introduced. Great care and skill are necessary in introducing the tube, but the results justify all the trouble.

Among the twelve cases treated only one had any return of the trouble, and although the treatment was repeated in several of the cases, the writer believes that a single successful treatment is enough.



#### MUSCULAR RHEUMATISM FROM INFECTIONS

For years the profession denied that there was such a thing as muscular rheumatism. Later it was classed as a nervous disorder, and ultimately the rank and file of the profession and most of the best authors declared in favor of such a diagnosis.

A recent writer in the *Berlin Clinic* declares that the condition is caused by infections similar to those inducing the so-called arthritic variety. He agrees with our own writers in the common infection from the tonsils and in the necessity of thoroughly evacuating and getting rid of every possible pus-forming organ or surface. He believes that the condition is actually a neuralgia of the nerve fibre associated with muscular fibrillæ.

He intimates a very close relation-

ship between muscular rheumatism and the various subacute or chronic neuralgias, and lays much stress upon getting rid of every possible toxine in the system.



#### RESTORATION OF A SEVERED HAND

Most of us have seen cases of satisfactory restoration where a finger or a toe had been cut off by accident, but few of us have known of a hand being restored. The Berlin *Wochemch* reports a case where a boy's right hand had been amputated by a feed chopper, the separation, however, was not complete, as a strip of the soft tissues, three centimeters wide, remained. In this there was an artery and the ulnar nerve, and four tendons intact.

Much care was exercised in preventing infection, and in preserving asepsis. The structures were very carefully and correctly adjusted. The periosteum, the joint ligaments, 22 tendons and the median nerve were all sutured.

The remarkable feature of this satisfactory restoration was that six hours had elapsed between the time of the injury and the time restoration was undertaken.

A substance it is claimed has been found in India with which *cows milk* can be diluted so that the nutritious value will not be impaired and that there is no coagulation. The substance is prepared from the seeds of a tree that grows throughout Asia, which is called by the Malays Kanari. The seeds contain a large percentage of oil and albuminous matter.

*Ether* is unsafe in marked anaemic conditions, especially when the hemoglobin is not above 50 per cent.

As an internal remedy for *stye*, homeopaths use attenuations of *pulsatilla* and *staphisagria*.

It is claimed that two or three drops of *black hellebore* given every three or four hours for *dropsy* following scarletina, will be found of much value.

Believe in the better side of men. It is optimism that really saves people. -Ian MacLaren,

## DEFINITE MEDICATION

The death rate in Manila for March of the present year was the lowest it has ever been known to be.

In a Vienna clinic out of more than a thousand patients operated upon for *appendicitis*, only 29 were above 51 years of age.

A 10 per cent solution of bicarbonate of soda added to one part of glycerine will be found excellent for removing wax and other secretions from the ear.

A case of writer's cramp of a number of years' duration was cured by tying a piece of rubber tubing around the biceps muscle tightly twice each day for about twenty minutes.

If any of our readers have had experience in the use of *verbenin* in the treatment of *epilepsy* I wish they would send us a report of their observations for publication.

*Emetin* given for *hemoptysis* is giving good results. The remedy, however, does not seem to control the tendency to the occurrence of *hemoptysis*. From 0.04 to 0.05 gm. is given at a dose and repeated two or three times.

A suggestion is made in the *Journal A. M. A.* for the use of *chromic acid* in the treatment of warts, especially those which are painful. It can be used all the way from a 5 to a 25 per cent solution, and applied every second or third day.

As a simple and effectual remedy to restore the lochial discharge give from 10 to 30 drops of *leonurus-motherwort*-in one-third cup of hot water, every two hours. The results appear after the third or fourth dose.

In the dental troubles, of children, slow dentition, early decay of teeth,

positive results are obtained from calcaria phos. This remedy helps the union of fractured bones, and it is especially serviceable in rickets. Where there is necrosis from any cause or caries, it is indicated.

It is surprising how frequently the complications of pregnancy are due to renal disorders. This condition complicated with heart disorder, has been found responsible for about one-third of the deaths which occur during pregnancy, or as its result. Some of these cases were recent and some of long-standing.

Tests made upon dogs have proven that the bicarbonate of soda materially inhibits secretion from the pancreatic glands. In cases where these organs are threatened with acute inflammation, or where from any cause there may be over-action, this fact should be remembered, 'and will probably prove useful.

A German writer reports a mortality of only 17.8 per cent of cases of tetanus treated in their country, treated by the Bacelli method of injections of phenol. If Bacelli would use a powerful anti-spasmodic with his efficient antiseptic at the same time, there is no doubt that the mortality would be materially reduced.

In New York City this year there were seven persons killed and 559 injured in July and 26 otherwise injured, and no deaths from fireworks of any kind.

On the last Fourth of July before the Sane Fourth was inaugurated, there were seven persons killed and 559 injured.

The most recent intimate research into the pathology of diabetes seems to confirm the opinion, however generally questioned, that lesions of the islands of Langerhans are pathognomonic of diabetes mellitus

Authorities are being convinced that in the treatment of asthma, if the salts of lime are given for a long period, the best of results will be secured. The same results can be secured in spasmodophilia and in tetany, and in some cases of epilepsy. Large doses of the calcium chloride are given.

It is so seldom that cancer is determined in young children that every case becomes of immediate interest. The *Lancet* reports a fatal carcinoma of the liver in a three-year-old child. The diagnosis was without question. There was almost no pain or tenderness until near the end.

Excellent authorities are now using turpentine with which to swab out the womb after abortion, to prevent or correct infection.

Where operation for cancer or prolapse is to be performed it is used as a disinfectant. It is applied with a swab and no unpleasant results have been observed.

A doctor cured a previously intractable case of urinary incontinence with the use of eight drops of thuja three times a day. When the urinary condition was cured he found that a dysmenorrhea which had previously been thought too severe to treat with medicine, had promptly disappeared.

Pyelocystitis in small children is undoubtedly overlooked in a great many cases. A German writer, Kowitz, has reported on 40 cases and makes some practical suggestions. In every case the stomach was disordered and all but a few developed during the heated term. He found the colon bacillus in the urine in 30 cases. Three of the patients had a skin disease, and these showed staphylococci in the urine,

Another old-fashioned idea is now brought forward, in that opening of boils and superficial skin infections

must not be done until fluctuation or other evidence points plainly to the presence of pus. I have long argued against the method of incising local inflammation of the skin before the real cause of an incision, the evacuation of pus, was in evidence.

The authority mentioned uses dilute nitromuriatic acid freshly prepared as an application to these inflammations.

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#### THE FRUIT ACID AND GENERAL ACIDITY

The question of hyper-acidity of the gastro intestinal tract and of the body fluids, especially the blood, is a most important one because so very common, and one difficult to understand. The eating of acid fruits in summer, when the tendency to gastric hyper-acidity is greatest, is questioned unless we know the influence of the fruit acids. This is answered by the editor of the *J. A. M. A.* as follows:

"The fruit acids are neutralized in the intestines, forming salts. Such salts become oxidized in the tissues with the production of carbonates. This is a general statement but it does not apply to tartrates to so great an extent as to the citrate and other salts. The tartrates are not completely oxidized to carbonates and in large doses may exert an unfavorable influence on the kidneys.

"Fruit acids tend to decrease the alkalinity of the blood temporarily by withdrawing the bases by which they are neutralized. This effect is slight in ordinary cases so that it is commonly but incorrectly considered that the fruit acids are converted into alkaline carbonates.

"They can become converted into carbonates only by combination with a base and subsequent oxidation.

"An excess of a fruit acid tends to lower the alkalinity of the blood and to increase the acidity of the urine. The purpose of giving compounds of the fruit acid is to secure the effect of

alkalies and this is best obtained by administering not the acids themselves but their salts. The salts of the ordinary fruit acids are useful whenever it is desired to increase the alkalinity of the blood and diminish the acidity of the urine.

"Important investigations indicate, however, that it is scarcely feasible to produce any marked effect on the alkalinity of the blood in this manner. If the physician believes, as many do, that the alkalinity of the blood is an important factor in the recovery from conditions like gout and rheumatism, the administration of the salts of the fruit or vegetable acids is very appropriate, if large quantities of tartrates are avoided."

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#### THE ECLECTIC MEDICAL COLLEGE 630 W. 6th St., Cincinnati, O.

The seventieth annual session of the Eclectic Medical College, Cincinnati, Ohio, will open September 14, 1915, in every department. Registration days, September 10, 11 and 12.

An Ohio medical student's certificate based upon fifteen units of a high school course is required of all matriculates. Certificates must be procured from the examiner, K. D. Swartzel, Ohio State Medical Board, Columbus, Ohio. These certificates can be procured on credentials, part credentials and part examination, or all examination.

One year's college work addition is required for Kansas, Kentucky, Michigan, Pennsylvania, Utah and Vermont; two years' college work for Colorado, Indiana, Iowa, Minnesota, North and South Dakota.

Four annual sessions of eight months each are required. Fees, \$120 per year - no extras - \$480 in all. The fees in other colleges range from \$550 to \$900, not including the cost of one or two years' premedical tuition fees.

We have a new, well equipped, five-story stone and brick college build-

ing, with eight laboratories, and six salaried instructors, who devote their whole time to teaching and college work. In addition to bedside clinical instruction in the new City Public Hospital of 850 beds, we have exclusive control of the clinical material and medical dispensary in the Seton Hospital adjoining our building. We have opportunities for our graduates to compete for 39 positions as resident hospital internes.

Students can matriculate by mail as soon as they secure the Ohio certificate, or personally, on the three registration days, September 10, 11 and 12. All work in the College opens promptly September 14th.

JOHN K. SCUDDER, M. D., Secy.,  
630 West 6th St., Cincinnati, O.

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#### THE AUGUST WOMAN'S HOME COMPANION

In the August *Woman's Home Companion* appear photographs of 17 babies who, out of 100,000 examined at the Better Babies contests, were the only ones marked 100 by the physicians in charge. All of these children were examined and graded according to the *Woman's Home Companion* standard score-card adopted for use in all Better Babies contests.

Other interesting special contributions to the August number are: "Good Times That Cost Next to Nothing," "Queen Mary of England," an intimate personal account of Great Britain's sovereign family; "The Lived-in Garden," a practical, suggestive article about gardens contributed by Frank A. Waugh, professor of landscape gardening at the Massachusetts College of Agriculture; "Home-made Fireless Cookers," contributed by readers; "Every Girl Should Know the Right Way to Stand, Sleep and Walk," by William J. Cromie; "Such a Pretty Girl," by Katharine Ferguson; and "A Brittany Summer Fair and Festival."

Fiction and special art features are contributed by Juliet Wilbor Tomp-

kins, Fannie Heaslip Lea, Margaret Busbee Shipp, Margarita Spalding Gerry, -Mary Heaton Vorse, -Henry Hutt, Charles C. Curran, and Maud Tousey Fangel.

The regular Fashion, Cooking, Housekeeping and Young People's departments are filled with splendid suggestions peculiarly valuable in summer.

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FOR SALE-I have decided to go south or my health, and will give practice and introduction free to any reliable M. D. who will buy my equipment valued at \$500. Practice as high as \$3,000 per year. No competition. Good chance for a young man to get a start. If interested, address Dr. Wm. H. Dodds, Briggsville, Wisconsin.

DOCTOR WANTED-As assistant physician at a sanitarium for nervous diseases. Pay \$75 a month, with room and board. Address Box 706, Rye., N. Y.

LOCATION-Free on interurban line, with the sale of office fixtures and medicines, etc., at a bargain. More than a living from the start for a bright young eclectic. B. L. Gordon, M. D., Roanoke, Ind.

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To Subscribers in the Far East:

We have had many demands for drugs, books, etc., from physicians in remote parts, especially in India, China and Africa. We have now made provisions for the shipment of packages of a fair size at a very reasonable rate. This will make it possible for these physicians to purchase specific medicines, and we will be glad to receive orders from any such and ship them without an excessive charge for carriage. Address Office of Therapeutist.

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#### SANITARIUM FOR SALE

A physician in California has conducted for many years successfully a sanitarium, principally for asthmatics. The doctor is now in his 75th year, and will be obliged to retire; he has a large trade in his institution, and it is a money-maker. The property is worth \$25,000, but \$12,500 will take it. Anyone who has a little money and wants to be sure of a permanently paying business will find this an unusual opportunity. Send your letter stamped to this office and it will be forwarded to correct address.

# The Eclectic Medical College

## CINCINNATI, OHIO



College, 630 West Sixth St.

**CHARTERED**-By special act of the Ohio legislature, March, 1845.

**ADMISSION**-Certificate of Ohio State Medical Board based on a first grade high school diploma or the equivalent of fifteen units. Apply to K. D. Swartzel, Examiner, Columbus, Ohio. (See below.)

**SESSION**-The seventieth annual session will begin September 10 1914, and continue eight months to May 10, 1915.

**TUITION**-One hundred and twenty dollars per year, in two installments.

**HOSPITAL FACILITIES** — Systematic clinical lectures and bedside instruction in the new Four Million Dollar public hospital of 850 beds. Instruction at the Tuberculosis Hospital, Longview Asylum for the Insane, Co-operative course of the Health Department, Senior interne service at the Seton Hospital immediately adjoining the College, with daily Dispensary.

**LABORATORIES**-Six well equipped laboratories in the new (1910) six-story college building under competent salaried instructors.



Seton Hospital, Sixth and Kenyon Ave.



Ohio Mechanics' Institute

Pre-medical college courses required by twelve State Boards (other than Ohio), of one or two years, including college physics, chemistry and biology, can be taken in the Ohio Mechanic's Institute, Canal and Twelfth Streets, Cincinnati. For details address the Registrar.

For further information and College Bulletins, address

**John K. Scudder, M.D. Secretary**  
**630 West Sixth Street** **Cincinnati, Ohio**