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OUR MOTTO

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

OUR CREED

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

OUR FAITH

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

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

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

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

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

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

TABLE of CONTENTS

EDITORIALS

LEADING ARTICLES

NUTRITIVE DISTURBANCES IN CHILDREN AND THEIR TREATMENT

MARGARETHA M. WILKENLOH, M. D., CHICAGO, ILLINOIS. Page 3

THE EYE AS THE CAUSE OF REFLEX IRRITATION

J. L. SHILT, M. D., DAYTON, OHIO. Page 7

CHRONIC PERICARDITIS—AN INTERESTING CASE

F. A. PINELES MONTAGUE, M. D., DRURY, NEW ZEALAND. Page 9

ACUTE MENINGITIS

F. A. PINELES MONTAGUE, M. D., DRURY, NEW ZEALAND. Page 10

POSSIBLE CAUSES OF PHTHISIS

Syphilis a Cause of Phthisis

I. E. LAYTON, Solomon, Kas. Page 12

Catarrh as the Cause of Phthisis.

R. A. HAMILTON, M. D. Page 13

THERAPEUTIC FREEDOM

E. P. S. MILLER, M. D., CHICAGO, IL. Page 13

SUGGESTIONS FOR SINGLE REMEDIES

C. A. WEST, M. D., DULUTH, WI. Page 14

THE ECLECTIC LEAGUE FOR DRUG

RESEARCH: XANTHOXYLUM

W. LEMING, M. D., TUCUMCARI, N.M. Page 16

LETTERS

CARELESSNESS IN STATING INDICATIONS

Page 17

STILLINGIA LINIMENT

Page 18

THERAPEUTIC FACTS

A Phosphorus Habit. Page 19

Meeting Indications in Typhoid Page 19

Empyema—Urethral Stricture Page 20

Belladonna for Cold Extremities Page 20

Veratrum in Pneumonia Page 21

Bryonia in Appendicitis Page 21

Sighing Respiration Page 21

Sighing Respiration Page 22

Uremic Convulsions from Septic Metritis.

Page 22

Ferrum Phos in Infantile Pneumonia

Page 23

Pneumonia in Children

Page 23

[Editorial] Page 23

REMEDIES ADVISED FOR STUDY BY

EXAMINING BOARDS Page 24

A CONSERVATIVE ADVANCED OPINION ON

ECLAMPSIA Page 25

THE TONSILS AND ADENOIDS Page 26

SMALLPOX SPREAD BY FIRE Page 27

PREMONITORY SYMPTOMS OF TETANUS

Page 28

EDITORIAL BREVITIES

Hemorrhagic Pancreatitis Page 29

Hydrochloric Acid Gastritis

Quinine in Carcinoma

Worms in the Appendix

The Caesarian Section Simplified

Malaria and the Mosquito Page 30

Yarrow

Preparation for Labor

Ovarian Pain Page 31

Colonic Flushings

Rectal Ulcer To Induce Abortion

Equisetum Page 32

Application of Heat by Electricity

MISCELLANEOUS ITEMS

Burning of the skin...

Heat flashes during the menopause...

...extreme debility

Kava Kava...

Suppression of menstruation from cold...

...jaundice...Chionanthus

...scanty urine...Chimaphila

...pyluria...pregnancy...

Hydrastis...in uterine hemorrhage

...iodine...glycerine...

...carbuncle and anthrax...

...BIG tapeworm ("down Boy")

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Leading Articles

NUTRITIVE DISTURBANCES IN CHILDREN AND THEIR TREATMENT

MARGARETHA M. WILKENLOH, M. D.,
CHICAGO, ILLINOIS.

Disorders of the stomach in children result directly from faults within the stomach or in the intestinal tract or in the nervous system. Those within the stomach are caused by overfeeding, an excess in the quantity of food being as much to blame as the quality of the food often.

Unsanitary conditions with improper hygiene and uncleanness are to blame for many infections which occur secondary from the toxins and bacterial invasions, which the lack of cleanliness fosters.

I make a classification as to the character of the patients who suffer from this disorder. The first is of those infants up to six months old who are improperly fed from the breast, or who by force of circumstances are artificially fed. Second are those infants from six months to two years of age in which reflex irritations such as teething or other source of irritation either cause the diarrhea primarily, or occur when the diarrhea is present. Third, children from two to seven

years of age or even older, where a diarrhea is due to eating improper food, to the taking of unripe fruit, or the too frequent eating of ice as with some of my patients—cases where there is congestion of the stomach—or where there is ptomaine poisoning.

In the first class there is apt to be too much fat; the fatty foods are given too excessively. The metabolic function is overloaded with fat, and conditions are produced which become more or less chronic.

In breast fed babies, we observe the normal golden yellow color of the stools in healthy infants, and with this we compare the abnormal movements of the poorly fed child. In these the movements are pasty and faintly sour, filled with white flakes or with small particles of undigested curds of milk, or this may be mixed with particles of light or dark green fecal matter, due to liver faults. There may be present, also, more or less vomiting, when because of over feeding and poor digestion, the stomach contents are decomposed and rejected.

If the mother is a hard-working woman, the breast milk seems to be overheated and coagula of casein is the result. If the child vomits this before it passes into the intestines, no harm is done

to the stomach. Otherwise from the decomposition which takes place there is toxemia from the undigested casein. This is apt to occur also if the mother becomes angry, or is greatly worried.

Furthermore, if the infant partakes of the breast milk under these circumstances, there is an acute diarrhea as a result of the toxemia and irritation. The stools are watery, greenish, passed in large quantities, often with considerable pain. Afterward this condition involves both the stomach and intestines, perhaps, in a genuine infective inflammation, a gastritis and enteritis, or gastroenteritis, with extreme colicky pains, high temperature, great nervous irritation and often a severe breaking out of an eruption over the whole of the child's body may occur.

If there is a return of the menstruation on the part of the mother during the early months of lactation, the milk is often poor in quality even if sufficient in quantity, and although the child takes a great deal of food, even so much that the stomach is obliged to reject it, the child is constantly losing flesh, is restless, peevish, sleeps badly and later shows signs of nervous irritation. There may be diarrhea also with the vomiting under these circumstances.

With children who are fed artificially, we often have to deal with an admixture with elementary toxins of a microbic character, and with the consequent constitutional disorder, and so many conditions are present that often it is possible to distinguish between the acute and chronic cases. These infants while apparently in health, will very suddenly at once become very sick. There will be a sudden high temperature and nervous irritation. These being quickly overcome, the child assumes its normal appearance, but loses weight from loss of flesh, and has

every appearance of poor health, especially showing at the first. A little later a diarrhea will occur more or less suddenly, or the bowels will be very irregular in character, quantity or time of movement. They will contain white flakes with more or less odor of decomposition and with an alkaline reaction of the stools. The character of the stools is very peculiar in these cases, but it contains an excess of the fat element, while it appears more or less soapy.

The urine becomes alkaline, and is thus ammoniacal in character; there is excessive sweating; the muscular system becomes relaxed. When the disorder is produced by starch, in my observations, the stools are at first brown, and later of an acid reaction with a foul smelling odor. There is discharge of considerable mucus, with a tendency to irregularity of the bowels, and if the starch is not digested, there may be constipation. There is considerable gas, the intestine is extended, there being tympanites, and this gas has a very strong odor.

With patients within the period of six months, and under two years of age, there is a tendency on the part of parents to feed more freely of bread and potatoes, which contain a large percentage of starch, as well as much sugar, and all kinds of vegetables. The result will readily be anticipated. If food resists the action of the gastric juice, there is irritation of the mucous membranes and the proper metamorphosis is being delayed. The excrete elements accumulate, and great irritation and decomposition occur.

Among my patrons I have found many parents to feed their children large quantities of meat before they are two years old. Nervous irritation becomes very common, and may be very extreme with these patients. Soon it will become almost impossible that the food be

absorbed, the circulation becomes poor and the blood vessels and lymphatics are overloaded with albuminous matter from the lack of proper metabolism.

The urine becomes exceedingly acid; is dark in color; has a high specific gravity and often scanty in quantity. The nitrogenous products are in excess. The child looks old or shrunken, is weak; has a peculiar discoloration of the skin, with atrophy of the muscles, and great irritation of the peripheral nerves. At first there is constipation, but this is followed by diarrhea containing quite large quantities of undigested food products. The irritation exercised upon the nervous system, in conjunction with other irritation that may be present at the same time, such as teething, or the irritations due to the absorption of the gases of albuminous fermentation, producing an excessive strain upon the nervous system and the patient becomes weak, and is in constant danger of convulsions.

Many of these children are infected with other diseases, such as tuberculosis or syphilis, and because of all of these conditions these infants are more readily influenced by prevailing infections or constitutional diseases, as the microorganisms have a better nidus in which to develop and grow, in that system, much more so than in a healthy child. All forms of bacterial infection will show themselves by careful examination of the alimentary canal and its products.

Children about two years old suffer from indigestion from the eating of almost all kinds of food, as in a great many cases no care is taken in providing them with the necessary food, or in preventing them from eating that which they should not eat. Some of the conditions are similar to those just narrated, others are those found in the consideration of the disordered gastrointestinal disorders of adults.

Treatment.—I have found it necessary with the patients that I have to treat, to institute an entirely different method of hygiene from that in which they are surrounded. Cleanliness I enforce as the most important of all conditions. There must be plenty of fresh air and sunshine, with proper clothing. Then I pay attention to the food, not only in the quantity, but in the quality, and how it is prepared. I insist upon supervising in the preparation of the artificial foods until I can teach the parents or attendants of my patient to properly prepare it. Then when food is secured upon which the child seems to gain, with no digestive disorders, I keep it upon this until I observe that there is no strength gained, or that there is a loss of weight.

I cannot arbitrarily advise for another child, that which one child did well upon, as upon the same food one child may lose weight where the other one gained. The use of the food must be passed upon its value in the considerable work this development of the tissues through proper absorption and appropriation in that one child, and the food values of each article must be properly balanced in the case in hand, to insure the proper body heat and the proper tissue development and repair. I believe that the action of food should be studied and adjusted in the same way as we study to adjust the specific action of drugs, to exact conditions of diseases, physically and therapeutically.

A child should have water to drink in abundant sufficiency. Cold water that has recently been boiled, but thoroughly oxygenized, because it is the oxygen in the water as well as the water itself that the patient needs. The influence of water is to rapidly carry off the results of retrograde change which overload the intestinal tract and through absorption to carry these

products also out of the blood through the natural processes of elimination. Water is a powerful stimulant to the action of the kidneys and with an abundant quantity of water in the system properly much more readily and the bowel movements are freely liquefied. All this is important in getting rid of the broken down and waste structures.

I have been frequently called out of my bed during the hot weather to find a little patient restless, feverish with sharp tongue, all of which I have been able to allay at once with a drink of pure cold water. I find that women who are given to hard labor, and have much care and anxiety, forget the necessity of giving children plenty of fresh, cold water. When these women are nursing their babies, I advise them not to do so after they have been working hard, but to rest themselves, and to draw out the milk from their breasts that has accumulated while they were at work. The milk that will accumulate while they are resting, and cooling off, contains much less of the toxins and very much more of the nutritive elements, which the mother desires for the child.

If the local conditions are such that the mother is greatly irritated or angry, I advise that the baby be taken away from the breast until all the results of this have passed away, and the poisoned milk removed, the baby being fed in the meantime on some carefully prepared artificial food or on fruit juices or milk with a little lime water in it.

Medical Treatment.—If a child has a small, wiry pulse with high temperature and vomiting, with the diarrhea, usually I find Aconite and Nux vomica indicated. These are given in small doses in a teaspoonful of water. If there are colicky pains, the patient screaming or crying out suddenly, drawing up the legs and

showing signs of distress, I add a few drops of Colocynth or I give Aconite and Colocynth only together. If there is a great nervous irritation from the presence of pain, which results in the accumulation of the gases, in the intestines, especially during teething, I give the patient Passiflora, which I find I can give in full doses, and often give it in conjunction with Gelsemium.

If the feces have been retained, or if I find that the intestines are distended, and in fact wherever I think there is a doubt about the intestines being thoroughly evacuated, I give at the onset of the vomiting and diarrhea, a high rectal flushing of clear water, or of pure water with a few grains of asepsin added. This often changes the entire condition temporarily, and if repeated after a few hours, being best given after the bowel movement, it does very much indeed toward promoting the action of the medicines which are prescribed.

In chronic cases, where I may fear from the presence of the fever and diarrhea, that tuberculosis is present, I give the child small doses of Aconite and Belladonna frequently repeated, and continue this for some time. I also give a sufficient quantity of glyconda or neutralizing cordial. This I find of great benefit. Trifolium is a good remedy with many, in these cases, especially if there be present, at once, excessive sweating, or if in the discharges from the bowels there are small quantities of pus or blood. It helps greatly to build up these broken down conditions, to restore the epithelial cells, not only of the digestive tract, but of the respiratory tract.

If there be persistent vomiting, so that nothing is retained on the stomach, I withdraw all food, putting nothing into the stomach for a day or two and feed this little patient by the rectum. To do this

properly I first flush the intestinal tract thoroughly, with aseptic solution, removing all those toxins which cause the difficulty. I then take a pint of water that has been boiled, and into this I stir thoroughly the white of one egg and from one to two drams of echafolta. I see to it that as much of this as possible is retained. Sometimes if there be streaks of blood in the stools, I add a small quantity of Geranium or Thuja with warm water for an injection. These rapidly prevent hemorrhage and build up the broken down tissues and given in conjunction with the directly indicated remedies, produce very satisfactory results.

With the latter class of patients I have named, I take them off of solid food entirely, until the temperature be comes normal, until the conditions of the bowels are greatly improved. I flush the intestines freely every one or two days, and if there is much gas, as I have stated, I apply turpentine stupes over the bowels, which quickly takes away the pain and soreness.

For internal treatment I use some of the remedies named above, and others that seemed to be more especially indicated, for these classes of cases. There tisia, (*sic*) Gelsemium echafolta and capsicum, pharmacal" and not very palatable, but each named in accordance with its own indications, to overcome fever and irritation, to remove the ptomaines from the system, and to restore the normal functional activity of the organs.

THE EYE AS THE CAUSE OF REFLEX IRRITATION

J. L. SHILT, M. D., DAYTON, OHIO.

In the September number of ELLINGWOOD'S THERAPEUTIST, Dr.

Kinnett presents a very learned paper on orificial surgery, in which he shows that many chronic diseases are caused by pathological conditions of the orifices, and gives reports of cases that show his claims are well founded. I have a method of treating those identical troubles, with just as brilliant results; but I work from the other end of the sympathetic nervous system, viz.: the eye. Don't smile until you learn the philosophy of my method.

The nervous systems are the source of life, and the main avenue of disease. The nervous system is at fault in all diseases, no matter what the ailment, and health is impossible if the nervous system is not in a normal condition. Unfortunately, the majority of eyes are not optically perfect, and this imperfection is the cause of hyperopia, and this in turn is the cause of what is known as eye-strain. Eyes with this imperfect shape, usually have good vision, though at the expense of constant strain.

People rarely require glasses to improve their vision; they are needed to relieve eye strain and its symptoms. These symptoms complicate all the infirmities one may have, and can be eliminated permanently only by correcting the latent defects in refraction with the proper lenses.

Eye strain causes a spasm either clonic or tonic which brings about either a state of exhaustion or irritation, and it is a known fact that this state affects the periphara of the nerves in circular or sphincter muscles. Thus, eye-strain can be productive of troubles of the heart, stomach, bladder, uterus, rectum and many nervous conditions.

One writer on eye strain says: "Eye strain not only produces headaches and neuralgia, but often causes vertigo, nausea, inability to apply the mind, mental depression, irritability of the temper, and

insomnia, and it is a well known fact that stomach troubles, in digestion, dyspepsia, constipation, etc., may be produced by eye strain."

Another writer says: "At least 60 per cent or 80 per cent of headaches and a very large proportion of digestive or nutritional diseases are dependent upon eye strain." The same author says "Eye strain is the cause of terrible and varied diseases, the cure of which by spectacles is one of the greatest medical discoveries of the nineteenth century. Eye strain is one of the great causes of weakening of vital resistance, so that other diseases secure easier foothold." On page 640 of the December, 1908, Eclectic Medical Journal is an article, "The Eye as a Contributing Factor in Tuberculosis," which says, in part, "Error of refraction or marked muscular unbalance may so disarrange the nervous functions, that gastric or intestinal disturbances may result, and metabolism be retarded in consequence, with lowered resistance and increased susceptibility to infection. Relief of the abnormal visual condition is a necessary prerequisite to recovery from pulmonary disease." One can thus see that eye strain does produce baneful and dire results, throughout the whole system, and that rectal troubles can come under the same category of symptoms of eye strain.

I never undertake to treat a chronic case without the assistance of glasses, and I don't believe there is a chronic case without an error of refraction of some kind. That is one of the reasons we have chronics, and that is why physicians can not relieve or cure their chronics permanently.

There is one thing that I want to emphasize, and that is this: The work of correcting the hyperopia must be done right. It requires a special training to do the work so as to get the results.

Opticians, Optometrists, and I am sorry to say Oculists, as they practice today, are often incompetent to do the work. Whenever the refractionist does not think of anything but vision, he will not succeed. I verily believe that all the results that the doctor obtained from working on the other end, with this advantage, that his treatment only removed the effect of some cause, like cutting the nose off to cure nasal catarrh, and you can not have any more catarrh, while my treatment would have removed the *cause*.

I prefer a treatment that removes the cause instead of removing the effect.

I am not finding fault with this treatment, I only want to show that those troubles can be remedied by a milder and less heroic treatment. The removal of such troubles by treatments that are diametrically opposite, is no more astonishing than the curing of various ailments with the heroic doses of the old school of physicians on the one hand and the infinitesimal doses of the homeopaths on the other. I do not claim that spectacles will cure every ailment, but I do know that when properly fitted lenses are the most important adjunct that any physician can employ, along with his medical or other treatment. Nor do I claim that I am the only person who can fit glasses correctly, for there are about 1,700 graduates of this system of fitting lenses. It is the system that I use that does the work.

My object in presenting this article is to bring out this fact, that the fitting of lenses is a much neglected branch of medicine, and that every physician who is not competent to do this work is lacking in efficiency just that much. Don't look upon the fitting of glasses as beneath your dignity; for anything that does the good that properly fitted glasses do comes from a laudable and noble branch of medicine.

I have added to the old Eclectic motto—
Choose from all, hold fast to that which is good; do all the good you can in all the ways you can.

CHRONIC PERICARDITIS—AN INTERESTING CASE

F. A. PINELES MONTAGUE, M. D., DRURY, NEW ZEALAND.

On the 7th of January Mr. M aged 38, came to me for treatment. It appears that both civil and military physicians have been at fault in diagnosing his case. He seems to have contracted this disease while serving with the Imperial Army in India. The army surgeons could not definitely define his disease. He came to New Zealand from England four years ago. A year ago the disease became so bad that he had to enter a hospital where they diagnosed his disease as asthma, and at the end of three months he was discharged as incurable. At the end of the last year he came to reside in my district. He again was taken ill and consulted a local doctor, who again ordered him to the hospital. He then came to me and I finally concluded that he was suffering from chronic pericarditis.

An examination revealed a pulse of 92, small and very weak; facial expression anxious; eyes staring, face flushed, breathing labored; skin very moist; tongue clean, broad and flat. He complained of pains around the heart, with pain, and sometimes a stitch in the side when taking a full breath. He was readily exhausted, with a suffocating feeling, and giddiness on much exertion.

Examination of the chest revealed the presence of fluid in the pericardium; depression of the praecordial region, with narrowing of the spaces, with an irregular jerking movement, both systolic and diastolic; there was an increased area of

dullness, which was unaltered after a deep inspiration; there was loudness of and superficial cardiac sounds over the praecordial region, and unusual conduction of the sounds posteriorly on the left side; there was an increase in extent of the impulse, especially elevation; the apex beat was unaltered on a change of posture and the impulse unaltered by a deep inspiration. I diagnosed this case as chronic pericarditis. I therefore prescribed:

Sp. Crataegusminims 160
Aqua, ad.....ounces 8
Mix. Sig. One-half ounce three times daily before eating.

On the 10th, he came and stated that the medicine was too strong; that it made him slightly worse. I then prescribed:

Sp. Crataegusminims 80
Sp. Bryonia.....minims 8
Aqua, ad.ounces 8
Mix. Sig.: One-half ounce three times daily before meals.

I kept him on this mixture until the 4th of February. He then complained of pain and tenderness on pressure in the hypogastric region with flatulence. I kept him on the same mixture, but added Sp. Cactus to the mixture. On the 25th of February he complained of a suffocating feeling when stooping in a sitting position, with increasing enlargement of the abdomen (ascites). I gave him two grains of cascara each night for two nights, in addition to the mixture.

On March 2d, he visited me, breathing easier and freer; the abdomen had receded about two inches. I prescribed

Sp. Crataegusminims 80
Sp. Cactusminims 30
Sp. Bryonia.....minims 5
Aqua, adounces 8
Mix. Sig.—Half an ounce three times daily before eating.

Also pulverized Jalapa Comp. grains xxx to take every third day.

On March 7th, I reduced the Cactus to 15 minims, as it seemed to weaken the pulse rate. The breathing was now decidedly more free. The patient is getting along very nicely. Can walk a mile or two without an untoward effect. The abdomen is slowly receding.

On March 15th, the suffocating feeling induced when bending over, when in a sitting position, seems to trouble him a great deal. I prescribed:

Sp. Crataegus.....drams 1
Sp. Cactus,

Sp. Bryoniaaa minims 5
Tr. Actae Racemosa...drams 4
aqua, ad. q. s.....ounces 8

Mix. Sig.—Four drams three times daily before eating.

March 29th. The abdomen is now perfectly normal. The fluid has disappeared. All the pains have almost disappeared and the suffocating feeling on stooping is fast disappearing. I kept him on the above mixture until June 22d, and discharged him as cured.

I considered this a very difficult case to handle, because I could not implicitly trust my patient. He is a heavy smoker and drinks a little. I ordered him to taper off his tobacco; of course he promised, but when he was out of my sight it was a case of when the cat's away the mice will play. I know these old soldiers fairly well, having been in the Imperial service myself.

COMMENT,—It is very rare that a physician would think to prescribe Bryonia in pericarditis, although the specific influence on the serous membrane is very direct. The action of Crataegus and Cactus are more general. The Actea assists in the removal of the fluids. Bryonia accomplishes this slowly. It does not seem possible that improvement could have been more rapid,

and yet I think if the doctor had given Apocynum when he first added the Cactus, there would have been less ascites and a more rapid absorption of the pericardial effusion.

The case is an exceedingly interesting one, and I believe the real secret of the doctor's success was in his very wise use of Bryonia, in conjunction with the heart remedies. To one who has not used these specifics in the treatment of chronic heart disease, it is impossible to realize that many of these cases can be cured.

ACUTE MENINGITIS

F. A. PINELES MONTAGUE, M. D.,
DRURY, NEW ZEALAND.

On the 3d of January, I was called to attend a young girl, age sixteen. She was on a visit to a friend. When she left her home, she felt unwell, but New Year's eve she went to a dance, and on returning became very feverish. When I arrived I found her in bed, with a flushed face, dull eyes, dilated pupils. temperature 103.2° F.; pulse small and very rapid. Tongue, thickly furred, creamy; tip and margins red, tip pointed and trembling.

She complained of a severe pain on top of the head, with heat and pain in frontal sinus. There was also a peculiar hollow cough which was of nervous origin, and when she coughed she complained of a pain at the base of the brain, and also a pain extending from the front to the back of the head; pains in all the joints, especially the knees, but no swelling; twitching of the muscles, and jumping in her sleep. Skin hot and dry. Constipation; urine febrile, menses regular, insomnia, thirst and exhaustion. She was a well developed girl. Past history good.

Diet—Bread and milk, milk and water, and barley water and milk, three pints or more per diem.

I prescribed:

Sp. Aconiteminims 15

Sp. Macrotysdrams 1
 Sp. Rhus Tox,
 Sp. Bryonia.....aa minims 15
 Sp. Cactusminims 30
 Aqua, ad. q. s.....ounces 4
 Mix. Sig.—Take a teaspoonful every

three hours.

For the constipation: Pulv. Jalapa
 Comp., 10 grains.

For the insomnia, Sp. Passiflora,
 one dram in water.

At the next visit I found the
 temperature 100.2° F., pulse 120. Skin,
 moist; pupils dilated and glassy. During
 the night there was low muttering
 delirium, waving arms about, and burying
 her face in the pillow, flushed face, lips
 pale, bowels constipated. I prescribed.

Sp. Passifloradrams 1.5

Sp. Hyoscyamusminims 10

Aqua, q. s. ad.....ounces .5

Mix. Sig.—Two drams at one
 o'clock and two drams at ten o'clock.

For the constipation:

Sodium sulphateounces 1

Tr. Cardamon Co.....drams 2

Aqua, ad. q. s.....ounces 8

Sig. Drams 4 two or three times
 each day.

I visited the patient the next
 morning. The temperature was 104° F.;
 pulse, 130, feeble; delirium during night;
 pupils dilated and dull; pains in the head
 still very severe; bowels open, two
 motions. Stayed from 11 a. m. to 5 p. m.
 Stopped other medicine and prescribed:

Sp. Belladonnaminims 5

Aqua, ad.....ounces 2

Sig.—One dram every hour.

By four o'clock p. m., the eyes were
 normal; the pain in the head was greatly
 relieved. Temperature, 103° F., pulse 130.
 Complained now of a dull pain in the
 right kidney, with burning pain on
 urination.

For this I prescribed:

Potass. Citrasgrains 80

Sp. Aconite.....minims 5

Sp. Barosmadrams 4

Aqua, ad.....ounces 8

Sig.: Drams 4.

I visited the patient the next
 morning. The temperature was but 101.5°
 F.; pulse, 104, soft and compressible. Slept
 from 8 p. m. last night until 5 :30 a. m.
 today, a deep sound sleep, and was
 sleeping when I arrived at 11 a. m. Pain in
 the head easier and in the joints
 disappearing. Bowels regular, urine
 scanty, pain on urination disappeared. I
 applied cataplasm over the kidney.

Visited next morning; temperature
 102.2° F.; pulse 86, stronger. All pains
 disappeared, urine better in quality and
 quantity. Feels better, wants to get up.
 Rest good. Allowed her to sit up in bed
 for an hour or so. The diet and drinks
 were tepid, and in addition to the above I
 now allowed her a little chicken broth,
 with bread soaked in it, in small quantities
 and at short intervals. I prescribed a
 mouth wash, as the tongue was not clear.

Sp. Echinaceadram

Aqua ad.....pint 1/2

In my opinion, this case was
 bordering on meningitis, but the
 hyoscyamus and Belladonna checked it.
 Sp. Sticta was here indicated, but I was out
 of stock. Next visit, temperature 99.6°,
 pulse 88, sleeps good. Feels hungry. In
 addition to the above diet, I allowed her
 the breast of a chicken with bread. All
 liquid diet warm.

Next morning, temperature 98.5° F.
 Pulse 80, sleep and appetite good. Put on
 her usual diet, except that I restricted
 fruits and all acids for one month, as she
 had been eating and drinking acid fruits
 and drinks, and I have found by
 experience in this climate that this may
 lead to anemia in young people.

A tonic which I deemed very

essential in this case, I prescribed:

Tr. Gentian Compound....drams 4

Tr. Nux Vom.....minims 30

Tr. Cardamom Comp.....drams 4

Infusion Auranti, adounces 8

Mix. Sig.: Half of an ounce three times daily before meals.

I allowed her to return home in the course of a few days.

POSSIBLE CAUSES OF PHTHISIS

Syphilis a Cause of Phthisis

In thirty-eight years of practical experience as a family physician in general practice, I have met many cases of genuine tuberculosis, and many cases that went under the name of consumption by the laity, and who died; and not many of the common people ever knew or ever will know but that they died of consumption. Long experience and close observation have taught me that causes, working within the system, have more to do with the propagation and the elimination of this so-called consumption, or indeed in curing the genuine tuberculosis, than all other factors known.

Poor water, improper food, and especially obstinate constipation, are among the first causes of a delicate constitution. The lack of good air to breathe is also to be reckoned as a real factor—not enough oxygen—thus allowing the effete matter of the body to remain and accumulate within the system, there to poison and deteriorate the blood, etc., until the patient loses all energy; wants to sit down for the lack of vitality; thus increasing these very causes, the obstinate constipation and shallow breathing; permitting more and more accumulation of effete matter that otherwise might be eliminated.

Eventually, the capillaries of the lungs being the finest in the whole body, become engaged with this effete or waste

matter, causing coughs that end in a so-called consumption (not tuberculosis), that by proper care in the beginning might all have been avoided.

Again we have in syphilis, a factor but little spoken or even written of, as a cause of some of our obstinate coughs. Sometimes the patient is innocent of the real cause, thinking they had been cured of the old trouble long years gone by; but most of them are aware or suspicious of the fact that there lurks within the system a factor for all this wasting and cough, so prominent to their friends, but the secret cause of all they sacredly keep.

In fact, it is my honest opinion, after long and close observation, that syphilis and its progeny, scrofula, is one of the fountain head causes of so much consumption now in the United States, and that all the present high flown, theoretical ideas of flies and filth have never caused, and never will cause, half the consumption, disease or death as the one great secret factor, viz.: syphilis and its progeny.

It therefore behooves us, as thinking physicians, to search out the real cause of so very many dying every year of so-called "white plague" consumption. In writing this I am not speaking in meaningless terms or notions of my own, except from close study of the things that bring about this enormous death rate. The scientists, in my opinion, are much at sea as to the real first cause.

Solomon, Kas. I. E. LAYTON.

Catarrh as the Cause of Phthisis.

It has been with feelings fraught with no little deliberation on my part, the past few years, that I attempt now to give a few summary notes as to what seems to my mind to be a more concise and rational course to pursue in the treatment of

consumption— phthisis pulmonalis—as it appears to me, after my many years of experience, and more especially, too, in chronic diseases, that I can truthfully say I don't believe that consumption, in any stage, is an acute disease. Why should we be constantly and forever harping on a cure for this disease? Why not get out of these old ruts of antediluvian dotage? Surely, we think, if ever the medicine man or the scientist is to find a cure for pulmonary consumption, he must first find a cause for or a treatment to remove the primary cause, rather than wait or put off treatment for the development of the disease.

The proper course to pursue and the only rational and scientific way is to furnish a preventive. I believe I have found catarrh to be the foundation and primary cause of consumption, and I am confident that nothing more nor nothing less than a cure for catarrh in any form will stop this dread disease, and especially would I be so under stood.

The stomach and bowels is the main seat from which the disease first sets up its deadly work, because from catarrh here, the system is deprived of nutrition, and secretion is perverted. Other parts of the human body may have been laboring for years with some slight catarrhal trouble, but so long as the bowels and stomach are free to do their office work, I believe consumption will be an unknown quantity.

When we know what is the cause of catarrh we can by proper measures prevent and cure this condition, and thus not only prevent the development of consumption, but the more readily cure it after it is developed.

R. A. HAMILTON, M. D.

COMMENT.—Dr. Woodward is enthusiastic in his opinion that the eating of too

much salt causes all catarrhs. By a simple course of logic, in line with the theories both of Hamilton and Woodward, a diet devoid of salt should prevent and cure tuberculosis. Perhaps some reader can add another theory in the same line.

Therapeutic Freedom

E. P. S. MILLER, M. D., CHICAGO, ILLINOIS.

A western Episcopal bishop was once asked, "Are you a high church man or a low churchman?" He replied, "I am high, low, jack and the game churchman." The same liberty of being a panpathist should be granted to every physician whose heart and soul are wrapped up in his desire to cure the sick. Whenever the church neglects any important part of its teachings a sect arises, pushes its segment of truth to the fore and after awhile the main body wakes up, lays emphasis on neglected teachings and the sect fades away, or lives by broadening its own lines of thought.

When I was in college our teachers stuck closely to the pharmacopoea, but an occasional *lapsus lingui* betrayed that in their own practice they used remedies that were not mentioned in the pharmacopoea. Since then I have been willing to study any remedy on its merits. I believe that therapeutical progress is materially hindered by physicians not reporting actual remedies used for fear of being considered "off color" by their respective schools. For example, a physician may get good results in asthma by a prescription compounded of a number of ingredients, but he will not report it, because some one is liable to curse him for his poly-pharmacy; so, the good doctor keeps on curing his own patients and his good works die with him.

Dr. G. L. Henschen is to be congratulated on his success in the burn case reported in the Oct. THERAPEUTIST. I have never used picric acid but feel inclined to use it when opportunity offers,

and thank him for taking the trouble to report his case so clearly.

I have secured favorable results in the treatment of burns and scalds of small areas with Unguentine (and here I step on the toes of the Pharmacopoeia), and it has become a "first thought in burns" with me. Arthur S., 2 years old, was brought to me, having scalded one entire hand in a bucket of hot water. The fingers were blistered, excepting the tips, the hand and wrist were blistered front and back. Each finger was bandaged loosely with gauze, into which I pressed Unguentine with a hot sterile, table knife. A larger piece of gauze, treated the same way, and a layer of cotton was bandaged around the whole hand. I punctured the blisters at each dressing and removed the dead epidermis from day to day as needed. There was no infection and the fingers did not grow together at the bases as they are apt to do if not carefully watched. After the first dressing the child suffered no pain.

In several cases of ulcers of the leg, occurring in the middle or lower third, one of them right over the internal melleolus, I have had excellent results from the following line of treatment:

Scrub the ulcer with green soap, putting a lump of green soap on the ulcer and dipping a bit of cotton in hot water to scrub with. Dry and cover with a cloth or gauze upon which has been spread an ointment of diachylon modified as follows:

Tinct. opii deodorati.....drs. 2

Lanolindrs. 2

Ung. diachyloni.....oz. 1

Petrolati, q. s. ad.....oz. 2

M. S.—Apply once daily as directed.

The limb is bandaged snugly from the ankle to the knee.

Internally I give the following prescription which is "heretical and poly-

[missing line(s) in original...ed.]

are Aconite, Colocynth, bryonia, bap

[missing line(s) in original...ed.]

which helps my patients in these cases:

Potassii Iodidi.....drs. 1.5

Spec. Echinacea.....oz. 1

Succus Alterans, q. s., ad ..oz. 4

M. S.—Teaspoonful four times a day with plenty of water.

I tell the patient that this medicine is for the blood and I thus secure their interest in taking it.

I never took a course in Eclectic medicine, but I am looking for the good things which Eclecticism or any other ism has to offer of therapeutic value for I do love to see my patients get well.

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SUGGESTIONS FOR SINGLE REMEDIES

C. A. WEST, M. D., DULUTH, WISCONSIN.

I am constantly on the alert to find out something new, not only concerning new remedies, but concerning old remedies, and those ideas I really think most about trying are the new ideas about old remedies, because, it is enlarging a field we have already partly developed.

There is no guess work about these ideas of ours after they have been proven. The idea is to get hold of a clue on something new from whatever source, that we can base our investigations on.

For difficult breathing, you all know we have not many remedies. I have used Quebracho and find it a very good remedy under certain circumstances. We have a number of remedies that we use at different times, but we do not give them for their immediate effect always.

An old-school physician told me the other day that he uses citric acid for difficult breathing, and I do not believe our men ever tried it. He said it came to him from an old farmer. The farmer had

had a great deal of difficulty in breathing, and so had he. He said, I take a little, tiny crystal of citric acid, put it on my tongue and allow it slowly to dissolve there, and in a moment I am better. He said he tried it himself and it worked the same on him. He then tried it with several of his patients, and up to the present time he has not had a patient to fail to obtain good results.

We must work with the idea of getting everything in its right place, and to be able always to say that if we get that exact condition we have the remedy that will meet it promptly.

A lady came to my house and complained of dyspnea all the time, which I determined to be of cardiac origin. In these chronic cases I have a plan covering an extended period, and I definitely arranged with this patient what to do all the time. I gave her Quebracho and told her to take ten drops when she needed it, only. She has the medicine yet, every drop is in the bottle, and she has not had any difficulty in breathing since she has been here, but she has been taking the other treatment, which was Cactus, Gelsemium, and Macrotys for the heart condition with rheumatic symptoms.

I expect there are a number of readers who can say much in favor of Epsom salts. This remedy has been given a long time for physic. Some very desirable suggestions have been made recently concerning a solution of Epsom salts to overcome pain and abort the progress of developing local inflammation. I got the first of my ideas in this line from that little book called "The Field," by Dr. Burgess, of Chattanooga. And I have had suggestions from other sources. They had in Chicago when I was there an eminent specialist who had an enormous business in rectal diseases. That man cured a great many of his rectal

troubles with Epsom salts. He gives his patients fifteen grains of Epsom salts three times a day, dissolved in hot water. He said with certain conditions it is surprising what you can do with that remedy.

When I first commenced to study medicine in 1871 I went into a doctor's office, and the old doctor had a great many cases that summer of the various forms of intestinal trouble, and cured nearly every one with the same medicine. I used that formula for a good many years and got a great deal of good from it. It was composed of 15 grains of Epsom salts and 15 grains of bitartrate of potassium. He gave four powders each day. That doctor gave a mild astringent with it when there was a case of chronic diarrhea.

I want to call your attention to a remedy for a condition that I have written about a number of times. That is the use of Geranium in severe forms of stomach trouble, and especially those in which there is very severe gastric acidity. In a number of cases I have used it where there was constipation without causing any increase of constipation at all, and it absolutely corrects the condition of the stomach. A number of years ago old Dr. Pike of Terre Haute, Indiana, before his death wrote to me and said he cured cancer of the stomach with Geranium, and went on to say how it acted. I concluded that he was treating gastric ulcer; that he did not make his diagnosis correct. There was a tenderness in the stomach, with an inclination to vomit, hemorrhage and extreme acidity. The first case of extreme acidity with soreness I had I thought perhaps just as like as not there was a case of gastric ulcer. I gave Geranium with the happiest results. It worked beautifully.

In the course of that observation I went to see a patient one day. She said she had a lump in her side. I found the liver enlarged. She also had extreme gastric

acidity. She had had an impacted fracture of the thigh that was badly managed, and had run down considerable in every way, and it looked like the old lady could not live very long, anyway. I tried a number of things to neutralize the acidity; first, milk of magnesia and bismuth preparations, and finally settled down to the use of Geranium. I gave her ten-drop doses of Geranium four times daily. When I went back a few days later she said: "You have hit it now." The pain went away, the enlargement decreased, and she lived two years after that, and ultimately died of cystic development within the abdomen. The hardness of the liver was reduced more than two-thirds and she had passed thirteen months of very pleasant and comfortable existence.

Concerning the specific effect of Lobelia hypodermically we have reports both in favor and averse to its use in the treatment of diphtheria, but in every case where it has been used and adversely reported on it has been used without confidence. It was not used with anything like the thoroughness Dr. Jentsch advises, when he made the suggestion as to how he used it and obtained results. One of the parties who reported had three patients in one family; two of the cases were so severe that if anything would save them it was Lobelia alone, and not antitoxin, and he reported favorably. I think most satisfactory results are being obtained from this remedy as a heart and capillary stimulant in people that are asphyxiated, or entirely overcome, or at the point of death, as it were, using it in the cases in which we use strychnine and nitroglycerine. The general effect seems to be better than any one or two of the others. That will be as valuable to us as a diphtheria antitoxin. I was taught that Lobelia was a depressant, but we find that, properly used, it is developing marvelous

stimulating properties. We must learn exactly what it will do.

THE ECLECTIC LEAGUE FOR DRUG RESEARCH XANTHOXYLUM

W. LEMING, M. D., TUCUMCARI, NEW
MEXICO.

Specific Indications.—*Catarrhal conditions of mucous membranes, with sluggish capillary circulation, nervous depression, general atonicity; chronic dyspepsia with moist general coated tongue, hypersecretion, and flatulency.*

Xanthoxylum, commonly known as Prickly Ash, is a much neglected drug. In its action it somewhat combines, the properties of Berberine, with which Xanthoxyline is said to be identical, and Atropine, because of its stimulating action on the circulation, with an added stimulant action somewhat resembling Capsicum through its diffusibility. Certainly it is a valuable remedy in the usual chronic gastrointestinal case of indigestion from over eating or the ingestion of too much fluids at meal time.

Ellingwood recommends its administration, combined with Hydrastis, in stomach diseases. Berberis, Echinacea, Corydalis, Nux Vomica or similar drugs may be likewise advantageously employed with it.

A constant desire to take a long breath (sighing respiration), has been suggested as a symptom calling for the drug, but this is possibly explainable through the poor circulation in general.

Remembering the sluggish capillary circulation, it will often be found indicated in suppressed menstruation, debilitating sequelæ of fevers, rheumatism, undeveloped exanthemata and, in fact, wherever a general tonic action is desired. Other more definitely indicated drugs

may be associated with it to accomplish quicker results. The older Eclectics employed it in cholera, and it apparently gave good results. Its stimulating action is very pleasing as it spreads at once throughout the entire body. The effect of the drug in digestive disorders of a chronic nature, seem to be a control of the hypersecretion with a clearing of the coated tongue, giving to the remedy the character of an astringent, but possibly through its tonic influence, its constituent resembling Berberine, giving this result.

Xanthoxylum contains besides a volatile oil, a fixed oil, a resin and a gum. The addition to water gives a cloudy mixture.

It has always been a favorite remedy with the laity, being used in every variety of disease. Its indications explain its general usefulness. It has been classed as an eliminant, but this is explained by its general action, as it does not seem to act directly on any of the organs of excretion. Combined with Phytolacca, acetate of potash or other alteratives, it has been used in the various blood and skin disorders, scrofula, etc., but much benefit from it is doubtful.

In the mouth it produces a peculiar burning and numbness, and a flow of saliva. It has been employed in neuralgic and semi-paralyzed states of this region without much reported success.

It is non-poisonous and apparently harmless and mild, though certain, in its action. Ellingwood says that it may be safely trusted to carry the body through many crises.

The dose of the specific or saturated fluid preparation is from five drops to a dram, usually two or three drams in four ounces of glycerine, syrup and water in combination. In collapse, large doses may be given. The Specific Medicine contains a carminative oil not found in the other

preparations. The constituent Xanthoxylin is employed in doses of 1-6 gr. Nearly its whole effect may be ascribed to the improved circulation.



CARELESSNESS IN STATING INDICATIONS

Editor Ellingwood's Therapeutist:

In an occasional issue of the THERAPEUTIST, and in the issues of other journals, one or more articles appear telling of a never-failing remedy or method of treatment. Once in awhile the suggestions prove to be of value, but in some cases they are without any value whatever, because there is nothing specific in the suggestion as to the use of the drug. It is advised for a general condition.

Just now I have tried the nitric acid treatment for whooping cough, which was suggested in a recent issue of your journal. I tried it on nine cases, as we have an unusual severe epidemic here. I would indeed have been glad to have gotten hold of a remedy better than those I have previously used. The author of this article which he presented, said "he considered it one of the greatest blessings that had ever come to the relief of childhood."

In my cases it had absolutely no influence that was at all apparent. It seems to me that the author should know that a remedy of this kind in some cases must fail, and why should he make such a claim, and cause hundreds of physicians to fool away time to try the medicine and put the patient to such inconvenience without benefit. He claims that under the use of this remedy the paroxysms of cough with every other unpleasant symptom abate gradually, the whole yielding to the

treatment, usually after four or five days.

If there were any basis for truth in his statements why did I get no effect whatever, in the cases on which I tried it thoroughly. The same incorrectness of generalities in prescribing holds good in the treatment of enuresis, epilepsy, nocturnal emissions and other difficult conditions. I have tried many of them and have often failed, even when they were given as never-failing formulæ. It is impossible that a remedy should never fail with one physician, and should utterly fail for an other. They claim that the doctor who uses the prescription must pay close attention to the specific indications. The doctor who made the claim above referred to for whooping cough, gives no specific indications. The shoemaker's children whom he claims to have cured he did not even see, yet the cure was almost the same.

The doctors who write the articles, I notice, are to blame. One doctor said he used a remedy for fifty years with out a single failure, and mentioned no specific indications whatever. He seems to have given it in every case. He says: "I go fishing and I never again hear from that case; it gets well."

A READER.

COMMENT.—The doctor did not write to be above for publication, but I publish it because it so correctly hits some of our writers, who while they themselves know the specific indications and know why they give a medicine, they do not realize the importance of stating it in their articles, and will not attend closely to the conditions in which that remedy should be given.

The article this writer refers to was published early in the year. In the July number Dr. Inskeep makes the same objections that the above writer makes, and adds: "Dr. Scudder claimed that nitric acid was an old remedy and a very good one, but would not benefit all cases of whooping cough. He said, plainly, that if the tongue has a violet color showing over red, the remedy will cure

whooping cough, as it would relieve any condition that had this same symptom. I have verified that statement in the past thirty-three years many times, and where I have that condition of the tongue it will cure whooping cough promptly and will benefit other conditions directly."

This is specific and this is what this Journal wants. I have said many times that we must be more exact in our statements, and I publish the above letter in order that I may again impress my readers with this fact.

STILLINGIA LINIMENT

Editor, Ellingwood's Therapeutist:

I notice in your October, 1910, THERAPEUTIST, on page 381 Dr. Hauk speaks of DeMarr's Stillingia Liniment, and as usual the formula is wrong. As far as I know this formula is original with me, and I would like to have it correct.

Several years ago I read an article on this same Stillingia Liniment before the Kansas State Eclectic Medical Association, giving my formula. It was published in the proceedings of the society, but somehow the formula was incorrect. Lloyd Bros. of Cincinnati got hold of it and reprinted it, and sent it out to the doctors all over the United States, and since then I have received letters from doctors in almost every state in the Union asking for the correct formula, which is as follows:

Fld. Ext. Lobelia Herb.....
Fld. Ext. Stillingia . . .aa 2 ounces
Oil Cajeput2 drams
Glycerine4 ounces
Mix, and it is ready for use.

This is good for sore throat, coughs, colds, croup, cuts, burns, bruises, etc. I sometimes dissolve the oil of Cajeput in a little alcohol before adding it to the mixture, and if I wish to make it more antiseptic and add largely to its virtues as a local application to sores or abrasions, I can add one-half ounce specific Echinacea

to the above formula.

In this strength Dr. Hauk may have no fears of bad results in using it on burns or on any raw surface, as I have done it many times on injuries both large and small, always with good results. In cases where you wish to stimulate more, double the amount of oil of Cajeput. For internal use, the dose is from one to ten drops on sugar, or in a little syrup.

One night about fifteen years ago in lighting a lamp I struck a match, the head came off and stuck to my finger. I thought it a trivial affair and lay down to sleep, but that little burn proved to be such an interesting partner I could get no rest. (It is possible this was also a phosphorus burn.— Ed.) Naturally I began to think of means of relief and thought of my little bottle of Stillingia Liniment. I arose and applied some, then saturated a bit of cotton and bound on, and immediately the pain was gone and gave me no more trouble.

One day I sold a man a bottle of the liniment and related to him the wonderful things he could do with it. A few months later he came to town and told the people that DeMarr's Stillingia Liniment was wonderful stuff. He said that while mowing weeds about the yard he did not notice the dog in the weeds, but ran on to him and cut his tail off. The poor dog howled piteously. Just then he thought of the Stillingia liniment and made an application to the stub of the tail, and was wonderfully surprised to see a new tail grow right out. That set him to thinking, and he picked up the tail that had been cut off and rubbed some liniment on it and, wonderful to relate, at once a new dog grew on. Now who can beat that?

L. H. DEMARR, M. D.

Olivet, Kan.

Therapeutic Facts

A Phosphorus Habit.

I am wondering if any of the readers of this journal have ever thought they were producing a phosphorus habit in patients suffering from nervous prostration, where phosphorous was given persistently for a long time. I have never heard much said of this remedy producing a habit. We all know that many nerve stimulants or (a) nerve sedative has an inclination this way, and why should not phosphorous ?

I gave a phosphorus elixir to a lady at one time who was very sick, and after having the bottle filled on her own accord and having taken the medicine for two or three months, while she became greatly improved, she said she could not do without the medicine. She said she had created a craving for it that was difficult for her to resist, which proved to be a true phosphorus habit. I replaced the remedy with other nerve stimulants and she soon recovered.

HENRY G. WORTMAN, M. D.

Meeting Indications in Typhoid.

I was taught to treat typhoid fever with physics and diet, and but little medicine. Recently I have been reading up all specific indications and I have been marvelously well pleased with the suggestions made and resolved to try them.

I was called in consultation in a case where it looked as if the man's time was about up. Under ordinary circumstances I would have been at a loss to know what to have given him, but I thought of the indications and discovered

that the tongue was deep red, dry and cracked, that with a high fever there was tympanites extreme, and a characteristic typhoid diarrhea.

I remembered the suggestion of hydrochloric acid for these tongue symptoms and gave ten drops of the dilute acid in a little dilute grape juice every two hours. I remembered also that these tongue symptoms with the sordes that was present, and the tympanites especially, were suggested as met by turpentine. I first applied turpentine stupes over the bowels. I then gave an enema which contained ten drops of turpentine, and the passage of this was followed with an enormous amount of gas and an immediate reduction in part, of the tympanites.

I then gave five drops of turpentine in an emulsion internally every two hours for two days, alternated with the hydrochloric acid. To say that the results were satisfactory but feebly expresses it. They were fine.

C. F. WORRELL, M. D.

Empyema—Urethral Stricture.

I want to put some questions to the brethren of the THERAPEUTIST family, and they are as follows: (Of course I want the Editor's comment on each of these questions.)

Is there any cure for empyema in a child outside of surgical interference?

Does the galvanic current really cure organic urethral strictures?

What is your opinion of Thiosinamine in these cases? Is it possible to cure organic stricture without cutting?

A. J. JEDLICKA, M. D.

Maribel, Wis.

COMMENT:—There is no doubt that some of the milder cases of empyema recover without surgical interference, but if the presence of pus in the chest is positively determined by exploratory puncture the safe course and really the conservative course is to promptly open the chest and remove the pus freely. The pus cavity should be carefully irrigated subsequently. A free opening must be made. Aspiration is not sufficient.

There are many advocates of the use of the galvanic current in the cure of urethral stricture. In some cases both the knife and the current are used. In others the current alone is claimed to be sufficient. If there is really structural change, and a great degree of contraction of the lumen of the urethra, medicine will do very little good. In spasmodic cases medicine is of great benefit, but in structural change it only relieves some irritation. The other measures must be depended upon.

Belladonna for Cold Extremities.

An old lady was attacked with influenza, which I quickly overcame by the indicated remedies. She was very greatly prostrated and suffered from coldness of the extremities, notwithstanding all outside applications. The pupils were dilated, the skin was cold, and the extremities were very cold. I gave her a dose (one drop) of the tincture of Belladonna every hour. After a few doses she said she could follow the effect of the medicine; in ten minutes from the time she had taken it she began to get warm, and this increased to a satisfactory point and then abated until ten minutes before the time for another dose, when she felt quite cool again. I shortened the period of the dose and increased the quantity of Belladonna a little until her strength was restored, when the condition did not return. This medicine in proper doses, I think, ought to be given oftener for this condition.

CHARLES McLEOD, M. D.

Veratrum in Pneumonia.

I made an exact hit lately in the treatment of a severe case of acute double pneumonia that confirms my faith in specific medication. It was certainly a straight shot. The man, a miner, was exposed to a strong draft for many hours, his clothes thoroughly saturated with water. He was taken with a violent chill, was carried out of the mine and sent home feverish, restless, and in fact delirious. I saw him at four o'clock in the afternoon. I had not before used Veratrum much in pneumonia, but remembered the large, soft, full, strong, bounding, rather rapid pulse necessary in the sthenic condition, the purplish red flush of the countenance, with fullness of the venous capillaries, the red stripe down the center of the red, long tongue, with high temperature. I put forty drops of Norwood's tincture of Veratrum in thirty teaspoonfuls of water and told them to give a teaspoonful every hour and put a hot compress over the chest.

I expected to see him early the next morning, but was delayed until twenty-four hours had elapsed. Much to my surprise the fever was entirely gone, the pulse was only 45, the patient was breathing slow, and there was some nausea. The temperature was reduced to 99. The patient was quiet, and with the exception of a slow pulse every thing was satisfactory. I simply overdid the medicine. I gave a little Belladonna to continue the effect obtained, continued the hot application, and when I called the next morning the patient was sitting up, much against my will, but he made an immediate recovery. The disease was positively aborted with this single remedy.

TIMOTHY HICKS, M. D.

COMMENT.—This case illustrates the Veratrum type of the acute pulmonary congestion preceding a very severe form of pneumonia. I have always

argued that the acute congestion occurs a step in advance of the inflammation proper and that if recognized it can, in most cases be aborted. This illustrates that fact.

Bryonia in Appendicitis.

A number of years ago when there was a great deal of excitement about appendicitis and but little said about its medical treatment, I noticed at once in my first case the immediate indications of tenderness on pressure, localized sharp, shooting pains, following of course the congestion of a serous membrane, the peritoneum, involving probably the muscular structures of this small portion of the intestine. I at once said, those symptoms are Bryonia symptoms, I will give Bryonia for that, and I will apply hot applications; and I consider it is about the only medicine I have since used, and I have never had to operate once. This is making a very general positive statement, but as long as it is true I give it without hesitation.

JOHN J. BATES, M. D.

COMMENT:—There are but few cases that do not present other symptoms than those narrated above, and while the above symptoms called for Bryonia it is not right to say that it is the only remedy needed in all cases. There are different stages of the disease which demand other treatment, and every factor must be considered and every indication met whatever remedy is indicated. I am very anxious that every writer should be very exact in stating indications and in making exact adjustment of his remedies.

Sighing Respiration.

In reading the November THERAPEUTIST, I have just noticed the inquiry of Dr. H. N. Morgan for a remedy for sighing respiration. The remedy is Ignatia Amara. I think it is the most valuable systemic tonic and recuperative agent that we have for great prostration

and weakness of the heart and nervous system. Its effects are quite immediate and yet permanent. It is also sedative and yet strengthening. It has a stimulating effect on the heart and nervous system, similar to *Nux vomica* and *strychnia* which makes it exceedingly valuable in all conditions arising from exhaustion of the nervous system, or sudden shock, a great fright, or long continued violent grief. It is the woman's *Nux vomica*, and should be used in many cases where chloral or bromides are now used.

As a tonic and nerve builder, a prescription of *Ignatia*, *Cinchona*, and dilute phosphoric acid will give better and more prompt and decided results than all the compound hypophosphites in the country. The great beauty of *Ignatia* is that its effects are immediately manifest, and that it holds what it gets, and causes the patient to make permanent improvement.

WM. M. GREGORY, M. D.

Berea, Ohio.

Sighing Respiration

In your valuable Journal for November, Dr. H. N. Morgan, wants a reliable remedy for sighing respiration. It is as you say due to feeble spinal innervation, but if the brother will add ten drops of specific *Nux vomica* to four ounces of water and give a teaspoonful every two or four hours, if he has the experiences I had, he will soon see a marked change in the patient.

F. P. McKEEL, M. D.

Nashville, Tenn.

Comment:—There is considerable similarity in the action of *Nux Vomica*, and *Ignatia*. Dr. Gregory says that *Ignatia* is the most valuable recuperative agent. That is putting it very strongly. Many of us who have used either of these remedies have been disappointed at times, and occasionally most of us expect to get more

immediate results from *strychnine* than from either of these remedies, but I am satisfied that there are certain cases in which each of them will act as the writer claims, perhaps more satisfactorily than any other remedy we may have used.

I shall persist in cautioning against extreme statements and advise close comparative observations of all remedies.

Uremic Convulsions from Septic Metritis.

A number of prejudiced writers are sticking up their noses at *Echinacea* in septic poisoning. A lady in my neighborhood had an outside doctor produce a miscarriage. He gave her but little attention afterward. A few weeks later I was called in one night and found the woman in convulsions, with almost entire suppression of urine and extreme inflammation of the womb—a marked case of septic metritis, with uremic convulsions. I gave her at once twenty drops of *Echinacea*. I then irrigated the womb thoroughly, finding the interior covered with a thick layer of pus and shreds of membrane. I used a potassium permanganate solution until the fluid came away unchanged.

She had a few doses of *Veratrum* for the convulsions then existing, but beyond that there was no other medicine given but *Echinacea*, and within less than twelve hours the patient was rational, and improvement was notice able every hour afterward.

I think I have never seen a more prompt cure. Of course the thorough cleansing of the womb had much to do with promptness, but there had been plenty of time for constitutional infection, which was antagonized by the *Echinacea*

PHILIP MESSENGER, M. D.

Ferrum Phos in Infantile Pneumonia.

I have seen a number of references in these pages to the action of Ferrum phos in controlling fevers. I have recently had an interesting experience. I was called to consult with a regular physician in the case of a two-year-old child with pneumonia, where the temperature was 104½ degrees during each night and all symptoms greatly aggravated. The consulting doctor refused to accept any of my suggestions, especially refusing to stop strychnine and quinine, which he was giving during the fever. The second day he was discharged. I was asked to prescribe for the patient, and I gave only Ferrum phos, beginning at six o'clock in the evening, a dose every ten minutes, when the patient was awake, of a solution of a half dram of the 3x trituration in a teacupful of hot water.

I did not expect to make much impression upon the actual condition, but I resolved to reduce the temperature. To my surprise, with the declining of the temperature all the symptoms abated, and in forty-eight hours the child was out of danger. Have any of the readers used Ferrum phos in pneumonia to reduce the pathological conditions? It is certainly a sure shot for high temperature in children in many cases, and if it always will act as it did in this case it will certainly be great.

NELSON SCHULTZ, M. D.

Pneumonia in Children.

In the first symptoms of pneumonia in children, especially if the patient has had la grippe and there is a hoarse, dry croupy cough, with some enlargement of the lymphatic glands, I am having splendid results with the dark iodide of lime. It is easily given and acts promptly. From one-fifth to one-half of a grain can be given, according to the age of the child,

every two or three hours. This should be followed by other remedies when the above symptoms disappear, according to the indications.

HENRY MORFORD, M. D.

Ellingwood's Therapeutist

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

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Four years ago I felt that a Journal with a definite mission would be unique in medical journalism. Of course its success would depend upon the mission. A practical mission, a mission designed to perfect that branch of medicine to which all other branches are simply auxiliary, should certainly appeal to the profession at large.

That my anticipations have been more than fulfilled, proves the correctness of my opinion. Four years of this Journal's history have passed, and in that time it has become as well known in medical Journalism in the United States, and is probably quoted more frequently than, perhaps, most any other Journal would aspire to in that time. All this is cause for congratulation.

For the coming year the policy of this Journal will not be changed. The principles on which it is founded, we conclude from its extreme popularity, are correctly placed. Much the same plan of action will be carried out.

We shall be, however, much more specific, much more thorough, much more persistent in our drug study. We shall

study the diagnosis of exact conditions, we shall make an unusual effort to determine the precise factors of disease—a knowledge of specific conditions, and we shall not only do our best endeavor to adjust exact remedies to these conditions, but we shall demand of our contributors that they be more precise than ever in their own observations, and especially in their statements.

Success for the coming year greatly increased we certainly will have. This is the first principle of our faith for 1911. We have the same faith in the principles for which we are working—in the truths we are developing—that we have had in the past year.

We have faith also in the universal co-operation of our readers; and we appeal to all, each to possess himself anew with faith and energy for the perfection of the methods of practice in medicine. Each must do his part in throwing off the stigma that therapeutic nihilism in the past has cast upon drug action, and must be energetic, and prove that failure to cure disease is not due to the fact that there are no remedies, but it is due to our lack of knowledge, and each must do his best to improve this knowledge. With this faith and renewed energy, a larger success will certainly be ours.

REMEDIES ADVISED FOR STUDY BY EXAMINING BOARDS

Those of the readers of this journal who have obtained excellent results from the use of vegetable remedies--- plant drugs—for so many years, and who have been able to observe the unsatisfactory results that may obtain from the use of inorganic and metallic remedies, or forced chemical compounds, cannot understand how it is that the vegetable remedies are not generally known to the profession, but it is true that, while we have been thinking

and hoping for the last ten years, that they were coming into general adoption, whether from lack of profit or from other cause, they are systematically and persistently overlooked.

* * *

The examinations before the health boards in materia medica and therapeutics have been very unsatisfactory. This is due to the fact that this class of remedies is not taught at all, in any of the Regular medical colleges. They are seldom mentioned, and then slightly because of the prejudices that exist among the members of the faculty against the investigators of this class of remedies.

* * *

The National Confederation of State Medical Examining and Licensing Boards is a body of physicians which are conservative and whose work is directed toward uniting schools and breaking down sect lines, as much as toward uniting health boards.

This body has seen the necessity of a better knowledge of drugs, and to this end, at the June meeting a year ago, they appointed a committee of three to confer with the committee on medical education of the American Medical Association, and report this year a concise list of the more important drugs and their preparations, to which the examination of all applicants should be more closely confined.

* * *

The importance of a drug to the prescriber depends upon his knowledge of it, of course. *We are familiar* with the drugs that are named in the list that has been decided upon by these two high authorities because we study all drugs, and if I were to print the entire list I am sure the larger part of our readers could, with each of more than three-fourths of the remedies named, pick several

vegetable remedies that their experience has proven to them to be greatly superior to those named. The list names 150 remedies. Out of these there are seven forms of mercury, two zinc salts, four iron salts, two of arsenic; then antimony, alum, silver, copper and lead, chalk and sodium; also ammonium magnesium and the potassium salts. There are six or seven of the potassium salts, when many of our readers know, as in cases of potassium iodide and bromide, the sodium magnesium strontium, or aluminum salts, are often markedly superior. Three or four fluid extracts, as many tinctures, fifteen or sixteen alkaloids, and other than the alkaloids perhaps twenty preparations that are derived from herbs, such as santonine, podophyllin, castor oil, croton oil, male fern, tannic acid, etc.

It is thus to be seen that the entire list of fluid preparations of the plant drugs, except ergot, Belladonna, opium, Rhubarb, Cinchona, Colchicum, Aconite and Ipecac are omitted entirely.

* * *

I am convinced that a much better list than this would have been given by the total profession, twenty-five years ago than is given now, and this proves conclusively that there is no advancement in the profession at large in the study of drugs, but rather a retrogression that is absolutely unjustifiable. It is inexcusable that so valuable and important a list of remedies, so large and easily adjusted to physical conditions as the vegetable remedies, so consistent with the demands of the system, should be entirely omitted, for no other reason whatever than that the so-called Irregular schools have laid so much stress upon them. All this knowledge and its full benefit in relieving disease has been kept from the public by this prejudice. The profession owes the public a debt that it can never repay. It has

committed a crime against the public that is immeasurable in this neglect, and these high authorities who stand behind and support such ignorance should receive the severest condemnation from the profession at large.

* * *

I am intending to undertake to get up a list of 150 remedies, which should have special study, as meeting the conditions of the everyday practicing physician. I believe positively, and I am sure that the larger part of my readers believe, that 150 remedies will cover all the essential remedies, and that these, thoroughly understood in our every specific indication, every possible application, will make the practitioner an eminently successful man.

I am aware that it will be a big thing to ask of my readers to furnish me such a list. Three years ago I asked for thirty remedies. Now I want enough to cover the whole field, and I want reports from at least 500 active practicing physicians of long experience. I shall preserve these reports received from time to time, until I have heard from enough to justify making what we can call an authorized list. Then by proper comparison we can select 150 of those remedies which are most commonly used from all lists, and this list can be changed from time to time until we get one that is accepted by the larger body of our specific practitioners. Ultimately we may have an authoritative list, and that is what we will work for.

A CONSERVATIVE ADVANCED OPINION ON ECLAMPSIA

In the discussion of Puerperal Eclampsia at the American Association of Obstetricians, Dr. Zinke called attention to differences in the cause of Eclampsia, dividing the cases into benign and

malignant, the latter cases being usually complicated by diseases of the liver or of the kidneys. Another distinction in severity the doctor makes, *first*, of those cases which occur during the pregnant term, before the termination of the pregnant period has arrived. In these the mortality of the mother is from 35 per cent to 50 percent, and of the child from 65 per cent to 75 per cent. Those that occur during labor are much less severe, and the mortality of both mother and child is much lower; while in those that occur at any time after the delivery of the child, the mortality is reduced to seven per cent.

The doctor advises a very common sense course of treatment for these cases, and following out the suggestions of the Eclectic school, he depends largely upon our methods, believing that Veratrum is by far the most efficient remedy, relieving blood pressure and controlling rapid heart action and exercising a beneficial anti-spasmodic influence. He avoids active catharsis, and administers hot baths and hot packs, as indicated, keeping the patient in a strict recumbent position and feeding her on milk.

The doctor believes that intelligent care of the patient, with proper adjustment of medicine, is in every way superior to surgery. He says that surgery has contributed nothing to the relief of this condition. He believes in treating the convulsions, controlling them, attending the conditions of labor that need attention, but does not believe in emptying the uterus arbitrarily. He believes the generally accepted rule for urgent delivery is not by any means a good one.

The extreme methods of instrumental dilatations, renal decapsulation and other forceful measures are unjustifiable and should have no place.

On the other hand he believes, as I have urged constantly, that the patient

should have excellent care, prior to the delivery, and that good judgment and discretion go a long ways in preventing complications and serious results. In extreme, threatening cases he has occasionally thought that an early delivery was desirable, and he believes, with other recent writers, that conservative Caesarean section is preferable to intrauterine interferences with forceps.

THE TONSILS AND ADENOIDS

Conservatism in surgery usually follows excesses. In the *Italian Medical Journal* reference is made to the position taken by Steinhardt, that since the time that the general diagnosis of intestinal inflammation has proved to lead to many errors in cases of abdominal disease, a greater error has been made in determining that every abdominal pain was appendicitis, and nothing has been worse than the general adoption of the theory that the salvation of the patient depended upon immediate operation in every case, even on the slightest provocation.

But the profession has awakened to the fact that but very few appendices should be removed; that more harm comes from the incision in some cases than from treating the cases conservatively, and now, as compared with even three or four years ago, the proportion of the operations is very greatly decreased.

In his opinion the surgery of the tonsils and removing of adenoids has come to the same extreme for some time, because of the simplicity of the operation. As soon as a physician discovers that a child has enlarged tonsils or enlarged tonsils and adenoids, he immediately describes a long train of nervous symptoms that has or will come, he claims, from this cause, and alarms the parents into a belief that the most marked

results will accrue from a very simple operation, as he calls it.

Another serious error is a belief that the operation can be performed by any one without any expectation of unpleasant results. Consequently it is undertaken by the inexperienced and often very badly done.

Steinhardt's rule for all physicians is that when it can be proven that enlarged tonsils retard the physical or mental development of the child, medical treatment must be instituted first; and only when that fails should he resort to surgical measures, and then the operation must be performed with skill, care and with completeness. All the tonsillar tissues and adenoid tissues should be removed under an anesthetic.

SMALLPOX SPREAD BY FIRE

The fact that smallpox or perhaps other infectious diseases could be conveyed by fire seems to be inconsistent with common beliefs, as we have been persistently taught that infection is destroyed by fire.

Dr. G. W. Harvey of California, in the Eclectic Review, narrates the following very interesting and indeed vitally important facts:

"While a student in college a physician of some forty years' experience, taking a post-graduate course, told me confidentially that if 'I should ever need work in a hurry to procure some smallpox scabs from some source, and when the weather and wind were favorable, to burn them in the fireplace or in the open air on a shovel of coals, and he would guarantee that in nine days there would be plenty of work for me.'

"I paid little attention to this bit of advice, thinking that the old chap was

either green or joking, for I considered fire the one sure destroyer of all infection and contagion. I did not believe that germs (?) of disease could survive the touch of flame or coal in an active glow any more than the clothing that harbored the contagion could.

"Years passed by and the old doctor and his kindly advice in the ways of getting business had long since been forgotten when the proof of his wisdom was literally driven home and clinched by evidence that was most conclusive. It was this: The quarantine station was a mile southeast of the corporate limits of the town. Five patients were treated and detained there until convalescence was fully established. Every one recovered, and after the nurses, guards and patients were discharged the station was burned and nothing but ashes remained to mark the whilom lazaretto.

"The day upon which the camp was burned was a warm one in April, and the good housewives in town had their windows open airing out the houses. It so happened that at the time there was a gentle breeze blowing from the camp to the town, and several people remarked the odor of burning cloth and refuse. This is in itself very commonplace, but the remarkable thing about it is that in nine days from the burning some dozen cases of smallpox developed in the town, and mostly in the families of those whose houses had windows open toward the camp, and a number of the stricken ones had recently been vaccinated.

"Now let the gentlemen who believe in the bacterial origin of disease arise and explain how it is that the particular germ that causes smallpox can get out of the meshes of clothing and bedding, and even out of an old dried up scab, that is rapidly consuming with fire, and spread contagion more surely than if

let alone. Does the fire make him more virulent, or simply mad, or does it divest him of his outward husk or covering and give him wings that are of use only in the direction of the wind ?

“There is food for thought here. How many epidemics of smallpox and possibly other diseases, as scarlatina and diphtheria, have been spread by the same means? It is very plain that there are some things about contagion that we don't understand yet. Contagion is something more subtle than the omnipresent microbe, and the ancient Mosaic method of washing in pure water everything that has been in contact with disease or death will eventually be found, mayhap, to be the surer method of disinfecting all manner of things, whether utensils, clothing, sick or sound people that have been exposed to disease.”

PREMONITORY SYMPTOMS OF TETANUS

In the treatment of tetanus I am confident that the condition could be handled very much more effectively if the treatment is begun early, but it is common to wait until the tonic spasm is present before any treatment whatever is administered, and all the premonitory symptoms are overlooked.

A foreign writer, Eyler, suffered from tetanus himself, and treated twelve other cases. He paid the closest of attention to premonitory symptoms and gives them as follows: Beginning quite early after the infection there is nervousness, restlessness, wakefulness with distressing dreams, and often some disturbance of the urinary functions, with difficulty in passing water. This is followed with some oppression in the chest. The headache is an early symptom

which soon becomes violent. This distorts the features and there is some inclination to nose bleed and vertigo with excessive yawning, increasing fatigue and an inclination to sweat are present. There is chilliness and darting pains, with the general disturbance.

If a limb has been infected this will swell, and feels hot, with increased local arterial pressure, but there may be no redness; but after perhaps three or four days the lymph channels become red and the region is very tender. At this time a single muscle group will become stiff, and cannot be relaxed voluntarily. The stiffness is only noticed by its immobility, but there is no pain. If there are muscular twitchings, clonic spasms in the muscle group, it is in those of the injured limb first, and the contractions are not painful. Soon other muscular groups become involved, and if the hand is infected the fingers will twitch and tremble and the function of the hand is greatly abridged.

About the third day the muscle stiffness becomes painful. Sometimes the lymph glands are swollen and the inguinal gland becomes enlarged. At the site of the infection there may be nothing seen at first; later this part becomes especially painful and enlarged from local muscular contraction. The maxillary muscles are often, but not always, the first to become rigid. It is because of this frequency the disease is called lockjaw.

The vertigo, which is one of the earliest symptoms, is sometimes so extremely severe that it alone is subject to treatment, with a spasmodic cough and various ocular symptoms. The pulse is very slow and poor. The hearing may be intensified at the beginning, but later there is some deafness and speech is soon disturbed, becoming difficult and slow.

EDITORIAL BREVITIES

Hemorrhagic Pancreatitis.—For several years I have been convinced that acute hemorrhagic pancreatitis is a commoner cause of death from abdominal pain than is supposed. Dr. Keefe reports eight cases that were operated upon with recovery; two were found to have gall stones. The writer believes that disease of the pancreas is often caused by infection within the bile passages. The glands being remote and the symptoms obscure, diagnosis is by no means a simple thing.

Hydrochloric Acid Gastritis.—Excessive gastric acidity from hydrochloric acid is a very common cause of disease, and is an accompaniment of other diseases that could be much more quickly relieved by treatment if this condition was overcome. The condition is more common in males than in females, possibly because of our present business methods. The nervous manifestations are very many. There is depression, mental confusion, irritability, numbness, various faults with nerve sensibility, vertigo and other conditions which seem to be more serious, and dependent upon several causes.

While we are able to relieve the simple cases, it is common that we run across cases that are very intractable with any medicine. For this condition the silicate of aluminum in doses of from twenty to thirty grains in about three ounces of water, taken half an hour before meals, is said to be productive of very excellent results. We are anxious to learn of some remedy that can be relied upon in the severe cases, and if any of our readers have used this, or other remedies, with unusual success we would like to know of it.

Quinine in Carcinoma.—A recent writer says that quinine has a special destructive effect upon simple carcinoma, especially in the early stages. He makes a thin paste of quinine sulphate with water and applies it every other day. He considers it of great benefit. It is certainly worth trying. It might be alternated with formalin or monochloroacetic acid, or some of the other good measures that our writers have suggested during the last year.

Worms in the Appendix.—In our September number we published the history of a case where a worm was found in the appendix. In the Journal of the American Medical Association an article by Dr. Ledyard is referred to, in which the appendix was filled with thread worms, which had caused it to become swollen and painful, but not in a state of active inflammation. No other worms were found in the intestines.

The Caesarian Section Simplified.—Obstetricians, as surgical methods have become more and more perfect, are the more frequently advising the Caesarean operation in complicated cases. At the last meeting of the American Association of Obstetricians Dr. Homiston said that there was less danger to the mother, from this operation, than there was from the high forceps operation, when that method seemed to be demanded, as statistics proved that the cutting operation saved more lives, giving the mother and child both greater chances. It can be performed with rapidity, producing but little shock, is comparatively free from complications, and the satisfactory results are immediate. The author urged his opinion that many practitioners use the forceps needlessly, and undertake the high forceps operation recklessly, forgetting that it is indeed a

major operation. He believes it is more serious than Caesarean section and should be so considered.

Dr. Davis at the same meeting claimed that in performing 78 Caesarean sections he made a small incision midway high above the umbilicus. He now considers this the safest of all operations, the conditions being thoroughly understood. The abdominal wall at this point is thin and stretches easily. There is no escape of the abdominal contents. The wound is away from the site of the greatest strain on the abdominal wall, and the structure of the recti muscles at this point assists materially in closing the wound, and there is greatly diminished danger of adhesion between the abdominal wound and the uterine wound.

Malaria and the Mosquito.—A Mexican doctor writing in the Journal of Public Hygiene agrees with several of our Mexican correspondents, who are convinced positively that the mosquito is neither the only bearer of malarial disease nor positively always the carrier of the infection. Chica believes that there are many of those who are free from mosquito bites who become infected by eating fruits and other food products in their malarial climate, and he has proven this by ridding certain sections entirely of any malarial disease by excluding these fruits.

Other Mexican writers claim that by eating very simple food and paying attention to cleanliness strictly, they may expose themselves to mosquito bites of all kinds in very malarial sections and remain entirely exempt from the disease.

Certainly the final word has not been said on the subject of a certain supposition of the mosquito only carrying the malarial infection.

Yarrow.—While a specific astringent effect is not attributed to this remedy, or suggested as the only line of its action, there are certain fluxes in which experienced writers administer the remedy with much benefit. It contracts the capillaries, relieves local irritation and overcomes passive hemorrhages. It meets the conditions early presented in Bright's disease, and exercises a positive influence on irritations of the bladder, kidney or urethra.

The agent is especially employed with advantage where there is a tendency to passive diarrhea with relaxation; in dysentery, vaginal leucorrhea and in amenorrhea; always where there is lack of tone. In feeble cases with suppression of the lochia it has exercised satisfactory results, and in piles where there is a discharge of a thin, bloody mucus.

Notwithstanding this influence, it is an active diaphoretic given under proper circumstances, and contrary to the action of most of our other available diaphoretics, it can be given to feeble patients, in whom it exercises a tonic influence instead of producing debility.

Preparation for Labor.—Every physician draws his own conclusions concerning the cause of severe labors. Dr. H. M. Little, in the Journal of Obstetrics, of England, publishes an article in which he claims, as I have persistently claimed during the last few years, that the more care that is given to the patient during the pregnant term—the better attention given to the causes of the many little unpleasant symptoms that occur—the less liability there is to severe labor.

When the complications are extreme and unusual, or when there is reason to believe that the child will be a large one, the doctor advises induction of labor a short time before the full period, or

in cases where labor is inclined to be prolonged.

He adopts for this a very simple course, and this is to introduce a large soft bougie within the cervix by the aid of the stylet. The vagina is then packed aseptically and in a few hours pains will occur. He believes that the danger from hemorrhage and infection is slight. He lays a great deal of stress upon the cultivation of the sensitiveness in the fingers, that one may be enabled to determine by the sense of feeling what the conditions are; that he may be enabled to work with the hands, instead of instruments.

I have laid a great deal of stress myself upon the preparation of patients for labor, and I am more and more convinced every day that there is but little need of complex, aggravated, and serious labor conditions. Furthermore, I have persistently argued that labor should be conducted under cover, the patient not being exposed except at the time of any operation, if one must be performed, and the patient must be kept very warm and comfortable. The cultivation of the tactile sense in the fingers is probably greater than any one would believe who has not undertaken to cultivate it, and once cultivated by the operator, he can see much better through the fingers than he can through the eyes.

Ovarian Pain.—We need a remedy for ovarian pain that is devoid of active general anodyne or soporific properties. Because of its specific action upon the ovaries, Pulsatilla has been found to exercise a very soothing and pain relieving influence in pain in the ovaries. Internally, from one-half to five drops, in water, may be given every two hours, and if a small quantity of equal parts of specific Pulsatilla and alcohol be applied over the

region of pain, the *Eclectic Review* says, this will add much in the treatment.

Colonic Flushings.—In the treatment of chronic nephritis with other auxiliary measures, thorough regular flushing of the entire colon is of great importance. There is no doubt that the absorption of toxins from the large intestine exercises a very pernicious effect in this disease, and much of this influence can be prevented by a thorough washing of the intestine.

It will not be sufficient to use a single flushing, but this should be followed by repeated washing, preferably with some mild antiseptic, until the water persistently returns clear. In the milder cases this should be done twice a week; in severer cases every other day.

I am confident that this measure used regularly in Epilepsy, or during the latter stage of pregnancy where eclampsia may be feared, will exercise a most beneficial influence in the prevention of convulsions.

Rectal Ulcer To Induce Abortion.—A writer in the Medical Council claims that among the usual unknown causes for abortions he has discovered that ulcer of the rectum is a cause of much importance. Fourteen out of twenty four cases of deep ulcer occurring during pregnancy had had an abortion, and an operation for these ulcers will prevent the abortion.

The writer believes that the condition is not generally recognized as a factor in abortion and miscarriage; that when discovered one will meet strong opposition to an operation.

That an operation is demanded and should be performed. That there is more difficulty in not operating than there is in operating.

Equisetum.—This was one of the good old remedies of the fathers. It has always been found of much value in suppression of urine or scanty urine, and where there is irritability of the mucous surface of the urinary tract.

The Eclectic Review says that it has been found an efficient remedy in prostatitis. It should be given when there is stinging pain in the glans penis. There is a pain in the base of the bladder and prostate, with irritability of the nervous system, and with suppression of urine. The dose is from five to ten drops.

Application of Heat by Electricity.

— The use of the electric current is a very simple and effective method of applying heat, in a very convenient and persistent manner, over a local inflammation, or to retain persistent warmth, in one suffering from extreme depression, especially after a surgical operation, where ether has been used when the temperature is markedly lowered. I had my attention called to this in 1903 when treating a severe case of appendicitis at the home of an electrician.

While having some difficulty in keeping the local applications hot the electrician suggested the application of a bulb light. This was immediately done with most satisfactory results, as the heat was absolutely uniform for eighteen hours with no change of applications.

If a piece of ordinary wire netting be arched to extend over the body of a patient under the bed clothes and a row of small electric bulbs be suspended within the curve of the arch and connected with the electrical house current, the light heat can be readily turned on, when this is placed over the patient, and the whole covered with bed clothes, and the warmth so induced is not only exceedingly penetrating, but at the same time stimulating and relaxing, as it produces

profuse perspiration.

With a patient who is exhausted from surgical shock, the fact that no disturbance whatever is necessary, and that the patient can be kept thoroughly warmed from the first, makes this indeed a most desirable method of applying heat. It can be quickly extemporized, or provision can be made for its use in hospital wards. It is a method that once known will be frequently used, and probably not superseded. Larger or small wire arches can be prepared for the limbs, or apparatus for local application, as needed.

MISCELLANEOUS ITEMS

Burning of the skin, sensitiveness in distinct areas, especially of the nates and thighs, flashes of heat: Specific Hellebore nig. five drops, water four ounces, a teaspoonful every one, two or three hours.

Heat flashes during the menopause, burning in the skin due to irritation of the great sympathetic, especially active when the pulse is feeble, irritable and somewhat irregular: Cactus one dram, water four ounces; a teaspoonful every one, two or three hours.

In cases of extreme debility after exhausting disease, especially typhoid fever, I have seen very large doses of Nux Vomica produce the most startlingly satisfactory results. Half of a grain of the extract may be given four times a day, and in one extreme case I gave to a young lady who weighed less than one hundred pounds one grain four times a day. The results were simply perfect, but in such large doses it must be used with great care.

Kava Kava in doses of from ten to thirty drops every three or four hours will sometimes regulate the appetite, improves the digestion and restores active nutrition quicker than any other known remedy. As an appetizer in certain cases it is very satisfactory.

Suppression of menstruation from cold, tendency to suppression with debility from chronic disease, gradual decrease in quantity, from ten to thirty drops of Polygonum in hot water every two or three hours, for a few days preceding the period.

As a remedy for jaundice, either in the simple forms or in the protracted extreme cases, no single remedy will exercise a more generally beneficial influence than Chionanthus. It may be given in simple forms of liver congestion, or during the passage of gall stones, or in acute dyspepsia, or in chronic inflammation of the liver, if there is yellowness of the skin. Of course, in some cases, its results are very much more satisfactory than others especially where there is less organic change. The dose is from five to ten drops, repeated every two, three or four hours, best given in elixir or in conjunction with some mild gastrointestinal stimulant.

When there is scanty urine with more or less pus in the sediment, with tenesmus, frequent inclination to pass but little water, with smarting pains, give Chimaphila, ten to thirty drops every two hours. If there is marked weakness of the organs, especially if there is prostatic enlargement, give ten drops of Thuja with each dose.

There are some cases of pyuria which occur during pregnancy that will be

greatly relieved by having the patient wear a firm abdominal supporter, as the condition is probably caused by mechanical pressure.

Hydrastis is a most reliable remedy in uterine hemorrhage, but in severe cases it must be given in large doses. Some physicians have prescribed as high as two drams of fluid extract at a dose. I have found it a very satisfactory remedy in combination with Ergotone for the metrorrhagia of the menopause.

In making applications of iodine it is sometimes better to combine it with glycerine than to use it alone.

In the treatment of carbuncle and anthrax, if the vesicle or pustule be ruptured early and filled with pure carbolic acid the condition may be aborted.

It takes Dr. Abbott to learn of the big things. One of the writers in his Helpful Hints for October, a very interesting publication of his in the interest of his products, narrating the experience of others in long tape worms, thinks that he has broken the record. By the use of Dr. Abbott's Tape Worm Remover he obtained two complete worms, head and all, which the doctor claims by exact total measurements reached the length of 185 feet

EDITOR'S POSTSCRIPT

I would like to thank Frank Ervolino, N.D. for the loan of these journals, part of the library of the late John Bastyr, M.D. They were scanned with a UMAX S8 scanner, using OmniPage Pro by Caere for Optical Character Recognition.

They are offered up to the Alternative Medicine and Herbalist community so that I may learn, you may learn, and we won't have to keep reinventing the wheel. The Eclectic Movement survived for 100 years, the M.D.s that trained in the Eclectic Medical Schools were Vitalists, and prolific writers that shared their observations in the dozens of Eclectic Medical Journals that flourished in the 19th and early 20th century.

Because Eclecticism was a populist medical reform movement, arising out of the milieu and ferment of 19th century expansionism and egalitarian populism, there was a long-standing tradition of posting observations for the WHOLE medical community to ponder and comment on. Wild-eyed observations from isolated rural physicians (perhaps suffering from Medical Cabin Fever) were gleefully mixed with cautious and cogent clinical monographs from elegant silver-backed Old Pros.

One must remember that the Eclectics were a Populist Reform movement in Medicine, who took pride in their anti-authoritarian stance, rebelling against the "regulars" that trained at Harvard, Yale, and Princeton. An editor of the typical Eclectic Journal had to be careful to not over-impose an editorial posture that disallowed the more rabid physician in favor of the conservative essayist.

OUR present concept of a Peer-Reviewed Journal presumes that an editorial committee has passed careful judgment on submitted papers, and only accepted those for publication that meet its narrow field of approval. The Eclectics, for a great part, presumed that the READERS, those practicing M.D.s that read the journals, were the PEERS...and cursed by any prissy editor that prevented the readership from stomping in fierce glee on the inept letter or the ill-conceived premise. Further, Eclectics were famous for keeping EVERY issue of EVERY journal. In such a time of robust clinical experimentation, one NEVER knew when a clinical tidbit posted in the back pages of the Gleaner or the California Eclectic Journal from 16 years ago might supply the PERFECT clinical tip for a problem patient.

We too, must approach an Eclectic Journal with similar expectations: the dumb will be mixed with the brilliant insight, and WE are expected to be the Peer Review. Ellingwood, of course, was an exception in many ways, being considered to be one of the premier clinicians of his day, he put his name on the journal, filled its pages with his observations, and he seemed to have used a heavier editorial hand than many editors. A physician subscribed to the Texas Eclectic in order to join the clinical fray, but subscribed to Ellingwood's Therapeutics in order to see what far-flung wisdom the Old Man was writing about lately.

Remember...Doc (from Gunsmoke) would have been an Eclectic Physician, and such an improbable character as "Dr. Quinn, Medicine Woman" would have most definitely been an Eclectic...Eclectic Medical Schools encouraged women physicians... most of the "regular" schools grimly discouraged such abominations.

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