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EDITED BY
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The National Eclectic Medical Association Quarterly

December, 1915 Volume 7, Number 2

Selected Articles and Editorials

DIPSOMANIA.

AMOS J. GIVENS, M.D., LL.D., STAMFORD, CONN.

Givens' Sanatarium.

There are many varieties of dipsomania, that is, of the ungovernable periodic lust for drink, with, in the interim, no desire for alcoholic beverages, in fact, often a feeling of abhorrence at the mere thought of such indulgence.

A very clever man in the profession has acutely remarked in connection with this disorder, that it is an unfortunate thing that so many scientific persons are so prone to try for one explanation, and to hit upon the explanation by the most unknown quantity that we have, so far as the interpretation is concerned. This comment is made in connection with the effort to "explain everything concerning epilepsy according to Lombroso," or after the manner of Kraepelin, who refuses to see anything else in dipsomania than one of the manifold manifestations of epilepsy. Nevertheless, Kraepelin discusses dipsomania under the general heading of "Chronic Alcoholism," and uses as an illustration a case presenting few of the distinctive earmarks of epilepsy.

That dipsomania in many of its characteristics often resembles epilepsy, no one will deny, yet these cases not infrequently present no typical epileptic disturbances, the excessive periodic drinking impulse being the only sign of the disease. When the latter is the case, the individual, without warning or noticeable premonitory symptoms, will commence inordinate drinking, many times consuming almost unbelievable quantities of beer, wine, or liquor, before the attack expends itself.

In other instances, prodromal symptoms of irritability, anxiety and uneasiness, restlessness, despondency or fear, capricious appetite, and

sleep-lessness are observable. These are characteristic of the epileptic, but so are they also of many nervous affections, indicating departures from the normal.

Again, Cutten, of Yale, in his interesting work, "The Psychology of Alcoholism," disposes of the status of the dipsomaniac by ranking him insane. "Clearly to be classed as a form of insanity," he says, "yet seldom found in an insane retreat, are cases of dipsomania." Yet, as if desirous of somewhat modifying his own statement, he adds, some pages further on:

"No other class of partakers of alcohol is composed of such bright and intelligent men, or men who, by nature and education, are better equipped morally."

The truth is, the taint of epilepsy is discoverable in many instances, and a sufficiently large number of cases present such other symptoms as to perhaps justify the description "periodic insanity." Periodic they certainly are, and, for the time being at least, within the boundaries of that elastic term "insanity," although one is excusably reminded of that eminent English jurist, who, before the House of Commons, remarked: "I have read every definition (of insanity) which I could meet with, and never was satisfied with one of them, and have endeavored in vain to make one satisfactory to myself. I verily believe it is not in human power to do it."

"Experience teaches," says the old adage sagely, and as we grow wiser through an extended and enlarged professional experience, we become more averse to making unqualified statements like Berkeley, for instance, of Johns Hopkins, who, in his "Treatise on Mental Diseases," chapter on the "Periodic Insanities," does not omit a foreword pointing out the relation of these disorders to that borderland of insanity whose inhabitants are sometimes neither fish, nor fowl, nor good red herring.

Dipsomania may, of course, be associated with manic-depressive insanity, with general paresis, with paranoid conditions which sometimes renders diagnosis difficult; with cases, in a word, well adapted to the ministrations of hospitals for the insane, and frequently found there.

It is a mistake, however, to assume that the more usual examples of the

periodic drinker can be most greatly benefited in such institutions. Their mission is primarily to treat another class also, in the majority of cases, directly or indirectly the victims of alcoholism, for there is a vicious circle of alcoholism and insanity, insanity and alcoholism, with affectional offshoots too familiar to the neurologist and alienist to require comment.

The ordinary dipsomaniac is assuredly the product of the past; he is, in other words, an inheritor. It is not without reason that the term "delirium tremens," coined by Sutton, in 1813, preceded by full thirty years that of dipsomania, first used by Swaine Taylor, in 1843.

The almost universal daily use of liquor, and the incidental frequent drinking bouts of the eighteenth century, are matters of history. These habits of general, and often immoderate drinking, persisted in the first half of the nineteenth century, while the excessive use of alcohol, even as a medicine, is yet within the memory of men of middle age.

Delirium tremens, as the result of excessive indulgence, was soon considered by itself, while advancing knowledge of the pathology and psychology of drunkenness, made differentiation of other types imperative. So also a constantly increasing identification went on of the results which the use of alcohol entailed upon descendents, and especially of that inheritance which may be termed the alcoholic diathesis.

It is to this diathesis that the periodic drinker is heir. "Practically all dipsomaniacs," says Carroll, "are the descendents of alcohol-using parents." In addition to this we frequently find, in the immediate ancestry, histories of hysteria, epilepsy, migraine and insanity contributing, as does alcohol, that legacy of insecure equilibrium we call instability of the nervous system.

What form the neurotic taint passed on through inheritance will take seems oftentimes to the observer largely a matter of chance plus the pressure of environment; but let the unrest, the craving for he knows not what of the unstable individual, supplemented by physical and psychical conditions which lower vitality, and tend to bring to the surface all inherent weaknesses, once resolve itself into a periodic thirst for drink, and, like the breaking of a dam and the irresistible onrush of water, his will will go down before his raging and almost unquenchable thirst. At such times, neither regard for himself nor his family, his social

standing or his means of livelihood, will restrain him. Drink he must and will have, though he pawn the clothes from off his back.

The correct statement of two dipsomaniacs, recorded by Prof. William James, well illustrate this state of mind. "Were a keg of rum in one corner of a room," said one, "and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get that rum." "If a bottle of brandy stood on one hand," testified the second, "and the pit of hell yawned on the other, and I were convinced that I should be pushed in as sure as I took one glass, I could not refrain."

The dipsomaniac is far removed from the ordinary sot who befuddles himself day after day with beer and whiskey. Too often, unfortunately, the former may represent the most useful and gifted classes of society. The case of the individual who secretly hid stores of brandy, gin, etc., in his boots, bookcases, sleeves of his coat, and elsewhere, against the time of his temptation when his downfall was complete, the expert in inebriety can easily duplicate. Likewise the dentist in a New Hampshire city, who, gentlemanly in manner and skillful, in his work while himself, yet when overtaken by the drink mania at intervals of several months, became another being, highly irritable and vicious, invariably putting all his wife's clothes in the stove before indulging in his orgy.

Even the moderate drinker may become the dipsomaniac. A specialist before the New York Psychiatric Society, in May, 1909, reported the case of a young lawyer, who, ceasing constant indulgence, became periodically, and in certain environments, obsessed by the desire for alcohol. By the exercise of his will and appropriate treatment, he escaped the usual outcome. Here the psychogenetic factor was the alcohol first resorted to as a social factor.

In some instances the dipsomaniacal periods recur with astronomical exactness. A certain number of days, weeks, or months regularly elapse. In other cases, equally free during the interim from the desire for alcoholic stimulants, the outbursts are variable, and dependent upon exciting circumstances, such as the strain of some important business deal, domestic difficulties, sexual furore, etc. The attacks may occur at increasingly shorter intervals, or remain constant; may be self-limited, or limited only by capacity of the means of getting liquor; may be characterized by complete intoxication or but clouded consciousness;

may end in anorexia, nausea, gastric catarrh, headache and tremors, and gradual convalescence, or lead to a nervous collapse, severe and protracted. Delirium tremens is one of the possibilities and chronic alcoholism in inadequately treated cases.

Adequate treatment, however, offers to the average dipsomaniac a chance which is well worth his while to avail himself of, for the percentage of cures or marked amelioration is not small, considering the nature of the difficulty. Above all else, however, the ministering physician must have the patient under his entire control and for a sufficient length of time to insure results, for the treatment of the dipsomaniac is the treatment of the neuropathic basis, the reconstruction of the physical man, the re-education of his will, the readjustment of his viewpoints. These things require time, and this is recognized not only by neurologists and alienists, but also by jurists and intelligent lay students of these problems. The isolation of the dipsomaniac, the gaining his co-operation, the application of therapeutic measures can best be secured in some institution where special attention is given to this class of cases. Both voluntary and compulsory commitment must be provided for. Connecticut, following the example of England, has wisely enacted laws meeting this need, and provided for a three years' detention if necessary.

The compulsory commitment of inebriates is an advantage secured by law in some other States, notably in Kansas, Louisiana, Pennsylvania, Vermont and Massachusetts. Among the few States providing special hospitals are Massachusetts, Iowa and Minnesota, while inebriates are sent by a number of States to their hospitals for the insane, a very inadequate and unsatisfactory solution of the problem.

Charpentier and Ley, in their papers on "Alcoholism and Criminality," presented at the Twentieth Congress of Alienists and Neurologists of France and French-speaking countries, in Paris, August, 1910, said: "All those who have had any considerable experience with asylums for inebriates, agree in saying that only a course of total abstinence, lasting from six months to two years or more, is capable of effecting cures. . . . Under favorable conditions of time and treatment, 30 to 50 per cent. of cures are recorded."

The dipsomaniac is no exception to this rule of essentials or to the possibility of redemption. Rather is he a conspicuous illustration, and, as

a class, perhaps better worth saving for the community than the chronic alcoholic, both because the former often represents a gifted element, and because the alcoholic deterioration of the whole man is usually less. So Kraeplin maintains, adding that for this reason he presents, on the whole, a more favorable prospect of overcoming the alcoholism than ordinary drunkenness.

The treatment of these cases has been indicated by generalizations, and will not be particularized here, being, in many respects, classic, and above all else, requiring to be individualized. Hardly a month goes by, however, but what new indications are perceived that in all countries the preventive phase of the question is commanding greater attention. Great Britain is making a valiant struggle and with reason. Thirty-three years ago, Kirton, in his little volume, "Intoxicating Drinks: Their History and Mystery," said, "There are in the Old and New Testaments together, 3,566,480 letters. The money spent yearly in the United Kingdom on strong drinks would enable us to place forty-one sovereigns upon every one of the letters in the Bible." Great Britain recognizes that crime, insanity, feeble-mindedness, form the harvest of such investments, and, by issuing fewer licenses, shortening the hours during which intoxicating drinks can be sold, ensuring their greater purity, forbidding, when practicable, Sunday sales, and by temperance teaching, has secured a decline of spirits consumed from 37,000,000 of proof gallons in 1900, to 24,000,000, in 1910.

The Imperial Statistical Bureau in Germany has made exhaustive investigations of the consumption of alcohol by workmen, and is discouraging successfully its use, and the same policy is being actively pursued in the German army. France is following suit. Switzerland has long been a conspicuous leader in this warfare for sane minds in sound bodies, and reported as long ago as 1893 a reduction of at least 25 per cent. in the use of spirituous liquors since the legislation of 1887, when, by expropriation, 1,400 large and small distilleries were suppressed. The recognition by the different foreign governments of the advisability of restrictive or prohibitive measures in relation to the consumption of alcoholic beverages since the war began, is a well known fact. Only in the United States do we find a formidable increase from 14.6 gallons of intoxicants consumed for every person in the country in 1889, to 21.85 gallons per capita in 1909. Also, our importations of intoxicating liquors have more than doubled in twenty years.

The problem of the dipsomaniac, as of all inebriates, is and always must be primarily the problem of the underlying causes producing him, and no other single cause assumes such menacing and formidable proportions as the enormous and widespread consumption of alcoholic beverages.

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PULSATILLA.

H. C. SMITH, M.D., GLENDALE, CAL.

The members of the Eclectic school of practice pride themselves not only upon their general knowledge of drug therapy, but upon the unanimity of opinion within their ranks as to the application of drugs to disease conditions. In this they are like the Irishman's women. Pat said, "Mike, did yez iver notice how much women are aloike?" Mike said, "No, Pat, I niver did." Said Pat, "It don't make anny difference how many of thim yez git acquainted wit', they're all aloike in bein' different from one another.¹ And so with Eclectic unanimity. It rather seems to me that one of the chief pleasures of attending these meetings is in taking advantage of the opportunity to tell the other fellow he doesn't know what he is talking about—so here goes.

The March, 1915, issue of the NATIONAL QUARTERLY contains an article entitled, "Specific Medicine Pulsatilla," the paper having been read by Dr. Frank Webb, at the 1914 meeting of this Society. In the discussion of the paper which followed its reading, the amenities bandied about among the "discussions" were such as would elicit a cheerful snicker from any supposedly benighted allopath who chanced

¹ As mentioned in another journal, Physicians shouldn't attempt dialects-MM

to hear or read them; about the only demonstrable unanimous opinion upon the subject being, "None of you knows what he is talking about, judging from my experience." Is this a fair sample of Eclectic unanimity? I believe that it is, as I could quote pages from the published transactions of this Society to prove the great diversity of opinion among its members upon the subject of drug therapy. I feel perfectly safe in making the assertion that were I to copy one of Dr. John M. Scudder's articles upon therapeutics, written some thirty-five or forty years ago, and reprint it as my own and over my own cognomen, that I would be assailed by many Eclectics as being ignorant of my subject in general, and of specific diagnosis and specific medication in particular. Such being the case, of what real value is our boast of exact therapeutic knowledge?

Dr. John M. Scudder was about fifty years ahead of the profession when he formulated and promulgated the principles of specific diagnosis and specific medication; but that fifty years have elapsed and the time has arrived when Eclecticism should shake off her smug complacency and begin to scramble for a seat in the van of progress, carrying forward and perfecting the work inaugurated by Dr. Scudder, instead of sitting back and shouting, "I am the great I am." "Call an Eclectic and be saved; call an Allopath and die."

This day and generation call for exact knowledge in drug therapeutics, just as they do in the other sciences and the other branches of medical science, and are not going to be satisfied with being told that a certain drug will relieve a certain set of symptoms, but demand to know how and why it does it.

Notwithstanding the fact that Leonard Keene Hirschburg is publishing articles in the daily press throughout the length and breadth of this country, that are manifest and successful efforts to undermine the confidence of the laity in true and legitimate practitioners of the healing art, the great mass of allopath practitioners are not satisfied with their present knowledge of drug therapy, nor are they satisfied to dispense with that form of therapy; consequently, they are awaiting a rational pharmacognosy based on scientific knowledge. At the same time the leaders of that school of practice, while outwardly emphasizing their therapeutic nihilism, are thoroughly studying the few drugs in which they do have confidence, and, in time, will outstrip us in our special line of study if we are not careful. While they are slowly yielding to a

general demand for a more extensive and comprehensive drug therapeutics we may take advantage of our accumulated knowledge in this line and forge ahead to a pronounced and recognized lead, if we only will. The mote in the other fellow's eye and the beam in our own, both are entirely too prominent for the general good of the profession.

However, these aforementioned brethren are not alone in their lack of unanimity in regard to the virtues of the remedy which is the subject of this paper. Baron Stoerck, in 1672, employed pulsatilla for the relief of chronic diseases affecting the eye, particularly cataract, amaurosis and corneal opacities. He also used it for melancholy, palsy, suppressed menses, syphilitic nodes, caries, ulcers, nocturnal pains and indurated glands. It gradually declined in favor thereafter until the Homeopathic school was established.

Wooster Beach, the father of Eclecticism, in 1855, enumerated the uses of pulsatilla as employed by Stoerck and added, "None of the anemones is of much importance in a medicinal point of view, their uncertain and acrid properties preventing their use when better articles can be procured."

John King, in 1864 edition of *The American Dispensatory*, again repeated Stoerck's uses of pulsatilla and added, "It is very seldom employed in practice, except by the Homeopaths."

Stille and Maisch, in the 1879 edition of *The National Dispensatory*, stated, "Pulsatilla has been recommended in amaurosis, etc., but no sufficient ground exists for its use in therapeutics."

The *United States Dispensatory* of 1845 recounts the claims made for pulsatilla by Stoerck: that of 1875 adds: "It is, we believe, a favorite remedy with the Homeopaths." The 1907 edition still further adds: "Pulsatilla has been recommended for menstrual troubles and for affections of the epididymis and testicle. But to attain results it must be given in infinitesimal doses and with a great deal of ceremony." In brief, their conclusions were that its effects are wholly psychic.

Charles D. F. Phillips, lecturer on materia medica in the Westminster Hospital, London, in his *Materia Medica and Therapeutics of the Vegetable Kingdom*, 1879, recommended pulsatilla for practically the same affections as those for which modern Eclectics prescribe it, and

directed by approximately the same symptomatology.

Roberts Bartholow, in his *Materia Medica and Therapeutics*, 1894, gives a very rational resume of the actions and therapeutics of pulsatilla.

Sam'l O. L. Potter, in his *Therapeutics, Materia Medica and Pharmacy*, 1910, gives rather complete pharmacological and therapeutic actions of the drug.

Henry H. Rushby, in the *Reference Handbook of the Medical Sciences*, states: "The clinical investigation of pulsatilla has been neglected by physicians, apparently with little better reason than that it is a favorite medicine with the Homeopaths and Eclectics." All Homeopathic authorities hold pulsatilla in great esteem, Hull's *Jahr* giving six or seven hundred items in the symptomatology.

Scudder, patterning after the Homeopaths, gave it in small doses for its primary effect and held it in esteem as a nerve tonic. Most modern Eclectics prescribe pulsatilla in doses sufficiently large to produce its secondary effects, consequently class it as a nerve sedative.

One or two of the physicians discussing Dr. Webb's paper, insinuated that his results were largely psychological; another said it was through its influence on the medulla; and Dr. Webb said it was through its influence upon the spinal and sensory nerve. While these opinions appear on the surface to be decidedly the reverse of unanimous, to a certain extent they all revolve around the same central idea, and I shall endeavor to elucidate what I mean by this central idea.

Pulsatilla belongs to the natural order ranunculaceae, to which also belong aconite, cimicifuga, staphisagria and some others, and all have a similar action upon the nervous system; but each has a selective action upon certain tissues.

Pulsatilla has a pharmacological action very similar to, and its toxic action is almost identical with that of aconite. Both produce the prickling and numbness of the tongue and fauces, both are rapidly absorbed, and both produce a primary irritation of nerve endings, which is often referred to as stimulation, but this irritation or stimulation is much more prolonged in the action of pulsatilla than is that of aconite, so that if the dose be kept small enough the primary or tonic action of the drug will be

exhibited for a considerable period of time.

Both pharmacological studies and Homeopathic provings have shown the effects of the primary action of these drugs to be upon the circulation through the medium of the peripheral nerves. They have also shown that this action is more especially upon the afferent teledendrons, because beginning toxic doses next affect the sensory nerve-trunk, increasing doses affect the reflex mechanism of the spinal cord, and full toxic doses paralyze the motor nerve-trunks. While all these actions are readily demonstrable as regards aconite, and its effects upon the general circulation are so pronounced that the pharmacological action definitely outlines its therapeutic action, this is not the fact as to pulsatilla. Only the toxic action has proved of a definite nature, and empirical observations have been so glaringly contradictory as to seem wholly at variance and chimerical. However, I believe that we can apply pulsatilla as specifically to pathologic states of the system as we can apply aconite.

In the medulla of the adrenals, the ganglia of the abdominal sympathetic, the paraganglia along the abdominal aorta, the carotid ganglia, the coccygeal glands, the parovarium and the epididymis are certain cells staining brown with chromic acid, called chromaffin cells, and the entire group known as the chromaffin system. Free nerve and blood supplies are always to be found in connection therewith. Irritation of these cells in any part of this system will result in vascular disturbances which seem to stimulate the emotional centers, apparently at the expense of the volitional centers, producing an imbalance between them. The emotions reign supreme while volition and judgment become feeble and warped.

The individual is usually unduly exalted or unduly depressed—these moods having a marked tendency to alternate. The predominating symptoms in many instances are those of fear and worry; the patient being apprehensive of impending evil, often with the fear undefined. If a man, he is afraid to make business ventures, or fears he will lose customers or friends, while at the same time he may be so moody and irritable as to cause his fears to be realized. He is inclined to lack confidence in himself in everyday matters, while he may, at the same time, be over positive as to his ability to handle affairs entirely out of his line of work, and be extremely obstinate in his contentions. If it is a woman, she may be, and usually is, more irritable and erratic than is

her wont, although this is less noticeable usually than the elements of fear and worry. The woman who ordinarily is very well balanced begins to fear some impending evil; fearful as to her husband's business success or personal safety, although there may be no known grounds for her apprehensiveness, or for the personal safety of the children if they are out of her sight, or that they may contract some disease—often without due regard to the fact that there is no such disease prevalent at the time. She may fear for her own safety, carefully examining and re-examining the locks upon the doors and windows. If she has a cut or scratch upon her person she fears blood-poisoning; or any lump in her breast is a cancer—whether she has ever seen Dr. and Mrs. Chamlee's advertisement or not. She is prone to fits of anger, and to weep upon the slightest provocation. In the case of either male or female, if the spinal cord is already irritable, then irritation of these cells will induce convulsive attacks, or the good, old-fashioned hysterical spasms.

I have a thin patient who has a floating right kidney, which carries the supra-renal gland with it in its excursions—persistently violating the Mann Act. Her kidney may prolapse until it occasions her considerable discomfort, but that is all she complains of unless there is pressure upon the supra-renal, when she immediately begins to develop hysterical symptoms—in fact, about every symptom that I have enumerated as likely to be manifested by a female sufferer. The uncertain temper and fits of weeping are particularly prone to manifest themselves at the menstrual period. I have experimented upon her when there were no hysterical symptoms present, by pressing upon the supra-renal and the abdominal aorta and have succeeded in developing a full quota of symptoms in a very few moments. Pressure sufficient to produce this train of symptoms also precipitates an attack of indigestion with gaseous distention and often colicky pains. Frequent attacks in a short space of time soon develop metrorrhagia. The fact that mammary extract more readily overcomes this than any other treatment directs our attention to the disturbing effect upon all the internal secretions.

Recapitulation.—We have a series of chromaffin cells in various parts radiating from the adrenals and abdominal sympathetic. All these cells are in intimate relation with rich peripheral nerve and blood supplies. Irritation of the parts where these cells are located induces a general imbalance of the autonomic nervous system which manifests itself in circulatory disturbances, erratic volition and unstable emotions. On the other hand, homeopathic provings of pulsatilla in minute doses have

developed a great variety of symptoms that are almost identical with those produced by irritation of the chromaffin system. Pharmacological studies of investigators, such as Bartholow, have demonstrated that pulsatilla acts upon the circulation through the medium of the afferent teledendrons. Ample clinical experience has proven that a majority of cases presenting the symptomatology mentioned previously are benefited by the administration of pulsatilla. Consequently, I believe we are justified in concluding that pulsatilla has a specific influence upon the chromaffin system.

It has long been known that irritation of the adrenal will affect the pigmentation of the skin, producing leucodermic spots. Destruction of this structure by tuberculosis or other disease induces the peculiar pigmentation of the skin that is the characteristic feature of Addison's disease. Consequently, it is reasonable to suppose that a more active adrenal medulla will produce a fairer complexion; a less active adrenal medulla a darker skin or complexion. We also know that in diseases or derangements of some of the other abdominal organs there is an increased pigmentation of the skin; so, by putting two and two together, we may conclude that chromaffin cells outside the adrenal medulla also have to do with pigmentation of the skin. This being the case, an individual with a fair skin—a blonde, if you please—has a more active chromaffin system than a brunette has—the fundamental reason for their being blondes—and, in consequence, this system shows signs of irritation more readily in the blonde, and pulsatilla is more likely to be required as a remedial agent.

If this system is atonic it will respond more readily to direct tonic treatment in a blonde than in a brunette, but both pharmacological studies and homeopathic provings have shown that pulsatilla is ultimately a sedative, whatever the size of dose; so I prefer, in this instance, to administer some such remedy as ignatia, which is tonic first, last and all the time.

The principal reason why we recognize the influence of pulsatilla upon the sexual glands, and its specific application thereto, oftener than we do its influence upon the adrenals and digestive organs, is because of our greater ability to recognize disturbances of the sexual glands. In ovaritis, orchitis and epididymitis it is of value because of its influence upon the circulation, but it does not compare with aconite in these afflictions as a reducer of inflammation and temperature.

In administering pulsatilla an exact observation of the sex, color and condition of servitude is not a dire necessity, but the plain, unvarnished fact remains that we find the remedy oftenest indicated in fair complexioned people, and these oftenest of the female sex. If the patient is a male or a brunette, or both, larger doses will be required to accomplish results.

I am not insinuating that pulsatilla will restore a cystic or otherwise diseased ovary, or anchor a floating kidney—we know better. I wish, however, to emphasize the fact that pulsatilla is preventive of diseases of the ovary, adrenal and other such organs, by relieving irritation of the nerve supply and restoring a normal circulation to them before permanent damage has resulted.

**THE HANDICAPPED BABY.
A PLEA FOR ADEQUATE PROPHYLAXIS.**

HARRY V. BROWN, M.D., Los ANGELES, CAL.

When importuned by the chairman of this section to present a paper for the NATIONAL, I fully intended to refresh my memory on some important disease and hand it out to you in the time-honored way. Many times has my desk been strewn with books, as testimonials of my good intentions, yet always the result was the same—unable to convince myself that there was any one disease in childhood of vastly greater importance than another, nor could I believe that those of this assembly were lacking in any material point of information concerning the classical diseases of childhood. The overwhelming thought possessed me that we could well afford to abandon the diseases for the moment and turn our attention to the underlying cause of the weakling. I, therefore, adopted a shotgun policy, hoping thereby to hit a few high points of general interest to the infantry.

One who becomes interested or absorbed in the seed time, spring time, and blossoming period of child life, as we find it to-day in this country, must needs be impressed with the generally unfair environment which prevails for the little ones, from the standpoint of physical growth and development. My attention was recently called to a nursing bottle advertisement which read like this: “When the baby is done drinking it

must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk it should be boiled." Many babies look as though they had been through the boiling process when they arrive, and it is not to be wondered at in the light of the hurly-burly, tango existence which their mothers enjoy from childhood to maternity. This fox-trot pace which has been set for the women of to-day, taken with the fact that they are constantly having more superinduced abortions than babies, are in themselves sufficient explanation for the disparity existing between them and their silver-crowned mothers when tried out in the endurance tests of life. An average mother of the earlier generation produced eight to ten babies and fed them at the fountain of youth, as against one, or possibly a grudging two for the modern woman, and in most instances she either can not or will not nurse the child. The former caused an overproduction at the expense of vitality, and the latter a decided under-production at the very same cost; we have had both extremes and may now hope for a balanced condition in the future.

It has been said that civilization and syphilization are the prime factors in the deterioration of the human species. This statement, doubtless true, is a serious indictment of ourselves and our progenitors. Of the many things credited to civilization, there are many which had their origin in hell and for which the devil alone is responsible. Among those for which we must accept responsibility are: The commercialization of every product of nature which has any known value² (the actual necessities of life being completely cornered), thus demanding more and more of the individual who hopes to exist, and encroaching more and more upon the time which should be allowed for the recuperation of wasted energy. This state of affairs has been brought about so gradually and stealthily, and we are so accustomed to the grind, that it is accepted by most of us as a visitation of Providence. Take a look backward and convince yourself, by comparison, what we are each day requiring of ourselves.

Second, there is the increasing tendency to flock to the great commercial centers, the large cities, where right living and hygienic surroundings are next to impossible. As a consequence, each city becomes a veritable hive of parasites, feeding one upon the other.

Third.—The social requirement of the age which turn night into day

² What a visionary!—MM

and day into night is not the least significant of these civilizing influences. The profession has not yet discovered any successful substitute for nature's sweet restorer. Society has endeavored in many ways to antedate sleep with such articles as high-balls, cocktails, etc., but I am informed that these attempts have proven to be only a very temporary kick with a sudden drop by crisis at the close.

Fourth, the growing lack of the mother instinct in those who are so situated that they could abundantly provide for the needs of child development.

Fifth, the decrease in number of those who nurse their infants, either from inability, from lack of desire, or because of inconvenience.

Sixth, the alarming percentage of children who have recognized or unrecognized tubercular invasion.

These and many other conditions which might be named are sapping the vitality of our people and reflect seriously upon the well-being of the child.

The term "syphilization" means that somewhere down the line some of our ancestors (remote) fell off the gospel wagon and unthoughtfully implanted the ineradicable virus which is now blamed for four-fifths of human ills. What does this array of somber truths mean? It can only mean that every child is born with a handicap, varying only in degree. Fortunately, these handicaps are partially compensated for in an artificial way by the small army of self-sacrificing, philanthropic persons who are devoting their energies to social settlement work, housing for the poor, free employment bureaus, pure milk depots, the advocacy of open air sleeping apartments, State and private sanitoriums for tuberculosis, etc. The one thing which to my mind promises the only permanent results along this line is the "back to the farms" propaganda. It is to be regretted that no definite plan has yet been devised, governmental or otherwise, making it feasible and attractive for the man of small means and a family to till the soil and make a livelihood without the danger of burning out the bearings of the human machine. Speaking on the subject of manual training in the public schools. Superintendent J. H. Francis, of the Los Angeles schools, recently said: "We are trying to put back into the lives of our boys and girls what civilization has taken out of it." All power to this work which has

developed from a fad into a practical means of assisting the boy and girl to find himself or herself, physically, mentally and vocationally.

In some States the restriction of marriage to those who can pass a rigid physical examination is being tried out, but there are many reasons why it is impracticable. It may be, however, that these objections can be overcome by experience and this will become the partial solution of the problem of healthy children, after all. We hear much about the pedigreed dog from those who are too selfish to raise babies. Nevertheless, the work with dogs, if of no other benefit to the world, has demonstrated that blood will tell. Why not devote some attention to the subject of pedigreed babies? A father might well say with becoming dignity, "My boy is eligible to be registered."

At all events, whatever the solution of this question, it must be of a prophylactic nature, and that is the message I wish to bring to you today. If one wishes perfect rosebuds, the proper soil and environment must be selected for the parent plant. All clouds and rain with no sunshine will fail to produce the best type either in the animal or vegetable kingdom. In the meanwhile, it is our duty and privilege to endeavor to correct such deviations from the normal in our little friends as may be brought to our attention. There are certain well-defined principles in child therapeutics, which, if well understood, will make the treatment of each case a mere matter of filling in the details. I recommend the appended formula for your consideration.

1. Correct the errors in diet.
2. Correct all errors in hygiene.
3. Base all medication on specific indications.
4. If you have any with you, give the mother a full dose of common sense, intracranially, at the outset.

DISCUSSION.

DR. H. T. WEBSTER: I think a great deal of this paper is very good, but the doctor mentioned in the beginning the advertisement that said the child should be unscrewed and placed under a tap, and that suggests something that is practical, and that is the unfortunate habit that some people have of bathing babies too much. I have found

that puny babies are bathed too much; they are bathed in too much warm water; their treatment would kill an adult. They are bathed in warm water every day, and where I have not warned the mother or nurse against this I have found that the babies become puny. To give a baby a bath every two weeks, excepting some parts that need it often, is enough.

DR. SAXTON: I fully agree with the doctor that has just spoken. I saw a young lady, twenty-three years of age, that had never had a bath until after she was fifteen, and she was a healthy girl. She was an Esqui-meaux, and she had lived on whale oil and never saw the ground until after she was fifteen. I have had some experience with mothers bathing their babies too much. I have seen babies bathed into the grave. An ordinary amount of bathing is all a baby should have.

DR. HUBBARD: Those who have had very much country practice know that country women especially use pretty harsh means with little infants. It is not uncommon to see women take some laundry soap and give a child a good scrubbing, and they will even take a scrubbing brush. I have seen cases of eczema in little infants caused by using harsh soap.

DR. CARYL: I was quite interested in what Dr. Brown said about getting back to the land, getting out where they could have fresh air and sunshine and plenty of wholesome food—and the very important point of putting common sense into the mother's head.

DR. MUNDY: There is a good deal in this paper put into a very small space, and to discuss it a person needs more than three minutes. I do not agree with some of the speakers as to the bathing of the baby. My small babies are bathed daily. Water never hurt anybody, inside or out. (Applause.) The first thing in the raising of a baby is its food, and the second is sunshine, and the third is bathing. I find more problems in the feeding of the baby than any other thing, and many a time all the child needs is the regulation of the mother's life and the regulation of the child's life, and no medicine. I find as I grow older that I have very many less cases of gastro-enteritis, and I believe it is because the mothers are becoming wiser in regard to the care and nature of the food they give to their children. Many a pale, sick child is benefited solely by plenty of fresh air and sunshine. It is not alone growth. The proper functions of digestion and assimilation must develop. They must develop in function as well as growth, and that is what the food primarily must do. The child is undeveloped, and, by proper supply of food, sunshine, fresh air and bathing, it is developed and made to grow.

I never saw anyone use laundry soap, but one of the worst cases of dermatitis I ever saw came from using a highly scented soap, and one that is most extensively advertised. I use olive oil for the first bath, wipe that off with a soft cloth, and it will cleanse as well as water. I do not use soap unless it is some plain, unscented soap.

DR. BROWN (closing): This discussion demonstrates the fact that you never can tell what you are going to hit when you shoot off a gun. I did not say anything in my paper about bathing the child, but it started something, anyway. As Dr. Munday has said, you can not cover the ground of this paper in three minutes. I simply tried to give a general survey of the situation as I see it in regard to the developing child. I did not say all I had in mind. The question of bathing, however, is very interesting, and my bathing of babies is based on specific indications. If the baby needs cold water, he gets it; if he needs hot water, he gets it, or a bran bath, or whatever kind, he gets it. I think the idea of bathing a baby every day as a regular routine should be based on the condition of the particular baby, and that is why common sense must be the particular element injected into the care of babies. The oil rubs are one of my hobbies, and I find that all weak, puny babies are benefited by oil rubs, and it is as cleansing as water. So far as soaps are concerned, I agree that the less soap you use the better the condition of the baby's skin.

EUROPEAN "TWILIGHT SLEEP" OR AMERICAN, WHICH?

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"Twilight sleep," painless childbirth, scopolamine-narcophine amnesia, or the "I'd rather have a baby than a bad cold" method of childbirth, has been looked upon by we Americans with a large degree of awkwardness, to say the least. Any method or measure foisted upon, or introduced to the medical profession by the laity, and the *Ladies' Home Journal*, we are very loath to favor, much less to adopt. Conditions in the twenty-five years last past, as well as the demands and customs, have made great strides. Conventionalism in times past held men to the fast conventional dress for occasions, while now comfort first is the demand. Tight shoes with extreme heels, a tight corset with no limit, has been replaced by the "comfort first" slogan. Dentistry has caught it. If you ever sat, in your boyhood days, on the floor, with your head between the knees of that august personage, the family physician, posing as dentist for the purpose of the painful extraction of one or all of your dental

excrescences, as I have, you will appreciate the “comfort first” method which dentistry has adopted in this age.

This slogan, of comfort first, and painless childbirth has grasped the women of the gestating group with a strong hand, and what are you going to do about it? It has come to stay. After a careful study it will be perfected in the hands of careful American investigators, until I doubt not, it will be universally adopted. If there is any class of physicians or obstetricians that is capable of handling such methods, it is surely the Eclectic physician and obstetrician, who has a thorough individual, as well as synthetic knowledge of drugs.

It is a foregone conclusion that we have always used some form of analgesia or partial anesthesia in parturition. Chloroform, ether, morphine or H. M. C.³ You have taken great satisfaction in the fact that, while the whole duty of our physician fathers was to sit, on such occasions, demurely in the parlor, nursing the wet end of a cigar, while he let the woman do the work. You have gone them one better by giving, in a special case, a sixth of a grain of morphine, resulting in restfulness, less consciousness to pain, a greater ability to work, a sweeter disposition. As the pains grew stronger, and the effect of the pains became more manifest upon her nervous system, the chloroform or ether you gradually increased, as the case demanded, until with the index finger upon the now tense perineum for the purpose of dilation and support, but primarily to note the degree of advancement of the fetal head, in the process of engagement, then gradually pushing your anesthetic to unconsciousness in the last half dozen pains, when the most vital period in motherhood is consummated. The mother arouses in thirty or forty-five minutes to say, “Is that my baby crying?” or “Is it all over?” and “Doctor, I did not know when it all happened.” But, behold! take notice! There comes a report from Germany that they have been doing the same thing; only that and nothing more? Well, yes; I may say a little more, but they are doing it in the best, but not always safest German way.

Steinbuchel, in 1902, began the use of scopolamine and morphine for analgesia in labor, then reported a series of cases. Gauss, at Freiburg, conceived the idea of strengthening the dose to the stage of amnesia, or loss of memory, and, in company with his associate, Kronig, of the University of Freiburg, evolved the so-called “Twilight Sleep.” This

³ Hyoscine, Morphine and Cactin Compound, an analgesic-anesthetic made by the Abbott Alkaloid Co., widely used by Eclectic physicians and some “regulars”.

method has been more or less studied by the American physicians, with a diversity of opinion as to its rationality, safety and practicability to the American physicians.

Freiburg medical authorities in 1909, at a meeting of the American Association of Obstetricians and Gynecologists, in Washington, D. C., read a report of three thousand cases, with the special technique evolved by them. Many who heard it were impressed—going home to try the new method, of which a report was given at the next annual meeting. This report was in the main favorable. Yet the undisputable fact remained, whoever else could not do it, Gauss and Kronig were delivering women painlessly and with no damage to the mother or child, they shortening the lying-in period, reducing morbidity and appealing to that weakness, of not only women, but men, the desire to evade pain.

In reading these reports one can only arrive at this conclusion: First, that those who had tried it out thoroughly were favorable, and those who had not done so were opposed to it; second, the reports showed that the technique was not carefully observed in the trying out process. It was this human weakness, a desire to evade pain, that caused one woman, after trying out the method, to tell the other, and another, imparting the information finally to American motherhood, until it came out in the lay press commanding the attention of the profession. To-day, a majority of the obstetric institutions in this country are using it in an investigative spirit. Some of these, as the Lying-in-hospital of New York, undertook to show that it was not good. So far after two years, in a hundred cases, the evidence certainly does not make a case against it. Recently, the New York Public Health Department desired an expression of opinion from good authority on this matter.

Harrar and McPherson, of the Lying-in, and Druskin from the Sloane Maternity, reported 60 to 90 per cent. amnesia, 10 per cent. analgesia, and, in some, no effect. It was the experience of all that in proportion as skill and experience in the use of the method increased, it was more satisfactory. In a report of a hundred cases there were two stillbirths, both due to obstetric conditions, which would have more than likely have happened without scopolamine. Dr. Wakefield, of San Francisco, in the March American Journal of Obstetrics, reports its use in forty cases in this spirit, that he would as soon try to operate without anesthesia as to deliver obstetric cases without scopolamine. This drug is obtained from the Scopola plant, while it is similar to hyoscine, it is

not the same; in its effect, it is very different.

As to my personal observation at the Freiburg clinic, I will say it consisted of only four cases, one which had been progressing for two hours, another for four hours before our arrival, and our entire observation being between 6 P.M. and 6 A.M., our conclusion can not be trustworthy. In these cases the technique by the assistant was adhered to very rigidly. Preparing the patient in the ordinary way, bath, enema, vaginal irrigation, etc. Then pains being five minutes apart, lasting one-half minute, a one-hundred-and-fiftieth grain of scopolamine, and a one-sixth of a grain of morphine was administered. In one hour, if much memory remained, a two-hundredth of a grain of scopolamine was given. In one hour, if loss of memory was not complete, a two-hundredth of a grain of scopolamine was repeated. When the case advanced, head bearing low down, engaging, a very small quantity of chloroform was administered. In one of the four cases forceps was used. The case being one with short pelvic diameters. One baby of the four (and that one was the forceps delivery) needed some resuscitation efforts, which is very often necessary in instrumental delivery, as you know. These cases were conducted in small individual, well ventilated, darkened, quiet rooms. The condition of the patient about as follows: The faces of all were flushed, quickened pulse. Two did considerable incoherent talking during pains. Three strained with the pains very perceptibly, and two had about five minutes' chloroform inhalation at the least. Except the one, the babies cried, at least, in a minute after birth. Mothers sleeping from one to three hours after delivery. The most profoundly amnesic were longest sleeping. All through the process co-ordination was tested occasionally, and the memory was tested every thirty to sixty minutes. It is true that a close watch of the patient is necessary, as you can not always judge of the degree of advancement from appearance or symptoms of pains, except with the index finger, and the child may be born before you expect.

It is not desired that every symptom of pain should disappear. The patient is awake during pains. Gauss laid much stress upon the fact that if all evidence of pain is banished, it would mean that the patient was being overdosed. If there was any noise, the ears were muffled. If light, artificial or natural, the eyes were muffled. In the after treatment—Gauss allowed passive motion on the first day after labor, and the patient gets up on the second day, he told us. Involution surely progresses more rapidly, and the patients are in a much better condition

to sit up early than with the usual method.

In the last year I have used the above on six women, four primipara. No stillbirths. Two of the six having a slight recollection of the occurrence. Kept all in bed eight or nine days. All did well and seemed to recover from the shock quickly, it being too slight to be so termed. In this one phase it is much preferable to the old method. As to asphyxiation of the infant, I believe there is a limit and a danger line in the administration of all drugs in these cases. What is there about this that you and I can not do? Nothing. What is there in "twilight sleep" that can not be done in a well regulated home? Nothing. If you have nothing better, try it. As you can not get the Hoffman form of scopolamine, use P. D., made from Merks' preparation, and you will find it reliable. If you are timid use less dose of scopolamine, or farther apart. The one-sixth grain of morphine will be a benefit to most any case you could mention when pains are strong and five minutes apart.

The success of the method in your hands or mine, depends on your close adherence to the technique, which is about as follows: When pains are five minutes apart, lasting one-half minute, give one one-hundred-and-fiftieth grain scopolamine, one-sixth grain of morphine, or one-half grain of nar-cophine hypodermically, in hip or buttocks, using separate syringes for the two solutions, or cleanse thoroughly with hot water after using each. After one hour, repeat scopolamine, 1/200 grain. Never repeat the morphine unless there is extreme restlessness. Test the memory and co-ordination every forty minutes or hour to see if the patient remembers some object which has been shown her before the first injection. If memory is good in one hour after second injection, give scopolamine 1/200 grain. Test memory frequently and give just sufficient scopolamine to keep patient under its influence. Pulse should be registered every two hours, and fetal heart occasionally.

Evidence of pain should always be manifest during pain, by the ordinary expression of pain. Room quiet absolutely, fairly dark. In final pains small quantities of chloroform inhalation can be used to good advantage. Amount of medicine necessary in ordinary primipara, 1/6 grain morphine. Three injections of scopolamine one 1/150, two 1/200 grain. Give slight amount of chloroform if needed. The great argument against this method is that it prolongs labor, but, on observing one hundred cases where scopolamine was used, the average duration of labor was two hours shorter than that in one hundred cases of the same

type without scopolamine. After waking, if amnesia has been satisfactory, she will have no recollection whatever of what has happened after the second injection, and thinks her pains stopped. Only her change of shape, and your explanation can convince her.

Finally, my brethren, let us consider if this method be worth while. Safety of mother being first; second, the life and welfare of the child; third, the last, but not least, your satisfaction in knowing and doing the best that any man in any country can for his client, and the everpresent tendency for you, the medical leader in your vicinity, to supply the demand of the people, which has been proven to be the greatest key to success in any line. First, in this final summary, we will have this understanding that until we have thoroughly tried out a thing, we have absolutely no right to condemn it. This method is not dependent alone upon German authority, but better in thousands of cases in the hands of Americans in this country. We first conclude that there was less than 2 per cent. mortality in mothers one hundred years ago. From natural causes and other causes, a total of 1/2 of 1 per cent. less in recent time, does not look bad for modern methods. Try it by first asking the mother if you may use “twilight sleep” methods, and explain it to her. She will consent. She will be pleased and tell it.

In considering the second proposition the gap is too broad, for I believe the day is here, when any physician who condemns these measures, one and all, which are for the relief of suffering parturient women, when not contraindicated (which is only one in a thousand), should be barred from practice. Anyone with a heart must know how a mother suffers, too much at the very best, and shrinking from the same has played no small part in reducing our birth rate. Vitality and force in the woman becomes exhausted in prolonged labor. The mechanism of labor is disturbed by pain, and pain produces shock.

As to the third proposition—child life and welfare—two blue babies in a hundred cases. Is this not a little less than the ordinary? Have you not had some very unpleasant experiences when the ordinary methods were employed?

Fourth: May it be said of the Eclectic physician, whose pride is in his knowledge of drugs and in his rational methods, that he is in the forefront of advancement on any line that will reduce pain, reduce mortality, reduce the pain of motherhood to a dream, and supply the

demands of the age. But first let us prove all things, choosing that which is good, and come back here in one year with some reports on the above method.

DISCUSSION.

DR. A. J. ATKINS: In this connection, there is a question that ought to come before not only this convention, but before every doctor in the United States, and we would like to have it threshed out here in this convention and get your opinion. We want you to state absolutely what your experience has been with European Twilight Sleep. Is it European or American? It was introduced in Freiburg, Germany, by Kronig and Gauss. McClure's Magazine had quite an extensive article about it recently, calling attention to this wonderful German discovery. Dr. Wheeler, down at Healdsburg, just a plain Eclectic practitioner, was giving H. M. C. years ago, a very similar formula. Abbott's man happened to visit Dr. Wheeler, but he said it would kill any man who tried to introduce it. Dr. Wheeler is a graduate of the California Eclectic Medical College, and, as I knew him, I became interested and used H. M. C. in my practice. The product was prepared by the Alkaloidal Company, of Chicago. Dr. Wheeler wanted the Abbott people to make it, but they refused; he insisted and they did make a few tablets. One of Abbott's men tried it, and now they claim H. M. C. as an absolutely original discovery. Now hyoscin and scopolamine are near neighbors, and now we have this wonderful discovery from Germany. Whenever a magazine like McClure's gets hold of a thing of this kind and exploits it, the public wakes up and takes notice. What we want to know is what is your attitude towards twilight sleep; we want to know your experience with hyoscin, morphine and cactin.

DR. T. L. SHARPE: I thought 80 per cent. of the Eclectic physicians had been using H. M. C. I have been using it for ten years and I think it is great; hardly ever a case but what I use some of it. I think it is due a woman to relieve her suffering all we can, and if any of our Eclectic physicians are not using it they ought to commence to use it. I suppose it can do harm, but I have used it for ten years without any harm.

DR. COATES: The feature of this subject that we want brought out is the technique of using it. I have used it a few times and I did not use it at the beginning of labor. I understand this "Twilight Sleep" treatment is at the beginning of labor. We want the technique. Can we use it at the beginning of labor and relieve the pain all the way through labor? We hear a great deal about "blue" babies in the use of this treatment. What is your experience in that respect? In my experience, when I use it late in labor, the babies are blue.

DR. W. N MUNDY: Three minutes is too short a time to discuss the subject of twilight sleep. It is used in the early stages of labor. Blue babies are caused by the use of too much morphine. In the Freiburg method they use narcophene in addition to scopolamine, and after that the morphine is dropped and scopolamine is used, according to the patient's mental condition. Remember, the twilight sleep does not produce a painless birth. It is not analgesic, it is amnesic, and the repetition is guided by the patient's mental condition and not her insensibility to pain. Formerly, we used twilight sleep in the last stages and accomplished it with chloroform. Twilight sleep is not very practical in general practice. You need a hospital, you need trained assistants, for, in the use of twilight sleep the fetal heart sounds must be constantly listened to. It needs the constant attention of the physician, and you will find with twilight sleep the length of labor is from eighteen to twenty hours. In my practice my labors only very rarely run to eighteen or twenty hours. I am a firm believer in painless childbirth, but not with twilight sleep. Every patient does not bear scopolamine well, and even those who advocate it say that it produces a condition of irritation in the patient so that at times it is necessary to have two or three attendants to hold the patient in bed.

DR. F. M. ANDRUS: As I understand it, it is the narcophene which puts the patient into the condition of irritability. I am afraid, with some of your Jewish patients, it would take more than two attendants to take care of them. It looks to me like the rich man's way of getting through. I do not believe I have very many people who could afford to pay me to stay, even if I knew how to use it.

DR. A. S. TUCHLER: The great trouble is that this combination of drugs which produces a somnolent effect upon the patient has really been found by an Eclectic practitioner, Dr. Wheeler, but we are too prone to be backward; we do not make our findings public. It is the other people who get the publicity in the lay press and they get the cream. We ought to be more pugnacious, and, if we have a good thing, bring it to the public notice. It is not too late yet to bring that matter before the public as it should be, because this is a very important discovery. But this twilight sleep proposition must be very carefully handled. In my experience, I find that blondes can stand very little scopolamine. My habit is to use half strength at the beginning of labor, but you can not use it in every case. You had better fight shy of blondes and those who use liquors of any kind, or you will have to have two or three attendants to hold them down. Temperament must be taken into account. I find those of bilious temperament take it better than those of a nervous temperament.

DR. W. E. DANIELS: There seems to be confusion between twilight sleep and H. M. C. As I understand it, they are different. I do not believe it is safe to use these in a country practice unless you have a trained nurse. I care not what drug it is, anything that will reduce your circula-from 65 to 40, and your respiration from 20 to 12, is not a very safe remedy to use, and I do not believe that in ordinary practice it can be used with safety.

DR. C. M. CHANDLER: I have had some experience with H. M. C. tablets, and I have three indications for it. In the first place, strong pains, then rigidity and nervousness, and in almost all these cases a No. 2 tablet will relax the nervousness and take the edge off the pain so they can bear it. Seldom do I have to repeat it. I agree that it should be used early. The only time I ever saw any effect on the child was when it was used late.

DR. H. C. SMITH : The influence of twilight sleep, H. M. C., narcophene, or any of these things is depressing. Hyoscin and scopolamine are the same, only hyoscin is obtained from hyoscyamus, and scopolamine from scopola, so the effects are identical, whether you use it as morphine or narcophene or hyoscin or scopolamine. Scopolamine and hyoscin have another effect on the respiratory centers, and as soon as it gets into the blood stream it affects the respiration of the child as well as the mother. If there is anything about this but a dangerous experiment, I can not see it. I used it about eight years ago first, and I had the same experience in both cases.

DR. JOHNSON (Nebraska) : I have used H. M. C. for eight or ten years. I believe that the twilight sleep may be produced from H. M. C., and while I believe scopolamine is dangerous and should be used only in hospital practice, I believe H. M. C. may be used in the country to great advantage. In my practice I have never experienced any trouble. However, I select my cases; I give it only to the nervous, fretful women who are inclined to shrink from the pains.

DR. LEE STROUSE: Just before leaving home I saw a piece in the paper, a report from the Cook County Hospital on twilight sleep, where they had lost nine cases. I do not know whether this was the babies or mothers or both, but it seems to me it would be entirely unsafe to use such a remedy.

DR. WM. P. BEST: I do not know just what has been said relative to the use of these drugs. I have had considerable experience with them, but there is one thing we should not lose sight of, and that is if you allow your patient to be annoyed, either by noise or light, you will have the condition of extreme nervousness mentioned. These drugs

produce a hyper-esthetic condition of the nerves of hearing, and every sound is exaggerated, which makes the patient nervous. Our method is to stuff their ears with cotton, darken the room, keep people away so they can be quiet. In the administration of this remedy I have witnessed two cases in which the child was born in a condition where he thought death would follow. In cases of confinement it requires great discrimination and you must watch your patient. I do not believe it is safe to give a woman a large dose and go away and leave her unless you have someone who understands the remedy to leave in your place.

DR. E. H. STEVENSON : In this treatment, it is like everything else, it is used empirically and we get bad results. As Dr. Best has just said, it is a good remedy if used properly, but it must be used carefully. I have been using it ever since it was called to the attention of the profession by the Abbotts, and I have had good results. But I have made no attempt at complete anesthesia, and there is where you should put down a pin. With a nervous, irritable woman with a rigid os, no dilatation, where she is trying to bear down and there is no living in the room with her, a small dose will be helpful, and then later, you can give another small dose if necessary, and otherwise terminate your labor under the use of our long-tried remedy—chloroform—and you will get your patient through in very good shape.

DR. T. D. ADLERMAN : In the New York hospitals, in Bellevue and some others, they have proven that some cases have been followed by insanity when the Freiburg system is used. There were four cases that I knew of, consequently, those who are using this particular remedy would better look out a little and go slow. I also know of a few cases where the children were rather backward in mentality.

WILL INSANITY CONSUME THE JEWISH RACE?

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

The study of nervous and mental diseases as it applies to the evolution, progress or decadence of any nationality, or race, or people, presents so many distinct and peculiar phases and manifestations that it is almost impossible to do justice to the subject in the rather short time and space allotted to me in this paper.

It is a well-known fact that many nationalities are more liable to certain diseases and more prone to suffer from the results of these diseases than

others. This rule seems to be particularly strong when taken in connection with neurology and psychology. This is nowhere so strikingly appalling as in the Jewish race. The predominance of nervous diseases among them has led me to take up the study of this particular subject, and the present paper is a result of the same. I am ready now to make the positive assertion that no race suffers so much from nervous and mental diseases as do the Jews. Statements and claims have been made by some of the most prominent neurologists, that nearly all, if not all, of the Hebrews are either neurasthenics or that they are hysterical.

While prolonged investigation into this statement has led me to take it *cum grano salis*, still I can not help but admit that these two diseases appear in such vast numbers that I am not surprised that men like Tobler produced proof and statistics which seem to show that nearly all Jewish women in Palestine are suffering from more or less hysteria. Neither am I surprised when Raymond goes even a little further and shows us that in Warsaw, Poland, there is not a Jew to be found who is not either a neurasthenic or hysterical. It seems to me, however, that both of these investigators are mixing up the purely emotional sides of the nature of the Jew with hysteria and that many of their cases were temporarily emotional from certain peculiar environments.

The great Kraft-Ebbing called our attention to the exceptional severity with which the Jewish population of Germany and Austria has been attacked by all kinds of nervous diseases. This claim can not be doubted and has since been fully substantiated by Oppenheim, Ferrie, Charcot, and others. In my own practice, the percentage presented by patients of the Jewish race and extraction is very large. The proportion of insane among the Jews is also very appalling, and statistics clearly prove that they are far more liable to insanity than any other nation, and the different statistics in this respect are rather remarkable.

In Italy, according to Lombroso, we have one insane Jew in every 391; thus it appears that the Jews are affected four times as much as the Catholic population. To quote another authority, we find that in 1870 there was one insane among every 1,775 Catholics in Italy, while among the Jews in Italy, at the same time, we find one insane in every 384. The same alarming and rather peculiar condition was found in other countries of Europe. For example, in Prussia in 1880, in every 10,000 population we find Catholic insane, 12.37; Protestants, 24.2; Jews, 38.9. In Hanover, Catholic insane per 10,000, 30.8; Protestants,

29.2; Jews, 62.9. In Silesia, per 10,000 population, Catholic insane, 19.3; Protestants, 22.1; Jews, 32.1. In Bavaria, in 1885, per 10,000 population, insane 16.4; Jews, 27.19. A very much similar condition was found in Russia, and here I am quoting from the proceedings of the "Twelfth International Medical Congress," which gives Russian insane, 0.91 per cent.; Poles, 0.92 per cent.; Jews, 2.19. In the Vienna Psychiatric Clinic, out of 1,219 insane patients treated there, 10.99 per cent. were Hebrews, out of which 64.9 per cent. were men and 35.1 per cent. were women.

In New York City, according to Hyde, who collected the statistics of the admissions of Jewish insane to different asylums from December, 1871 to 1900, out of 17,135 male insane, 1,722 (or 10.05 per cent.) were Hebrews, while from 1895 to the year 1900, out of 3,710 insane patients who were admitted to the different insane asylums of the city, 573 (or 15.44 per cent.) were Jews.

In England, for example, from statistics furnished by Beadle, it can be readily seen that the Jewish men suffer very much from dementia paralytica (21 per cent. of all male insane suffered from this particular insanity), and, taking in consideration the difference in numbers of the Jews as compared with the non-Jewish English, Beadle comes to the startling conclusion that dementia paralytica is 60 per cent. more frequent in Jews than among Gentiles.

Somewhat similar deductions are drawn from statistics which are furnished by Hirschi, who shows clearly that among his 200 cases of paralytic dementia, 40 were Jews, or 20 per cent. of his cases.

In the city of Vienna, statistics show that 18.75 of all paretics are Jews. From statistics furnished by Minor, of Moscow, Russia, we see that general paralysis of the insane was about six times more frequent among the Gentiles than among the Jews. While this is quite possible, it can not be taken as a rule, inasmuch as most of the nervous cases furnished a previous history of syphilis, a disease which is very rare among the Jewish population of Russia, which explains in a way the low percentage of Jewish paretics there.

In contradiction to Minor, we find Korsakoff furnishing us with a record of eighty-nine Jewish patients, sixty-nine of which had paralytic dementia. The acute psychoses are also very predominant among the

Jews. Insanity following childbirth, puerperal mania, is more common among Jewish women than among women of other races. Melancholia is also a very strong factor and seems to predominate in many cases.

In conjunction with this, I must say a few words here in regard to paralysis agitans. This disease is certainly very frequent among the Jews. Kraft-Ebbing reports thirty-two cases out of one hundred to be Jews. If you will take in consideration that the Jewish population of Austria Hungary is only about 4 per cent. of the total population of that country, the thirty-two cases of Kraft-Ebbing becomes appalling as it becomes eight times greater than the proper proportion. The same fact in regard to paralysis agitans has been demonstrated in Russia among the Jews of that country, where it was found that paralysis agitans was three times more frequent among the Jews than among the Christians. With the above facts in front of us, two questions naturally come to our mind: First, what are the causes to which we can ascribe these particular ravages among the Jewish race?

This we can answer that we must remember that the Jews are dwellers of cities, that they partake abundantly of meats, and exercise their reproducing functions rather freely; second, that their occupations are mostly of such a nature as to require exhaustive brain work and brain strain; third, the peculiar conditions and environments to which they have been subjected for centuries, the persecution and abuses, which have produced a marked neurotic influence and taint, which in the natural course of things has been followed by functional derangements of the entire nervous system, and which, in course of time, became hereditary and have been transmitted from one generation to another, producing ultimately nervous degeneration, which accounts for the cases of tabes, paralytic dementia, paralysis agitans, etc.

I do not agree with Bushan and some other writers who claim that insanity is a racial characteristic of the Jewish race. It is true that some evidence of this is found in the Bible, that the ancient Hebrews suffered from mental troubles; but this can not be considered as scientific evidence. The fact must not be overlooked that a neuropathic tendency of one generation may manifest itself as hysteria, while in another generation it will come up in the form of some organic or functional nervous disorder, and then in the form of some insanity.

The second question which arises now is this: Will the Jewish race be

consumed by insanity if this ravage makes the same strides as it has made till now? This question I can not answer just at present. It will require further study and more investigation before we can come to a positive conclusion. The figures quoted above, however, are appalling and staggering and should awake us to the means of combatting this scourge, as they also apply to a great many other nationalities.

The danger from insanity is more horrible, more apparent, more close to us than any of the other diseases which we, as doctors, are fighting daily.

910 St. Johns Place, Brooklyn, N. Y.

DISCUSSION.

DR. A. J. ATKINS: I have had in my personal experience a great many Jewish patients, and I have noticed this one particular condition—the mental or nervous condition that exists among them. They are usually very nervous and anticipate everything. In my opinion, I think that is largely due to the fact that the Jewish race have intermarried so closely for thousands of years; but, as the doctor points out in his paper, we are not discussing the Jewish race—we are stating cold-blooded facts. One of the important factors in my mind that leads up to this extreme nervousness and perhaps insanity, is the close intermarriage of that race. The Jewish race has very largely isolated itself from contact with the laws of nature. They have been persecuted and have had to develop their commercial instincts to a high degree, and under these conditions they have become financiers and have not observed nature's laws and they are reaping their reward in insanity to-day.

DR. W. E. DANIELS: I would like to ask if the doctor finds that the moral condition has very much to do with the mental condition. Does the immorality in the Jewish nation have a tendency to produce insanity any more than any other people?

DR. F. M. ANDRUS : I wonder if some of the peculiar rites of the Jews might have something to do with it. Perhaps orificial surgery might benefit them.

DR. ADLERMAN (closing): I am not prepared to talk much about intermarriage. Perhaps it may have something to do with it. Those who know the history of Africa and know the history of the negro race know that intermarriage exists there to-day, and yet they have no insanity among them. The history of Australia shows

intermarriage among the bushmen there and they have no insanity. Whether this will answer Dr. Atkins I do not know. Intermarriage may have something to do with producing a certain nervous taint, but whether that will produce insanity is a question in my mind. I am willing to admit that if a nervous father marries a nervous mother the issue probably will be nervous. But when you take an ordinary individual, whether Jew or Gentile, you can not say that intermarriage will produce insanity directly. It may produce a nervous taint, a certain neurosis, but I doubt whether it will produce insanity.

Dr. Daniels' question in regard to morality is a big question, too big to answer. In the first place, what is morality? I do not know what Dr. Daniels means by morality. I do not know what morality is. What may be morality in one section is immoral in another. I would consider it immoral if my wife would dress in a certain way, but we go into the Metropolitan Opera House and we do not consider it immoral to see women dress as they do there.

The Jews are no more immoral than any other race. They do exercise their productive functions very freely, but even then a man may exercise these functions freely, and if he will not abuse alcohol or a meat diet it is a question whether that will produce insanity. The term morality, as we understand it to-day, I do not think has much to do with insanity.

The question of Dr. Andrus, in regard to orificial surgery: Some years ago the statement was made by Dr. Dawson that he could cure any case of insanity by orificial surgery. I said if he could do that he was wasting his time in Kansas City; New York needs him. The reflex irritation may have an effect in developing insanity, but do not think you can cure it by orificial surgery. You can remove the reflexes, you can perform certain orificial surgery, but still we have our 2,700 women in our asylum and as many men in the same institution after a great many men have tried their hand on these cases. If you find a reflex condition that requires surgical treatment, of course remove it, but orificial surgery will not cure a case of insanity. If you think this you will be disappointed.

DR. E. B. STEVENSON: Has not the Jewish race a very low percentage of criminals?

DR. ADLERMAN: No, I think it is about the same as among other races, especially since the great immigration from Europe. When the number was limited the percentage was very small, but to-day we have statistics that will show that the average is about the same as other nations.

OIL ANEMOPSIS (BARNES), A NEW REMEDY OF VALUE IN CATARRHAL CONDITIONS.

J. FRASER BARBRICK, M.D., LOS ANGELES, CAL.

Historical.—The plant *Anemopsis Californica*, of the natural order Piperaceae, is a native of Southern California, Mexico, and some parts of Central and South America. Its medicinal properties and healing and curative virtues are well understood and it is much used by the natives of the sections in which it grows; and as the “Yerba del Mansa,” the “mild herb,” or “herb that mitigates,” that is, cures, it has been used for years by the Mexicans as a domestic remedy for colds, coughs and bowel troubles. Under the name of water plantain it was first brought to the attention of the Eclectics of Southern California, by Dr. Ovid S. Laws, sometime professor of specific medication and diagnosis in the California Eclectic Medical College, Los Angeles, California, and was introduced into Eclectic medicine by Dr. J. A. Munk, as a new remedy for catarrh, and through his efforts was added to the list of specific medicines.

On the strength of Dr. Munk's article, “*Anemopsis Californica*,” read before the Los Angeles County Eclectic Medical Society and published in the California Eclectic Medical Journal, February, 1909, I began the use of the remedy in my private practice and college clinic, and while I became enthusiastic as to its value, I was not satisfied with the aqueous, glycerinated, and oily solutions of the tincture which we were then using for local application, because of their somewhat irritating action in some cases and slightly painful or unpleasant sensations in others, due, I believe now, to the menstruum and not to the remedy. Later, during a talk with Prof. S. O. Barnes, botanist and chemist of Gardena, I spoke of the above disadvantages and discussed with him the possibility of overcoming them. As a result of my suggestions, Prof. Barnes took the matter personally in hand and in due time perfected a bland non-irritating emollient preparation, oil anemopsis (Barnes), which I have been using with the utmost satisfaction the past two years in my nose, throat and lung work.

Preparations.—Oil anemopsis (Barnes) is made by digesting and processing for a definite period the powdered dried root of *Anemopsis Californica*—Spanish Yerba del Mansa—with a neutral petroleum oil of high grade at a temperature of between 65° to 71° C., 150° to 160° F.

Besides oil anemopsis (Barnes), an anemopsis lozenge or wafer, which will be found convenient for throat troubles and for internal administration, is manufactured. Both preparations are put up and supplied to the profession by Sewall O. Barnes & Sons, manufacturers of physicians' supplies and pharmaceutical specialties, Gardena, Cal.

Properties.—Oil anemopsis (Barnes), is antiseptic, anti-blennorrhagic, bactericidal, deodorant and emollient, with soothing, healing, mildly stimulating and slightly astringent properties when applied to inflamed and congested mucous membranes, granulating surfaces, old sores, and open and bleeding wounds. It is a stimulating expectorant, a mild diuretic and diaphoretic, a urinary antiseptic and vesical sedative, an aromatic and tonic stomachic, carminative and sialagogue, and especially valuable as an anti-fermentative and intestinal antiseptic.

Action.—Dr. Munk, who probably is more familiar with the medicinal properties and therapeutic action of anemopsis as a whole, than any of us at the present time, gives the following as its action, manner of use and indications in nasal catarrh:

“When the spray first touches the Schneiderian membrane, it causes a decidedly warm, not to say painful, sensation—the painful or irritant action is absent when oil anemopsis (Barnes) is used, which excites a copious secretion and discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away and with it the full, stuffy sensation in the head, which always accompanies catarrh or colds. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established. It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer constantly charged, ready to use in emergencies, and employ it promptly and freely on the first hint of a cold, which usually ends the attack. From one to half a dozen applications can be made during the day, according to the nature of the case. As a rule, an acute attack yields quickly to the remedy, but a chronic case naturally requires more time to effect a cure. In applying the spray, the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth, and the spray thrown directly into the post-nasal space, pharynx and larynx. The taste of the medicine is not unpleasant and if any of it is

swallowed during the act of spraying, no harm can possibly result, as it is intended for both local and internal use. I have administered anemopsis almost exclusively for catarrh of the nose, but do not doubt that it is healing to all mucous surfaces. I also give it internally for cough and cold in the chest, with good results, and I find it beneficial in catarrhal conditions of the alimentary tract.”

While the foregoing quotation from Dr. Munk's article referred to the use of anemopsis in the form of an aqueous, glycerinated, or oily solution of an alcoholic tincture of the remedy, it applies equally well and even better to oil anemopsis (Barnes), which has all the virtues with additions, and none of the previously mentioned disadvantages for local use of the older preparations; and its field of application and beneficial results are, therefore, correspondingly enlarged and increased.

Uses.—Oil anemopsis (Barnes), has its most useful field in diseases of the mucous membranes, especially in catarrhal conditions of the respiratory tract. For nasal affections it can be used freely as a spray or nebula or on tampons and packings. As a dressing and post-operative treatment after intranasal operations, I have found it invaluable. In atrophic rhinitis and ozena, it has given me more satisfaction than any other treatment I have thus far used. It is in these troubles its disinfectant, antiseptic, stimulant, deodorant and healing qualities are so well demonstrated. In such cases, for the removal of scabs, crusts, etc., I pack the nasal cavities carefully with gauze or cotton saturated with the oil and allow it to remain from fifteen to twenty minutes. On removal of the packing or tampon. the nasal mucosa will be found bathed in secretion, which has loosened the crusts and scabs and made their removal without trauma or abrasion, easy. The nasal passages being now thoroughly cleansed and freed of all diseased and irritating material, I carefully massage the mucous surfaces with a cotton-wound applicator dipped in the oil, after which the cavities are thoroughly sprayed with a heavy oil spray and the patient is instructed to use the oil spray at home twice or three times daily, reporting at the office once or twice a week for the more thorough treatment.

In all forms of rhinitis, whether acute or chronic, I have found oil anemopsis (Barnes), most valuable as an adjunct to whatever other treatment is indicated or used.

For colds, tonsillitis, pharyngitis, laryngitis, it should be used as a spray or nebula in nose and throat, and, in addition, the anemopsis wafer (Barnes), should be dissolved slowly in the mouth, one every fifteen minutes to two hours, as indicated. For coughs, croup, bronchitis, asthma, etc., in addition to the above, it should be inhaled as a vapor from a cup, or steam kettle, and from two to ten drops of the oil on sugar should be given every thirty minutes to two hours, thus obtaining its diuretic, diaphoretic and expectorant action as may be required.

In hay fever it is especially valuable, in my opinion. While my experience with it in this trouble has not been extensive, in the cases treated I have noted its action about as follows: It reduces congestion, lessens the hyperesthesia, controls and modifies the acrid, watery discharge, allays the irritability of the mucosa and the peripheral nerves supplying it, rapidly promoting their restoration to normal, and seemingly raising their resisting-powers to dust, odors, pollen and irritating substances. When used early and freely, it greatly modifies and lessens the severity and length of the attacks, and appeared to me to prevent recurrences, thus suggesting to my mind the possibility of its being a preventive of this most distressing condition, if we knew how or when to apply it for such a purpose.

While my personal experience with anemopsis has been limited to the foregoing, according to Dr. Chas. H. Ervin, who has used the remedy extensively, oil anemopsis (Barnes), is invaluable in intestinal troubles of a fermentative and catarrhal nature, and he substitutes and uses it in all cases and conditions for which the Russian petroleum oil has been exploited or is indicated. And according to Dr. Clinton Roath, it has a definite value and place in the treatment of catarrhal conditions of the genito-urinary tract.

DISCUSSION.

DR. CHARLTON : Is there any similarity between the action of this drug and eucalyptus?

DR. BARBRICK: Yes, I think there is quite a similarity in many ways, but I think its field of action in catarrhal conditions is better as far as my experience has gone than it has been with the straight oil of eucalyptus, or the diluted oil that we get at the present time. There is an oil of eucalyptus that we are working on now that has been

suggested by this oil, an oil made from the blooms digested in petroleum oil in this same way, but I have not had enough experience to speak of it yet.

DR. H. T. WEBSTER (Oakland) : One point Dr. Barbrick did not bring out I would like to emphasize, and that is the marked antiseptic character of this remedy. I have a bottle standing in my office now that I prepared over a year ago, about ten or fifteen drops to an ounce of water, and it is good yet, just as good as when I prepared it.

DR. COATES: Has the doctor had any experience with this remedy in the treatment of acute otitis media? We frequently are besieged for the treatment of this condition, and the method we have used is to reach the condition through the nasal passages. From the description the doctor gives of the remedy it strikes me it should be valuable as a remedy in this condition.

DR. FLORENCE STIR SMITH (Newark, Ohio): I wonder if that remedy is a local remedy. I tried it a few years ago but did not get results, and I would like to know if any one in the Central States has used it.

DR. BARBRICK: Replying to the doctor's question, I have not had any experience with this remedy in otitis media. We all get into a rut, probably, and I have other treatments that serve me well in such cases and I have been going along with those. Our work with this has been slow— I have been two years digging out what I presented this morning.

In reply to the lady I would say that she probably refers to the remedy in the form of a tincture. It was because of the unsatisfactory results that we got from the older preparations that we have endeavored to produce a new one, and I think in this remedy we have overcome a great many of the unsatisfactory things that attended the older preparations.

DR. BEST : Will you tell us where this can be obtained ?

DR. BARBRICK: S. O. Bames & Son, Gardena, Cal.

Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned **laboratory** experts who standardize remedies according to physiological processes, **Echinacea has no value.** (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents **clinically**, and who employ it in disease treatment, **Echinacea is of exceeding value.** (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of Echinacea by physicians in active practice, without a single report of injury or death, proves that **it has no unkind action.**

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopoeia of the United States, said of Dr. John King and his great work, the **American Dispensatory**: "**It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects.**" *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used Echinacea in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION: Twenty years ago, it was said of Echinacea, "**Await the voice of time.** If Echinacea stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is Echinacea.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of Echinacea. That the laboratory standardizers are correct (see page 13), in that Echinacea is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

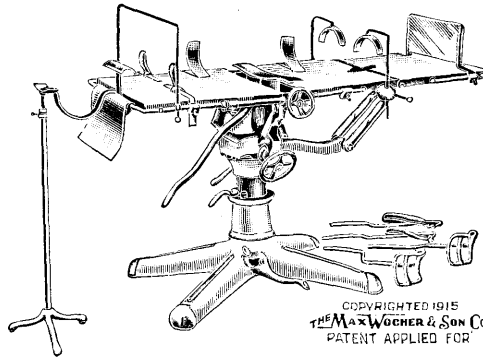
WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary Echinacea dose. Chemists will probably continue to find Echinacea elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use Echinacea will probably continue to employ and commend it, as they have in the past.

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