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Ellingwood's Therapeutist

Finley Ellingwood MD

EDITOR AND PUBLISHER
100 STATE ST., CHICAGO

Vol. 2, No. 2



Feb. 15, 1908

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To Apply the Truth. To Spread the Truth.

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TRAIN YOUR OWN NURSES

I desire to call the attention of the country doctors to the necessity of employing only Trained Nurses in the care of their sick patients. This is taught very emphatically in all colleges, but the physicians in the small towns---isolated physicians, physicians remote from the medical centers in many cases---find that they are absolutely unable to obtain scientifically trained nurses. They are thus greatly handicapped in the treatment of their patients. This fact is actually of more importance to the physician than it is to the patients themselves.

There are in all of these communities, women, both old and young, who claim to be nurses, but without training they are apt to be almost useless, if not absolutely dangerous assistants. These are, usually, too far away from a training school to be able to take the course, and if they do attend such a school at a distance, they find their services demanded immediately in the larger cities, and do not return to assist the physician who may have sent them away for training.

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Ellingwood's Therapist

A MONTHLY JOURNAL OF DIRECT THERAPEUTICS

VOL. II

FEBRUARY 15, 1908

No. 2

Leading Articles

A SUMMARY AND COMPARISON OF THE FACTS INVOLVED IN INFLAMMATION OF THE KIDNEYS, ACUTE AND CHRONIC

FINLEY ELLINGWOOD, M. D., CHICAGO

I have recently had numerous inquiries concerning the various forms of inflammation of the kidneys. I have thought that it might not be unprofitable to make a summary, and perhaps a comparison, of the important points involved, hoping that this might be of some assistance in the diagnosis and treatment of these conditions.

In acute nephritis, the parenchyma is first involved, and later, usually very soon, the entire structures of the organ. In the chronic parenchymatous form, the disease involves the parenchyma alone, and in the chronic interstitial form, the connective tissue is involved, which results in a degeneration and contraction of the entire organ. In amyloid kidney there is degeneration of the structure of the kidney with deposit of lardacine throughout the structures of the organ.

Etiology. Acute nephritis may develop from primary congestion suddenly, or from direct injury, it may follow excessive drinking, or in childhood it results from autointoxication and from the previous existence of other diseases. It occurs from taking irritating or poisonous agents, and from septic absorption.

Chronic parenchymatous nephritis occurs without explainable cause, or as a result of bad habits of the system—lithemia, persistent gout, rheumatism, chronic malaria, syphilis, and alcoholism, as well as chronic derangement of the stomach. It occurs from the age of thirty-five or forty and runs a course of from two to four years.

Chronic interstitial nephritis results from a prolonged and excessive diet of nitrogenous foods, with chronic gastrointestinal or hepatic disorder;

from the absorption of lead, mercury, phosphorus, or other irritating substances, and is common to alcoholics. It occurs after the age of 50.

Amyloid degeneration of the kidney occurs in connection with amyloid degeneration of other organs. It is more common among patients who suffer from bad habits of the body, and changed conditions of the blood. It follows syphilis, tuberculosis, chronic gout, or malaria, leukemia, or cancer, but especially is it likely to occur where there is prolonged suppuration, either of the osseous or other tissues.

Pathology. In acute nephritis engorgement is the first change. The size is increased, the cortex of the kidney is uniformly swollen, and the appearance of the pyramids is like raw beef. The capsule is not adherent.

In the chronic parenchymatous form, the kidney is increased in size, but is of a pale color, and is known as the large, white kidney. The cortex is infiltrated uniformly, is considerably swollen, and the capsule is not adherent.

In the chronic interstitial variety, the organ is contracted to a greater or less degree. It is known as the small red kidney. The cortex is uniformly atrophied, and the capsule is adherent and materially thickened, as the disease pertains to the enveloping structures more than to the organ itself.

In amyloid kidney, the characteristic degeneration produces a large, waxy, or fatty kidney. The cortex is pale, and the capsule is not adherent.

Symptoms. In acute nephritis, there is usually a chill, with a sudden rise of the temperature. In that form which results from cold or injury, the symptoms are in many ways similar to those of acute congestion of the kidney. There is severe aching of the muscles of the back, nausea, vomiting, hot and dry skin, with persistent chilliness, flushed face, contracted pupils, with restlessness and perhaps delirium. The pulse is sharp, hard and thick, ultimately small, wiry, and very rapid. Urinary irritation appears early. The urine is scanty, dark, smoky, or wine colored, has a specific gravity of from 1026 to 1034. Uremia appears after two or three days, with edema of the feet and ankles. When this disease appears as the result of other diseases or from septic poisoning, uremia and anasarca may be the first symptoms. The urine is more abundant, pale, has low specific gravity, and there is less urinary irritation. Dropsy advances rapidly, the patient is dull, listless and indifferent, and convulsions are apt to appear.

In chronic parenchymatous nephritis, the condition may exist for some time before albumin is discovered in the urine. The presence of urinary irritation has in several of my cases led to an analysis of the urine, which disclosed the presence of the albumin. If the patient is not alarmed at the

condition, some months may elapse before failure of health and strength, failure of appetite, and chronic indigestion appear. Later the gastrointestinal disturbances are marked. Headache and progressive anemia are common, and failing strength is pronounced. Still later the skin is dry, bowels are constipated, there is but a small quantity of urine, dark of color, and of high specific gravity, precipitating on test a large quantity of albumin. Edema is not usually one of the early symptoms, but in the later stages general dropsy with heart complications are the conspicuous conditions, and anemia is extreme. Uremia only occurs in the last stages. At this time the urine is increased in quantity, is of low specific gravity, and pale. There is extreme anorexia, diarrhea, and constant headache.

In the interstitial form, the first symptoms are those of fatigue, a lack of energy and vivacity, headaches, defective action of the stomach and bowels, and slowly increasing polyuria with corresponding increase in the amount of water drunk. The urine is pale, greatly increased in quantity, specific gravity from 1008 to 1012 at first, later 1002 to 1006. At no time is there any great quantity of albumin in the urine. The condition may exist for from three to five years, before its real character is known, lasting sometimes as long as fifteen years. At its termination, there is a complete abatement of vital force, usually preceded by failure of the stomach and

digestive functions; the urine becomes suddenly scanty and dropsy, diarrhea and heart symptoms are apparent at the last.

Differential Diagnosis. Acute nephritis is common to all ages up to middle life. The symptoms are of sudden occurrence, run a rapid course, terminating within a few days, or at the farthest a few weeks. In the parenchymatous form, the condition does not occur till after forty, runs a course of from one and a half to two and a half or three years; there is but little urine, dark colored, with high specific gravity; there is an abundance of albumin in the urine, and there is uremic intoxication and dropsy. The interstitial form does not occur before the age of 50 and is more common in men. The condition may last for many years; the first symptoms are often entirely overlooked. There is a polyuria, the urine is almost colorless, and of low specific gravity. There is but a trace of albumin, and no uremia or dropsy until the end. In amyloid kidney anemia, derangement of the stomach, permanent and increasing debility, and diarrhea with chronic enlargement of the liver and spleen are the distinguishing points. This condition is diagnosed by the large proportion of globulin present in comparison with the amount of serum albumin.

Prognosis. In acute cases, if taken early, the prognosis is good, in the parenchymatous form, a few cases recover. In the interstitial form, the disease is not cured, but may be

prolonged until the patient reaches old age. In amyloid degeneration the prognosis is fatal.

Treatment. But little can be said of the treatment in a summary of this character. In the acute form, the first essential is hot applications to the back, persisted in, until the urine passes more freely, and with reduced specific gravity. Free transpiration from the skin must be obtained and continued, gelsemium, macrotys and aconite are the most serviceable remedies at the onset; jaborandi and apocynum will encourage transpiration. Magnesium sulphate and elaterium with an infusion of digitalis will sometimes be of service in removing the effusion. Hyoscyamus will control the delirium, veratrum and chloral will control the convulsions. Echinacea should be given to antagonize toxemia. In children, following diphtheria or scarlet fever, small doses of belladonna and santonin are sometimes immediately efficacious. The food must be selected with much care.

In the treatment of chronic parenchymatous nephritis, alcoholics and tobacco must be excluded positively, tea and coffee must be greatly restricted, skimmed milk may be drunk freely. The introduction of a quart of the normal salt solution into the rectum each night is of service. Internally the ethereal tincture of the perchloride of iron is the best single remedy I have used.

Nux vomica in full doses, with the tincture of the chloride of iron, are beneficial. The chloride of gold, and sodium given early, and in full doses, is an excellent remedy. The bromide of arsenic, or the arsenite of copper are strongly recommended. The heart must be supported, and dropsy antagonized. Apocynum, magnesium sulphate, hair cap moss, and small doses of elaterium, are serviceable for this purpose. The general nutrition of the patient must be sustained by close attention to the condition of the stomach.

In the treatment of the chronic interstitial form, hygienic measures are applicable from the first to the last. A cachexia must be guarded against. The integrity and full quantity of the red blood corpuscles must be retained. The most essential condition to sustain, never forgetting its importance, is the condition of the stomach and the digestion. I have seen very many cases of this disease, and I am convinced that if this function alone was kept in an absolutely correct condition, year after year, the disease would not materially shorten the patient's life. On the other hand I have seen several cases where everything was favorable to a prolongation of life, until some indiscretion produced a marked derangement of the stomach, with sudden failure of the vital forces, and in a few cases, death. Selection of remedies must be made with reference to existing specific condition and they must be changed as the conditions change.

In amyloid degeneration, when once fully established, treatment is of but little benefit. If diagnosed early, the blood should be promptly restored, every dyscrasia eliminated, and echinacea or calcium sulphid should be given to correct any tendency toward suppuration. Syrups of the hypophosphites, or the glycerophosphates; syrups of the iodid or oxide of iron, should be given, or the etherial tincture of the perchlorid. Other tonics should be adapted to the condition of the individual patient. Hygienic and dietary measures advised for chronic parenchymatous nephritis are usually applicable here.

THE VISUAL INCH AS AN INDEX TO SYSTEMIC CONDITIONS—ERRORS OF DIAGNOSIS

W. W. WALKER, A.M., M.D.,
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Among the five special senses, unqualified importance has always been conceded to the organs of vision, and any deviation from the normal in this special sense has evoked the most intense interest. As we approach this mystic temple of sight and investigate its divine secrets, let us walk lightly, for we are treading on holy ground. Blot out the light of the eye and we close the window of the soul and the blackness of despair that follows may pluck forever all hope and ambition from the stoutest heart.

It is said of Shakespeare that when he wrote he dipped his pen in his heart; and this is the secret of our success in choosing any subject whereby we may convey to others the earnest interest we feel in that special question.

In championing this subject I approach it not from the narrow field of the optician, but claim the broader cosmopolitanism of the oculist and physician. There probably does not exist in the world today, a man so wise as to know all that pertains to that one inch of the anatomy, combined with the physics of optics, embracing the organs of vision; and if this be true what shall be said or thought of those, who for the sake of money to be made therefrom, herald themselves as doctors of optics, claiming to the ignorant, a knowledge of all that pertains to this precious gift of sight?

Let us consider some of the functional and pathological diseases that manifest themselves in the visual organs and to which we look for pathognomonic manifestations.

Hysteria (if we exclude age) might be mistaken for apoplexy. "Muscae Volitantes," these floating objects may be of significance as determining whether we have a brain lesion or the cerebral disturbances are associated with anemia, cardiac maladies or narcotic amaurosis.

The appearance of the eyes themselves point significantly to systemic

disturbances other than altered vision and refractive anomalies; the fixed stare, the oscillating globes, the glassy pupil, may indicate chorea, hysteria, approaching spasm, clonic and tonic, as well as insanity. Who of us has not observed the brilliancy of the eye in meningitis, and dreaded the onset of opisthotonos ?

Diseases that at first thought may appear to be remote, may have their affinity for and therefore manifest their expressions relatively by the visual organs. A patient may come to us complaining of some of the various expressions of ametropia, and after a more or less objective and subjective examination we have already in our minds assigned an amblyopic cause for their visual infirmity. To illustrate: A lady has been in the habit for several months of going to the jeweler across the way, until finally he becomes satisfied by her frequent visits and change of glasses, that her condition is beyond the ken of his limited knowledge. He refers her to us.

We have met this lady often, on the street, and have already made our mental diagnosis of glaucoma with its associate unfavorable prognosis, so that only a few questions and slight palpations are necessary, and we unhesitatingly tell her that her case is hopeless. (We cannot help volunteering the consoling remark for the benefit of her friends and the jeweler across the way, that had she come a few months earlier we could have afforded her the only chance of relief, viz.: an

iridectomy.) Then our unfortunate patient starts out to ring the changes on all the oculists and opticians in the country, until a hopeless blindness checks her fruitless quest and she settles down to a life of gloom.

How often, think you, have jewelers, jeweler's clerks and itinerant spectacle peddlers mistaken staphyloma posterior, tumors of the orbit, Bright's disease, optic neuritis, choked disk and detachment of the retina for *old sight*, *long sight*, and *short sight*, until it is too late to remedy the existing evil. Then the doctor is consulted and perhaps censured because relief did not speedily follow.

Irritative cerebral lesions produce contraction of the pupils whilst lesions which destroy cerebral function produce dilatation. Does the vender of spectacles in his perambulations over the country know this? Slight hemorrhages or effusions into the pons, or lateral ventricles, by their irritation produce contraction, while an increase of effusion or hemorrhage produces dilatation of the pupil. Does the jeweler's clerk comprehend this? Chlorosis produces dilatation of both pupils, and after ascertaining that atropine, cocaine, or any other mydriatic has not been used shall we refer our patient to the watch repairer or to the tinker of clocks for a remedy?

The more serious of these lesions can only be demonstrated by the ophthalmoscope. Shall we ask the peddler of spectacles to stop his horse

long enough to step in and demonstrate this fact to us?

“Arcus senilis” is a characteristic gray circle about the corneal limbus, an unfailing premonition of athromatous degeneration of arterial or cardiac origin. When we encounter this condition shall we refer our patient to the realm of mechanics, or render such relief as is known to medicine, conjoined with our advice to arrange his earthly affairs?

We would not detract a modicum of credit from the educated optician. Fortunately there are such, but they are the exceptions that we must consider. As such they observe their limitations and do not hesitate to refer questionable cases to the physician.

Our knowledge as regards the optical schools of the country convinces us that they do not desire matriculates who have already obtained their degrees from medical colleges, but they cater instead to jewelers and their clerks, or, in fact, to any one that can pay twenty-five or fifty dollars for tuition, and can spend from two to four weeks in attendance. These are then turned out with a showy diploma as full-fledged doctors of optics.

Were it not a most fortunate fact that the more frequent eye complaints for which patients consult us are errors of the refractive media, the physician would be consulted before the uneducated optician or jeweler, for barring astigmatism and aniso-

metropia, they often render relief in simple hyperopia, presbyopia, and myopia.

We cannot expect to deprive people of their constitutional rights to buy their spectacles of jewelers, or patent medicine from druggists, but unitedly as the body of an educated profession we can demand that an ignorant class of men shall not monopolize this important branch of medicine.

Is it fair to the profession to allow this vital branch to rest in the hands of him whose knowledge of the eye does not comprise that limited portion anterior to the crystalline lens, and who can at best correct but a few of the simplest refractory errors, not knowing that even these may be but the expression of remote functional or organic changes in the economy?

Gentlemen, are your eyes of as much value as your teeth? Do the dental nerves take precedence of those of sight? You are supposed to be familiar with the functions of the twelve pairs of cranial nerves while the dentist in his treatment does not stop to even consider the functions of the glossopharyngeal alone.

And yet the law governs the dentists. Why, I ask you in common justice to both the doctor and his friends, cannot a clause be inserted into the statutes governing the practice of medicine demanding an examination in all the branches of ophthalmology before allowing a man to hold himself out to

the people as a doctor of optics, doctor of refraction, or graduate optician?

Well, you might ask, what are you going to do about it? And I might answer by asking, what is your state board of examination and registration organized for? Is it to protect the doctors alone? If that were true, then, indeed, we would be a protected medical trust that some have accused us of being. No; these boards are organized not only to protect legitimate physicians against charlatanism, but to *protect the people against themselves*. If this were not so, how long, I ask you, would it be before a saturnalia of disease would sweep the earth? No restraints; no quarantine; no safeguards thrown about those we love. A devils' dance of suffering and death that would stagger the lay world, did not the honest, educated physician stand between the people and their enemies, whether these be the demon of disease or the soulessness of quackery.

It might be inferred by my choice of this subject that I am an eye specialist and take this method of bringing myself before you as such. Allow me to disclaim any such attribute or desire. In making this choice I only attest my love for this field of energy and only lay claim to the prerogative of "The General Practitioner as a Specialist."

"The greater a man is in power above others, the more he ought to excel them in virtue. None ought to govern who is not better than the governed."—Publius Syrus.

TREATMENT OF PNEUMONIA-ECHINACEA

T. JENSEN, M. D., SPRING GROVE,
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In every living being there exists a certain force that opposes disease. For convenience's sake you may call it formative, or vital force. This force does not exist in every individual in an equal degree. In some persons it is very strong and has great power for life. In others it is feeble, and consequently disease and even death may result. This formative or vital force is a regular and co-ordinate action of all the organs of the body.

While we have no positive means of determining whether an individual has sufficient force to oppose disease, there are methods by which we are enabled to give a pretty good opinion. The development of the individual organs in all directions is an important element in this calculation.

During my college course, we were taught by our professor of pathology that the basilar portion of the brain has direct relation to the longevity of an individual's tenacity for life. He claimed he could determine a person's tenacity of life, by measuring the depth of the brain.

The measurement is made by drawing a line from the occipital protuberance to the suture between the malar bone and the external angular process of the osfrontis, then measuring the distance from this line to the external meatus. If

the distance is above three-quarters of an inch, the person has a vital force to reach the average; but below half an inch, we find the tenacity for life very feeble and the prognoses have to be guarded, especially in pneumonia.

If above an inch, the person has vitality to live to an extreme old age. As a rule, a person with a deep life line generally has a very good appetite and sleeps well. Another fact, a person with a deep life line is less liable to prostatic trouble, and catheterization is seldom required.

Another fact, the superficial and tortuous blood vessels of the forehead and temple are rarely seen unless the person has previously led an intemperate life, and an apoplectic stroke generally ends the life.

I have made use of the above tests during my practice and have found them reliable. In fact, they have helped me in forming my prognosis in many hopeless cases, and the final outcome has been according to the tests obtained.

The past thirty years I have had my share of cases of pneumonia. When I first began to practice, I had from twenty to thirty cases of pneumonia every year. Physicians were not so numerous then, so it taxed my ability and bodily strength to attend them all.

In my first years of practice I was left to my own resources and judgment. I had to experiment with different forms

of treatment. The principal medicines I used in pneumonia were aconite, veratrum viride, digitalis, quinin, aqua camphor and calomel. If there was cyanosis present, I used sulphuric ether.

I depended very much upon stimulants. My success was uniformly good—even more so than with some of my neighboring brothers at that time. I have seen pneumonia in all its forms, as it is met with in this latitude: Double pneumonia, and pneumonia complicated with pleurisy, meningitis, emphysema, abscess of the lung, and typhoid pneumonia.

I consider pneumonia a septic disease like typhoid and scarlet fever. Hence, an antiseptic treatment is just as well applicable in pneumonia as in the above named diseases.

When called to a case of pneumonia, say about twenty-four or thirty-six hours after the initial chill, the temperature 104°F., tongue heavily coated, I invariably give large doses of castor oil and repeat if necessary. If this is not sufficient, I flush the colon with a saline solution, using a rectal tube. Sometimes lavage of the stomach is beneficial.

By this I have often brought the temperature down to 102°F. Now I select the proper antiseptic for the alimentary canal. The tongue is my guide or index. If the tongue is clean and its papillae are visible, then one of the sulphocarbolates is sufficient in

preserving the asepsis of the alimentary canal.

If the tongue becomes very dry and sleek, and has the appearance and color of cicatricial tissue, or is of a purplish yellow hue, I employ diluted nitric acid in ten or fifteen drop doses every three hours.

If the tongue appears bright red and narrow at the apex and slightly coated at the base, I use diluted muriatic acid.

If the tongue is large, broad and sticky, and indentation of the teeth is shown on its edges; or if it appears as if some white powder had been sprinkled on it, I have found sulphite of soda very good. I have found the above antiseptics very useful in all forms of sepsis as typhoid, scarlet fever as well as in pneumonia.

The diet must be considered. Milk, as a rule, I have found contraindicated in many cases. It is often apt to carry fuel to the already existing sepsis. I generally feed my patients on beef broth and bread which is free from starch. My aim is to bring my patient over the critical period as pleasantly as possible. When resolution takes place I resume more substantial diet.

Our professor of practice of medicine used to tell us that uncomplicated pneumonia is a self-limited disease. If not complicated with other disease it ought not to last more than nine days. For the last five years, my aim has been to use antiseptic treatment according to its indications, and try to undermine

the foundation of the disease by properly selected means, so as to convey it in its own channel until resolution takes place.

In uncomplicated pneumonia in my hands and with my mode of treatment, the mortality has been *nil* with all patients except young infants or aged persons with heart lesion, or persons who have previously led an intemperate life.

For the pneumonic toxins I have obtained much benefit from echinacea angustifolia and creosote carbonate. If the temperature is very high and the skin dry, I advise creosote carbonate in from twenty to thirty drop doses three times a day. If the temperature is moderate, say 103°F., and the skin moist, then I give echinacea in fifteen to twenty drop doses every three hours.

I have found both of these remedies to be of immense benefit in pneumonia. They have often brought the temperature down to 100° in a day or two, but one or the other of these remedies would have to be continued until resolution takes place. Also the antiseptic for the alimentary canal.

With acute, infectious pneumonia in the aged, especially if the patient has led an intemperate life, and the whole lung on the affected side is involved, the person is very apt to have heart weakness and pulmonary hypostasis. In such cases, free stimulants are necessary. The patient should be rolled

from side to side several times a day in order to overcome the hypostasis.

In such a case I invariably employ diffusible stimulants, as aqua camphor or the ammonia mixture. I am very much afraid of strychnin in old persons, as over stimulation will readily occur and the danger of dilatation of the heart's right ventricle on account of obstruction of the pulmonary circulation is great. Sulphuric ether or trinitrin are preferable in old persons, and I would rather be on the safe side.

I have been using the ammonia mixture as follows: Ammonium chlorid, soda, four drams each; tincture ammonia anisate, extract of licorice; one ounce each. Water to make one pint. Of this I give a tablespoonful every three hours. The ammonium chlorid is converted into carbonate in the above mixture, by the addition of soda, and when mixed with licorice it is more palatable than the carbonate. The above stimulants are used if there is cyanosis, heart failure and, perhaps, delirium, with old persons. Strychnin is applicable if indicated, with younger persons. For pleuritic pains I do not use narcotics in any form, but depend on turpentine and sweet oil inunction of equal parts. Then I apply warm cloths to the affected parts.

Often we are not called until the fifth or sixth day after the initial chill, when cyanosis is far advanced, expectoration arrested, and perhaps there is an atheromatous condition of the blood

vessels. In an elderly person or perhaps one who has led an intemperate life previously, the usual outcome of such a case is fatal, but a young person will recover if properly treated.

I remember a case to which I was called twenty-eight years ago. The patient, aged forty, had a temperature of 104°F. He was very delirious. I gave him the usual remedies. I saw him two days later. The expectoration was entirely arrested and I was very much surprised in finding typhoid eruptions on his chest. The delirium increased and the case puzzled me very much. I saw him every day, and on the twenty-first day the fever declined and he commenced to expectorate rusty sputum. This continued until the thirtieth day, when resolution became complete.

Sixteen years ago I was called to Mr. O. S., age seventy. Saw him the fourth day after the initial chill. The following conditions were present: cyanosis well marked, temperature 104°F., muttering delirium. Fortunately his life line was very good, the basilar portion of the brain was very deep. It measured over one inch. My prognosis of the case was more favorable than it otherwise would have been.

I remember I treated him with whisky, nitroglycerin and aqua camphor. I prescribed whisky in this case because he had led an intemperate life as long as I had known him. Then stimulants were more directly indicated than anything else.

The old man lived to be eighty-six years of age. Ten years later, he had the misfortune to fracture his femur. The fracture was of the intracapsular variety. He was laid up for four months, but still he got up and around again with the aid of a cane. The most remarkable feature of this case was that he did not develop bed-sores or any difficulty of urination during his four months' stay in bed.

I have frequently seen pneumonia complicated with effusion and abscess of the lungs, but as soon as resolution took place, the effusion disappeared. Several of my patients who survived pneumonia, died in later years from tuberculosis. I have only seen one case of meningitis as a complication, but it proved fatal.

If, after ten or fifteen days, the lungs from delayed resolution do not clear up, we must ascertain the cause. If due to sepsis, echinacea should be continued. If the temperature is below 101° F., I have seen syrup of hydriodic acid very useful, or ammonium iodide in combination with the chloride of ammonia mixture I stated above.

Sometimes I have, found Fowler's solution of arsenic useful. If anemia is present, I have found a solution of ferro-albuminate with nux vomica very useful. The main factor is to nourish the patient with good, nourishing and digestible food, and stimulants only as the case may demand.

The above treatment for pneumonia I

have followed for the past five years and the success has been very favorable. If I should see a patient during the initial chill, I would give him a solution of sulphate of quinin in teaspoonful doses every four hours.

I have had an experience on my own person to that effect. In the spring of 1898 I attended a young man who had double pneumonia. I saw him twice a day for ten days, when he recovered. On my last visit I took some of his sputa for microscopic examination. I was probably not careful in handling the specimen, and two days later I developed a severe chill. I knew at the moment that I was infected with the pneumonic infection.

I went to bed immediately and took a heaping teaspoonful of sulphate of quinin, and repeated it every four hours, but I did not get the physiological action of the quinin until the third day, when I discovered I was deaf. I had all the symptoms of pneumonia, and a rusty expectoration. I was afraid to call in my nearest doctor, as I feared he would treat me differently, so I decided to be my own doctor.

The temperature varied from 102° to 103°F., no higher. The seventh day resolution took place. I found after I got well I had lost twenty-five pounds during my sickness.

I treated thirteen cases of pneumonia during 1907. From these I will select three cases which might be of interest.

Case 1. Was called February 1 to Mr. J. L., a habitual drunkard, aged fifty-six. Had been drunk continually for several weeks and was drunk when he had the initial chill. The following conditions were present: cyanosis, well marked; atheromatous condition of the superficial blood vessels of the neck and forehead; the left lung solid from the clavicle to the nipple anteriorly and posteriorly from the neck to the last rib; the aortic valve of the heart was also involved. A hopeless case, indeed. Died the following day.

Case 2. Also a habitual drunkard, age thirty. Had initial chill when intoxicated. I saw him on March 4 and saw him three or four times a day during his illness. He developed pleurisy and abscess of the lungs. Also had terrible hemorrhages and coughed and raised an immense amount of pus.

The treatment I prescribed from the beginning was aromatic sulphuric acid in water every three hours, tincture echinacea in half teaspoonful doses four times a day until the fever declined. When there was no more hemorrhage the acid was omitted and creosote was used. in its place.

This commenced with three drops and gradually increased one drop every second day, continuing until twenty drops were reached. Echinacea was continued in alternation with creosote. Finally the echinacea was omitted and Fowler's solution of arsenic was substituted in alternation with

creosote. After six weeks' struggle he recovered.

Case 3. September 24, 1907, Mr. J. E. L., age 45. On the third day after the initial chill the following condition was found: temperature, 105°F.; oppressed breathing; no expectoration; considerable cyanosis; the left lung solid from the clavicle to the nipple. I cleaned the primæ vim and gave him, as an antiseptic for the alimentary canal, sulphocarbonate of zinc, and echinacea for the pneumonic toxins.

There was also a great deal of hypostasis. The patient had to be moved from side to side several times a day. The next day the temperature was 103° and the cyanosis less. He had commenced to expectorate a little and continued this until the seventh day, when the temperature dropped to 100°, and on the ninth day resolution took place.

I attributed my success in this case to the antiseptic treatment of the alimentary canal and echinacea for the pneumonic toxins as no other medicine was used. I did not use creosote carbonate, as the indication was plainly for echinacea.

COMMENT.—The argument at the present day is that from twenty-five to forty per cent of pneumonia patients must die. I have stated and repeated on the pages of this journal, that I believe that strychnin and digitalis, or a course of stimulation through the entire course of the disease, *are to blame for more deaths, than the disease.*

In the above article, a course of treatment is outlined which is widely different from that of our school, and just as widely different from that of the majority of regular physicians, in that the Doctor absolutely refuses to over-stimulate the heart; he refuses to give stimulants until they are indicated; he uses no depressing measures whatever; he meets the separate indications by a remedy which has been proved to him to be specific, and he conserves from the first the strength and vitality of his patient.

I have argued at other times that there was more than one successful method of treating pneumonia. There may be found to be many successful courses, and the day is almost at hand when any physician who claims that pneumonia is essentially a fatal disease, will lay himself liable to censure, as not being informed in some one of the successful methods of cure.

ECHINACEA. I desire here to say a few words in favor of echinacea angustifolia. I have found this remedy most useful in septic conditions. If it were not for echinacea I would be embarrassed in treating certain of these conditions. I am entirely unable to find any substitute which will take its place in pneumonia except when the temperature is very high and the skin very dry. In which case I prefer the creosote carbonate.

Echinacea is an eclectic, and now homeopathic, medicine, and is not much known outside those ranks. I have found it an ideal antiseptic in many other septic conditions besides pneumonia, both externally and internally.

Six years ago, I was called to a German

woman on the fifth day after confinement. I found her temperature 107°F. She had a terrible chill a few hours before my arrival. I immediately irrigated the uterus with a warm boric acid solution. I applied undiluted echinacea on iodoform gauze to the endometrium, and an ice bag on the region of the uterus. This treatment was repeated three times a day, for three days, when the woman made a prompt recovery.

I had another case of puerperal sepsis one year ago. A two-year-old child in a family developed erysipelas during the confinement of the mother. On the fifth day, in spite of all precautions, the mother developed sepsis. The temperature was 106° F. Fortunately I had the opportunity of seeing her several times a day. I was very much afraid of the outcome of this case and I knew that an infection from erysipelas at this stage was a serious matter.

I treated her with irrigations of warm boric acid solution and echinacea to the endometrium, as I did in the former case. Fortunately the sepsis had not time to extend into the tubes and broad ligaments, and she got well, but it took her longer than the former. Echinacea was administered in teaspoonful doses internally also in both of these cases.

The above treatment in puerperal sepsis with echinacea must be pushed immediately after the initial chill. If the tube and broad ligament are involved, then echinacea is of less benefit, as the

case has then become surgical.

I had two cases of gunshot wounds, relics of the Fourth of July, which, after properly cleansing, I dressed with echinacea. The result was satisfactory. Last July I saw a case of rattlesnake poisoning. I incised the wound and dressed it with echinacea. The result was good. Echinacea is an ideal antiseptic in all forms of blood poisoning.

I had a case of carbuncle a few weeks ago. I made a deep incision into the carbuncle, applied carbolic acid to the bottom of the wound, and afterwards dressed it with echinacea by wetting a piece of iodoform gauze in echinacea and applying it as drainage. Echinacea was also given internally.

I also had a case of septic abscess of the palmar surface of the hand; the lymphatic gland of the axilla was also involved. Was treated in same manner with good results.

In the February number of THE THERAPEUTIST, I saw an article from my old friend Dr. Lewis of Canton, Pa., on his experience with echinacea in the treatment of a severe case of anthrax. I know Dr. Lewis personally, he being my friend and classmate at college in 1872. The experience I have derived from the use of echinacea in septic conditions fully corroborates the statements of Dr. Lewis and I will vouch for their veracity.

Brief Contributed Articles

ECHINACEA IN FEMORAL ABSCESS

J. HARRISON PERRY, PATILLO, TEXAS

I consider this one of the most important agents of any school of physicians that is before the profession today. My opinion is based upon the results of my experience.

I desire to give to the readers of THE THERAPEUTIST the history of a case in which I used this remedy with success. I was consulted by a young man who had a very painful knee. He had received an injury some three weeks previous, but he thought he had also been bitten by some insect. This opinion was based upon the presence of two small, open ulcers.

There was some swelling, but no evidence at that time of serious infection. Two days later I was called to his home to find him suffering greatly. The swelling had increased and was involving the thigh. I ordered hot applications to be applied and directed a mixture of echinacea and thuja to be given every four hours. At the same time I gave 1/4 grain of calcium sulphate every six hours.

The following day there was no relief. The pain and swelling were extreme and it was evident that an abscess was forming above the external condyle of the femur. This was opened later and

about four ounces of pus was evacuated. The cavity was cleansed with sterile water and with a solution of creolin, 1/2 dram to the quart. Antiphlogistine was applied to the swollen limb. The pus cavity was irrigated twice daily.

Two days later the quantity of pus had increased and had burrowed down the course of the vastus externus muscle. Another incision was made into the most dependent portion of the sac, and the irrigation was continued through the upper incision, down and out through the lower opening. The internal treatment was continued as before.

The leg became almost black, would pit on pressure; the tongue was coated with heavy, yellow fur; there was great pain in the stomach. As I had no other cathartic at hand, I gave some pills which contained one grain of calomel, one-fourth grain of podophyllin and two grains of bicarbonate of soda, every two hours until six doses were taken.

I gave what seemed to me to be the indicated remedy for the pain in the stomach, which immediately gave relief. All the cavities were opened and irrigated. Another physician was called in, but he made no changes, only suggesting that I make the incision to the bone and examine the bone. It seemed that there would be no way to avoid an amputation of the leg. The outlook was, indeed, most unfavorable.

I then decided to try echinacea as an irrigating fluid. I used one dram of this remedy to the quart of water, to be introduced after the cavity had been thoroughly cleansed with sterilized water. When introduced, the apertures were closed and the solution was allowed to remain in the wound at least five minutes.

The pus cavity had increased until it held nearly a gallon of this solution. After the introduction of the first quantity, I found that the pain had abated, that the boy was able to turn himself in the bed, and that the pain and soreness were both relieved. Vomiting, which had been a troublesome symptom, had abated and the stomach retained some food.

The following night the boy slept well. Upon my visit four days after this solution was begun, I found the patient sitting in a chair by the fire. The swelling and soreness had entirely disappeared. All treatment was discontinued except the echinacea and thuja internally, and irrigation with the echinacea solution.

It is now three weeks since I began this treatment and the boy comes to town and desires my permission to go to work. The pus cavity has filled up until it now holds only an ounce.

The boy claims that the last medicine saved his leg. Is he not right?

THE USE OF CLAY IN DIGESTIVE DISTURBANCES

C. D. ISENBERG, M. D., HAMBURG,
GERMANY

White fine clay is used extensively in the form of a plastic dressing for external application; it is also very useful when given internally, but hardly known for this purpose. Its action is the inhibition of bacterial growth; its field intestinal disturbances.

Dr. Stumpf, the originator of this method, treated Asiatic cholera, cholera infantum, etc., with "bolus alba;" in accordance with his method. Dr. J. Goerner recently tried it in the following pathological states: In eight cases of acute gastro-enteritis; after one, or, in a few cases, after two doses, the diarrhea stopped and convalescence began; vomiting also ceased. Generally the patient, who had thin, watery stools at short intervals, after taking the remedy would have one or two thin stools; then a movement mixed with the clay, but formed, would follow, either soon or after several hours. With this the diarrhea generally stopped. Of thirty cases of acute catarrh of the stomach and intestines so treated, in twenty-seven the clay mixture was entirely successful. In three cases the result was doubtful.

There were nine cases of cholera infantum in infants, also seven cases in children from two to eight years old, with acute gastroenteritis. Prompt success attended all acute cases. There

were no results in cachectic infants and in cases with a mucous catarrh of long duration.

There were five cases of severe diarrhea in la grippe. In one case there was frequent vomiting, and there were copious stools containing much mucus discharged with strong tenesmus. The vomiting ceased after the first dose, but not the diarrhea; the latter was cured by an injection of 100 grams of the clay in a mixture—the trouble was more rectal.

There were twenty-three severe cases of intestinal tuberculosis with good *palliative* results. The remedy must be repeated every few days. This can be done without harm, as the appetite is not interfered with and as it causes no flatulency or a disagreeable constipation. There were good results in twenty cases, and no effect in three cases. In three cases of severe diarrhea in typhoid fever there was a good palliative effect.

The dose for an adult is from two to three ounces in one-half pint of water (or 50-100 grams in 250 grams water). The white clay must be very well pulverized; the desired dose is poured into the water and stirred gently. The particles of clay remain in suspension. The mixture is almost tasteless. Infants three months old receive one-third of an ounce, six months old one ounce, older children about two ounces, water two and one-half to three ounces. Infants will take the mixture from the nursing bottle. It is important to give

the mixture only on an empty stomach, as otherwise it is likely to take no effect. Do not add any milk, sugar, or other ingredients.

MERCURY

J. W. CHASE, M. D., CORRY,
PENNSYLVANIA

Several months ago the editor of the *THERAPEUTIST* made an able attack upon the use of mercury as medicine. Freedom of thought and speech are among the foundation-stones of eclecticism. I expected, therefore, that long ere this, one or more replies to the article would have appeared. As debate is seldom profitable, these remarks will be confined to my personal experience with the drug.

I had not practiced medicine many months before I had a case of agonizing urethritis. with constant desire to urinate. Aconite, belladonna, gelsemium, cannabis sativa and eupatorium purpureum were powerless. At this time a homeopathist passing my office, dropped in for a few minutes chat. Our conversation was interrupted by an urgent call for me to come and make another effort to relieve the patient. I quickly explained the matter to the doctor, who from one of his case bottles dumped out enough powder of the third decimal trituration of *Merc. Sol.* to make a dozen doses. They did the work.

Since that time I have generally used a trituration of the vivus made by grinding together in a mortar a globule

of quicksilver with ninety-nine times its weight of milk sugar.

It has often been a query with me as to what remedy the eclectic-the only close student of the tongue-gives when he finds this organ with a bluish-white coat, tremulous, swollen, flabby, showing the indentations of the teeth, and with red papillae at the tip. Is it rhus tox? How often it must fail!

Not long after the case above mentioned I was called to prescribe for a young married woman who at each menstrual period passed a skin-like substance from the vagina. I knew nothing of membranous dysmenorrhea, but the tongue indicated mercury; and its administration soon relieved her.

A number of years ago I was in Caldwell, O. While talking with a young physician, he complained of dyspepsia and general poor health, for which treatment had been of little effect. I looked at his tongue and said: "If you came to me you would get mercury." A look of surprise came over his face and he said, "The only remedy which has been of any benefit is the biniodide."

Not long ago an old lady brought to a house where I was calling, her puny little granddaughter, who suffered from epistaxis, frequently recurring. I did not differentiate long between affections of liver, heart and spleen, but saw that the tongue indicated mercury. The effect was prompt.

The superiority of mercury in the

treatment of secondary syphilis should give it a prominent place among our remedies. The patient is very tolerant of it. I use the yellow iodide in one-fourth grain doses four times a day. If cathartic, this dose should be lessened to one the patient can take without losing weight. The physician who opposes the use of mercury, and yet in this, or any other disease, resorts to the biniodide and Donovan's solution, is, to say the least, inconsistent.

The bichloride, 1/200th to 1/100th of a grain, is very efficient in peritonitis and in dysentery, and delays the progress of albuminuria.

The value of a remedy depends largely upon the frequency with which it is indicated. The mercury tongue is often in evidence. A valuable indication, also, is night-sweats, particularly if the perspiration stains yellow. The patient is very susceptible to extremes of temperature, chills easily, sweats easily, and has cold hands and feet.

I have used mercury successfully in many diseases, and always harmlessly. I use it as I use aconite, remembering that it is dangerous. When nature is in distress it throws out to the physician the signal which indicates the means of relief. He fails too often because he cannot read. Shall he add also other and useless failures because of a cherished prejudice which has been handed down to him by a rude and more ignorant age.

COMMENT: The contention of Eclectics, made for years, was against the physiologic or toxic action of the remedy in large doses. The triturations of mercury are as different from the above as if it were a different remedy under these circumstances. Twenty years ago I used several of these triturations continually in practice and obtained good results, but later, as I obtained a more exact knowledge of the organic remedies, I found myself using them to the exclusion of mercury. There is no doubt that with the triturations very correct adjustments in stubborn conditions are possible. The doctor's argument is a good one. However, a thorough and persistent study of the organic remedies will enable the prescriber, I think, to treat each condition met with mercury, at least fully as well with them, as with this remedy.

CRATAEGUS IN CARDIAC ASTHMA

GEORGE OSBORNE, M. D., FREMONT,
NEBRASKA

I notice your request for a report of observations of the use of crataegus in the treatment of heart disease. I have suffered for many years from asthma of a spasmodic and nervous type, which has been accompanied with functional heart trouble.

For the past ten years there has been some enlargement of the right side of the heart. During this period there has been more or less intermittent pulse which has resulted in weakness and in difficult breathing.

There was one time especially, when, after a number of days of this suffering, I was taken one evening with oppressed breathing which increased

rapidly, until the following day, it seemed I would certainly suffocate.

I was in great agony. I told the nurse to give me eight drops of the tincture of crataegus every fifteen minutes. I experienced relief almost at once, and within an hour I was breathing quite easily and was very comfortable.

It is a question with me whether the crataegus could be of any benefit in asthma where there was no cardiac disorder. This agent has relieved the difficult breathing and, I think, imparted tone to the heart. During the past year there has been but little of the difficulty, yet my heart has been irritable and weak in sympathy with my general weakened condition.

I took this remedy at the advice of Dr. E. N. Leek of this town, who has used it with great benefit in valvular heart disease where digitalis has failed to relieve the urgent symptoms. It has been necessary at times for me to take musk in conjunction with this remedy for the asthmatic symptoms, from which I have been a great sufferer from my youth.

I believe this agent is valuable for the purely nervous form of asthma. At one time I used an infusion of common chestnut leaves, drinking the infusion freely as I would water to relieve thirst. I have heard that this agent has made permanent cures of asthma, although it is not confirmed.

CANTHARIDES IN THE TREATMENT OF FISTULA

DAVID WARK, M. D., NEW YORK, N. Y.

About three years ago, when in charge of a Sanitarium in Colorado for the treatment of pulmonary tuberculosis, a lad of sixteen years was sent to me from Ohio, with the following history:

About eighteen months before, a large abscess, said to be tubercular, formed in his right hip. This, when opened, left a large sinus about nine inches in length, extending from near the edge of the sacrum to that of the ilium. In the center the sinus passed deep into the muscle.

The boy's health had failed notably and his parents feared the occurrence of pulmonary tuberculosis. His lungs, however, were quite sound. When he reached the Sanitarium and under the treatment which was advised, his physical condition improved rapidly. There had been previous injections of iodine, which were continued over a period of many months. These had failed to be of any service.

I triturated the cerate of cantharides with the tincture of cantharides to the consistency of cream and with it filled the fistula full. In ten hours a copious discharge of pus occurred. A thick tuft of pyogenic membrane which lined the whole fistula from end to end was blistered off, and I washed it out with peroxid of hydrogen, half strength. I used this solution also to keep the wound clean, and perfect healing took

place in about three weeks. This was about as soon as a simple wound of the same extent would cicatrize.

This is the first case in which I have ever used cantharides or ever thought of doing so, in the treatment of fistula. Hitherto I have used the knife, but in this case the disease lay too deep for surgical operation. I have looked up the literature of the past sixty years, in all accessible works, and find no mention of vesication for the cure of fistula.

There is possibly, therefore, some claim to novelty on my part, but whether new or old, I believe this course would obviate the use of the knife in some severe cases.

Therapeutic Facts

SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FOR EACH DOCTOR.

Iris in Psoriasis

I have been treating a case of inveterate psoriasis of seventeen years standing, that has finally yielded to iris externally and internally. This was one of the worst cases I have ever seen. Nothing I had previously done relieved till I tried iris internally and externally over the entire person and heated it in with a therapeutic lamp. Now she has a skin almost as clear and soft as a baby's. I may present a write up of this case which I think would prove interesting reading for those who have

had or now have similar cases.

W. E. KINNETT, M. D.

Calcaria Fluorica

I am very much interested in the articles on the "Tissue Remedies" by Dr. Kinnett. I have used these remedies for twenty-five years, and I would like to add my name to all he has said. I use about 400 pounds of the tissue remedies every year. They can be bought for 35 cents a pound in bulk and are as fine as they can be made.

Let me add a line in regard to calcaria fluorica. Several years ago, at a conjoint meeting of two of our Ohio Societies, a physician came to me and asked me for the best treatment for a case of uterine hemorrhage. The woman had taken viburnum, ergot, cinnamon, hamamelis, etc., in all combinations; had been curetted, douched and had used suppositories, but still continued to flow at frequent intervals. Riding in a car or buggy would bring it on.

I told him to give her calcaria fluorica and, possibly, some other indicated tissue remedy. At the next meeting of one of the societies the doctor came to me and said "Cook, the woman with the hemorrhage was the first patient to come to my office on my return, and I cured her with calcaria fluor. 3x. One powder which I gave her at the office controlled the hemorrhage for one month, and she came back for more as next period was approaching."

Calcaria fluor. in combination with kali phos. and sometimes calcaria phos. and in alternation with natrum sulph., kali mur. or other indicated tissue remedy, has cured angina pectoris for me in a short time A case of aneurism of the abdominal aorta, after several months treatment with this remedy, now presents no clinical evidence of the disease. This is the remedy in exostosis. Other remedies are usually re- quired with it.

G. S. FARQUHAR.

Thuja in Dysmenorrhea

I recently had a persistent case of incontinence of urine in a young woman, who was also afflicted with dysmenorrhea of a severe and intractable character, it having existed for several years.

Without considering the menstrual disorder, I prescribed thuja in eight drop doses three times a day for the incontinence. Within sixty days, I had the satisfaction of knowing that the incontinence had been completely - cured and that the dysmenorrhea had also disappeared.

Not having observed that anyone has suggested thuja in the treatment of dysmenorrhea, I thought these suggestions might prove of value.

JOSEPH DALY, M. D.

COMMENT: This is, indeed, a fortunate suggestion. If any other readers of THE THERAPEUTIST have used thuja in the treatment of painful menstruation, I wish they would immediately write me a report of the peculiarities attending the cases in order that we may be enabled to determine what class of cases this remedy will cure, if any.

Whooping Cough—Croup

I have had an opportunity to observe the influence of vaccination upon a case of whooping cough. The patient was vaccinated the same as is done for the prevention of smallpox. When the ulceration on the arm was healed, the cough had disappeared. I cannot explain the action of this treatment but I am satisfied that it will prove satisfactory.

In the treatment of membranous croup, I use the second or third trituration of kali bichromatum. One-half grain of this powder is blown into the throat in a careful manner during an inspiration. I have observed relief from its use within less than one minute.

In its later influence it disorganizes the membranes. I use a tube five or six inches long, and since I have adopted this treatment I have had the most excellent results. In fact, I think I have not failed in a single case since I learned how to administer it properly.

G. W. MATHIS, M. D.

Echinacea in Erysipelas and in Lockjaw

On the first of April, I was called by a regular physician to see Mr. M., who was about fifty years old. He had an attack of phlegmonous erysipelas in the right hand. The hand was badly swollen and intensely red. Although the action of the heart was very weak, there was an increased impulse.

The attending physician had given an unfavorable prognosis in which I at first concurred, but at my suggestion we put him on half teaspoonful doses of echinacea every three hours, and dressed the hand with the oxid of zinc ointment. In twenty days we dismissed the patient cured.

I was called to attend a patient who was suffering from a severe injury. While awaiting the attendance of a surgeon who was to perform an operation, the patient's jaws became locked and traumatic tetanus developed rapidly.

I advised the administration of half teaspoonful doses of echinacea. When the surgeon arrived, he said a cure was impossible, but the remedy was persisted in. The patient has recovered completely, to the satisfaction of all.

T. C. HARRIS, M. D.

Asthmatic Bronchorrhea

I have used agrimony in the treatment of asthmatic bronchorrhea for several years, It is applicable in those cases of

nasal catarrh where the discharge is abundant and not purulent. Where it is mucopurulent I add the sulphide of calcium. This enhances the cure.

I adopted this course in my own case in which the old line remedies gave no relief. I have since tried it on other patients with excellent results. There are no bad after-effects such as are produced by opium.

THOMAS W. MUSGROVE, M. D.

COMMENT: The Doctor does not give us specific instructions as to the administration of the remedy, but as it is non-toxic, it may be administered in from five to forty minims of the specific remedy four or five times a day.

The dosage should be adapted to the individual patient. I should be glad to hear other reports on the action of the remedy in this condition.

Veratrum in Puerperal Convulsions

I had a most persistent case of puerperal convulsions recently which I controlled with the use of veratrum. I gave the specific medicine hypodermically in from ten to fifteen drop doses at varying intervals from one to four hours.

During a period of two or three days I also gave 1/4 grain of morphin twice hypodermically, and once *per orum*.

C. P. HOCKETT, M. D.

Dribbling of Urine

I take pleasure in stating the following as a practical fact which I have demonstrated in many cases to my satisfaction.

In atonic conditions of the sphincter muscle of the bladder which may be sufficient to assume a semi-paralyzed state and which will result in a complete retention of urine, or in a dribbling of urine, especially in those advanced in pregnancy, small doses of santonin given at intervals of from one to four hours, will generally give relief.

B. F. GREEN, M. D.

Rhus Poisoning

I only add my testimony to a fact that was published in an eclectic medical journal more than a year ago, from Dr. Daniel of Kansas, regarding the use of quinin in rhus poisoning.

During the past eighteen years, I have used a number of remedies with varying success. Since reading Dr. Daniel's article I have used a solution of quinin sulphate exclusively in the treatment of all of my cases, and I have quite a number of these every year.

Some have been really severe and the result in every case has been 'all that could be desired. I do not pay much attention to the strength of the solution. It must be strong enough, that's all. I apply it freely. Improvement generally begins after the first few

hours.

R. W. FOWLER, M. D.

Rhus Poisoning

I have had considerable experience in the use of quinin in rhus poisoning. I use it in the proportion of one ounce of salt to six ounces of water. I have obtained the most beautiful results.

I apply it freely and persistently until beneficial results are obtained.

JOHN S. RANKIN, M. D.

Sciatica—Sore Nipples

In the treatment of sciatica, especially if it seems to be of rheumatic origin, I have been in the habit of giving the following prescription, with the action of which I am very well satisfied:

Specific apocynum	drs . 3
Water q. s	ozs. 4

Mix. Sig: Take a teaspoonful in water every four hours.

In the treatment of sore nipples of any kind, I have obtained excellent results from the thorough application of the compound tincture of benzoin. Simple though this course may be, I have derived satisfaction from it.

HARVEY S. BROWN, M. D.

Crataegus in Angina Pectoris

I recently treated a patient who had suffered for years from angina pectoris. The attacks were invariably brought on immediately if she should put her hands into cold water. For this patient I prescribed crataegus oxyacantha, the homeopathic tincture, in divided doses several times each day, and gave a light electric treatment of a high frequency twice a week.

The improvement was plainly perceptible from the start and the patient has had no attack since the treatment was instituted. Prior to that there was a severe attack every four or six weeks. She calls herself well today although the heart disorder cannot be fully cured.

I feel that I cannot recommend this remedy too highly in this class of cases where there is valvular insufficiency.

IDA H. BARNES, M. D.

COMMENT: I regret that the Doctor did not go a little more fully into details concerning the age and general condition of the patient, and the dosage, in order to enable us to learn to more clearly apply, in our own cases, crataegus for the treatment of valvular heart disorder. I hope all of my writers will learn to be very specific. This fact has much value, but its value would be increased if it were more exact with more of the details.

Passiflora in Insomnia

I have observed the action of passiflora in the treatment of insomnia. The

remedy cannot be used indiscriminately but I have found that where there is an absence of pain, it may be given in the majority of cases to produce quiet and restful sleep.

I add a teaspoonful to half of a glass of water, and give the mixture in teaspoonful doses every half hour before retiring until the patient is quiet. I would advise the physicians who have not used it to try it.

IDA H. BARNES, M. D.

Tela Araneae

I have used tela araneae in the past with some benefit. During the month of November last, I attended a lady, about seventy years old, who has had mild attacks of malaria every year after returning from the seaside.

This year the general symptoms yielded very satisfactorily to the use of eupatorium and leptandra. The patient is very sensitive to tonics, not being able to take nux vomica or strychnin; being unpleasantly affected with even the 1/134 of a grain of strychnin.

This patient complained of a permanent sensation of cold, claiming that she had chills inside and that she was chilly all the time. Having some specific tela, I added fifteen drops to four ounces of water and advised the patient to take one dram four times a day.

The result of this treatment was

immediate. Within a week all the symptoms were improved, and the chilly sensations were entirely relieved.

F. H. WILLIAMS, M. D.

Boric Acid in Polyuria

For eighteen years I have used in my practice, boric acid for an excessive flow of urine, I think with success in every case. So have others who have seen my published statements in regard to it.

It is of great value in diabetes insipidus, and I believe that it will come nearer to curing diabetes mellitus than any other single remedy. In fact two such cases have been reported cured from its use.. The first patient in which I used it was declared by physicians who had treated him, to have diabetes mellitus.

I did not test the urine but I gave him seven grains of boric acid three times a day. In less than six weeks he reports to me that the symptoms had disappeared. I believe that the virtue of the remedy exhibits itself when the larger dose is given, rather than when given in small doses.

From five to seven grains three times a day has promptly cured all the cases of diabetes insipidus in which I have used it.

OVID S. LAWS,, M. D.

Vomiting in Pregnancy

Several years ago, I was called in consultation to meet a physician, who anticipated that an artificial abortion was necessary, as the prospective mother was in the third month of pregnancy, and vomiting was extreme, emaciation becoming very marked. I watched several attacks of the vomiting, and could plainly see that it was essentially a reflex spasm of the structures involved in the process of emesis.

I at once advised against the contemplated abortion, and advised that gelsemium be given in ten drop doses, repeated every three hours. The suggestion was adopted, and when the stomach refused to retain the medicine, it was given with the hypodermic syringe, and repeated until the eyelids began to droop. As a result there was prompt relief of the vomiting. I often meet a strong healthy boy on the streets, and think to myself, you owe your existence to the suggestion that I made, while the other fellow is getting the credit.

In the average cases of vomiting in pregnancy, and especially those where I am asked to prescribe without seeing the patient, I have found that the best all-around remedy is, the compound powder of rhubarb and potash, which I keep in tablet form, and direct that a tablet be taken before each meal. This remedy is efficient in those cases characterized by acidity of the stomach, and those in which

constipation is a prominent factor.

"Magna est Veritas, et praevalabit."

H. L. HENDERSON, M. D.

Increase of Temperature Due to Cactus

Dr. Burnett writes us that in one case of typhoid fever in which he thought cactus was the indicated remedy, he gave from two to ten drops of specific cactus at a dose at various times during the day and night for some little period, and claims that there was a rise of temperature each time after the remedy was given. He was inclined to think that the remedy induced the condition.

If at any time there is a tendency to nervous hyperesthesia with an excitable action of the heart, I have found cactus to aggravate the symptoms and have advised against its use when such symptoms were present.

* * * * *

Dr. Waugh suggests the inhalation of the vapor of formalin to prevent the development of a cold. When a tickling within the nose is experienced it indicates that a cold is developing. The inhalation from a bottle of a solution of formalin for a few moments will cause this to subside.

Letters

REFORM MEASURES IN GERMANY

Editor Ellingwood's Therapist:

The medical situation in Germany is different in a great many respects from that in America. Here we have only State Universities, at which regulars only teach. There is no chair of homeopathy in any of them and the name eclecticism is as far I know unknown here. Still there is a great movement in this country against the dosing of the old regular school and its serum therapy. It was originated by a layman, Vincenz Priessnitz, who first brought the so-called natural factors of water, diet, air and sun-baths, massage and exercise into a system and used them to the exclusion of drugs. The physicians remained sceptical for a long time, so the laity took up the movement and formed associations for the spreading of these teachings.

The physicians were obstinate, so there sprang up a multitude of lay or irregular practitioners, who had not graduated from one of the recognized medical schools, but were self-taught or instructed by other irregular practitioners. This was possible here, as the profession of medicine was by law declared to be a free craft, i. e., one which may be practiced by any person who registers as a practitioner; the law does not require that this person like any other tradesman shall have passed through a prescribed course of study. Still only graduated

physicians were enabled to sign death certificates or hold official positions. useless.

The physicians fought hard against the "Naturheilbewegung" (naturopathy), but in vain; the journal of the association, *Der Naturarzt*, is at present published in about 100,000 copies. Gradually physicians joined the ranks of the movement and became prominent in it. They were shunned by their colleagues, no consultation was given them, etc., but their number grew and is still growing. At first the new movement was radically opposed to any and all drugs, but gradually they came to remember the old home remedies, and Father Kneipp did much to make them popular.

After him a former lawyer, M. Gluenicke, made the systematic use of herbs the prominent feature of his "system of cure." So that nowadays the use of herbs is a recognized feature of the movement; most of the liberal physicians now use them in one form or the other, a few make them a prominent feature of their therapeutics.

Under the pressure of public opinion even the orthodox physicians took up the water-cure; so that now we find chairs for hydrotherapy and massage in all the larger universities, and a vegetable diet is recommended as a curative factor in certain selected cases by many an orthodox professor. Some of them even prescribe teas made from herbs that a few years ago were considered as entirely obsolete and

That is in short the situation in this country. You see specific medicines and specific medication are practically unknown here. I have never seen those two words mentioned in print. I shall use specific medicines, and have the co-operation of Dr. K. Kahnt and of the "Verein für Pflanzenheilkunde," an association comprising about 3,000 members. I shall also try to interest other physicians, but it will naturally be very slow work.

In our practice we use besides the other so-called natural factors, herbs only, and these in the form of watery extracts made in a percolator under pressure. The extracts are then sterilized and sealed, and come in bottles of 200 gr. each. (There are plenty of people who would not consult again a Physician who would prescribe mercury, or iodides, or salicylates, etc., for them.) ,

The herbs are combined so that they act as alteratives in a milder or stronger way and on the different organs of the body. They are taken in small doses frequently during the day diluted with water and with the addition of the juice of one lemon and some sugar. At the same time rectal injections are used two or three times a week with another compound extract. This course of treatment (I have not mentioned water applications, diet, etc.) is used mostly in chronic diseases and with excellent results.

Hoping that this letter is not altogether too long and that what I have written may interest your readers

I am very sincerely yours,
C. D. ISENBERG, M. D.,
Hamburg, Germany.

CONSTITUTIONAL TREATMENT FOR GONORRHEA

In the treatment of gonorrhoea but few physicians have ever thought of the necessity of doing more than treating the case with thorough local treatment.

A writer in *The American Journal of Dermatology* claims that the gonococci may invade every part of the animal organism. In one case a patient who was thought to be suffering from heart disease suddenly died. Upon post-mortem examination, the left ventricle of the heart was found to contain an appreciable quantity of pus, which upon microscopic examination was found to be teeming with gonococci.

The writer believes that every case should be treated constitutionally, and when the proper constitutional treatment is determined upon, he thinks, gleet will be a relic and prostatitis but a memory of the past.

* * * * *

Impacted cerumen in the ears may be removed by dropping a few drops of hydrogen-peroxid into the ear, and following this a few minutes later by a thorough syringing with a strong

boracic acid solution.

Umbilical hernia can nearly always be cured by the application of a pad which can be kept in place with adhesive strips, changing the pad perhaps once a week. Trusses are difficult to keep in position.

Femoral hernia should be cured by a radical operation. A truss is only a makeshift and a great inconvenience.

From two to ten minims of camphorated phenol may be injected into a ganglion in the wrist and repeated, if necessary, after a few days. No preliminary aspiration is needed. This is usually a successful method.

Choice Cleanings

TREATMENT OF SCIATICA BY ENTEROCLYSIS AT HIGH TEMPERATURE

Annequit says that water at a very high temperature introduced into the intestine acts directly upon the branches of the sciatic nerve and of the sympathetic plexus as well as upon the pelvic ganglia. In accordance with this principle Annequit utilized injections into the intestine at high temperature in the treatment of sciatica. In addition to their effect upon the nerve these treatments also improve the digestive functions and diminish the process of intoxication. He recommends irrigations with water at 48°C. at first, which gradually should be increased to

55° or 56°C. The patient tolerates these well if the fluid is introduced very slowly and the irrigations suspended when spasm occurs. The receptacle should not be elevated more than 30 or 40 Cm. and should be wrapped in wool so as not to lose its heat too rapidly. A flexible rectal catheter is used. The best fluid is a physiological salt solution made by dissolving two teaspoonfuls of common salt in a litre of water. The treatment may be preceded by a small evacuating enema at lower temperature. The patient should lie on his right side with his knees flexed and later should turn upon his back to avoid cramps and to retain the fluid as long as possible. The treatment may be continued indefinitely without any bad results.—*La Tribune Med.*

PYOMETRA IN CANCER OF THE UTERUS

DR. ANDRE LOMON, PARIS

“Pyometra is an accumulation or retention of a certain amount of pus in the uterine cavity. It occurs in a variety of uterine diseases, and is met with in cancer, in certain fibromas, in certain cases of stenosis of the cervix; in a word, whenever an obstacle is offered to the evacuation of infected uterine secretions.”

Cancer of the uterus, especially cancer of the cervix, is by far the most frequent cause of pyometra. Thus of thirteen cases of pyometra cited by Bratoff, nine were due to cancer. And yet this complication of cancer of the

uterus is not mentioned in the standard works on gynecology. For this reason I thought it interesting to report a case which I observed in the service of my teacher, Dr. Bazy, and to sketch the clinical and etiological facts in connection with this subject. The following is the history of the case:

Marie D., fifty-three years old, examined October 11, 1906. Admitted January 19; operated upon January 22, 1907; discharged cured.

The patient had been operated upon ten years ago for a colloid cyst of the ovary by LeDentu and had not menstruated since. She had been bleeding continuously for six months. For the past month she had hemorrhages which lasted one or two days. Her physician curetted the cervix and applied potassium chlorate. At present there is an abundant purulent discharge with a foul odor. The temperature chart shows irregular rises of fever.

The cervix is somewhat indurated, but not abnormally so, and is atrophied. Through the speculum three small red projections are visible in the cervix, which do not bleed.

Operation.—An incision was made from the pubes to the umbilicus, and revealed an adherent intestine in the neighborhood of the old scar. The intestine was not involved. The uterus was of a size corresponding to the third month of pregnancy, and was very soft. The left annexa had been

removed, and in its neighborhood there were no adhesions, contrary to expectation. The two pedicles were tied, and both were found to be friable. The broad and round ligaments, even, were friable. The right tube showed a somewhat hypertrophied and inflamed fimbria. The large ligaments were cut at the level of the cervix, and it was noted that the cervix was adherent and very friable. The uterus was so soft that it could not be drawn up. It was punctured in order to empty it, and about 200 c.c. of a very foul grayish-green pus were removed. The uterus was then drawn up with forceps and was completely separated from the vagina, and removed. A drain was left in place and the abdominal wall sutured.

The uterus was opened in the median line, and its cavity was found to contain a little sanious pus. Its mucosa was wrinkled and rough, and in places there were vegetations with long pedicles. The body of the uterus was hypertrophied, but very soft, while the cervix was very hard and fibrous. A sound was introduced easily from without inward, but would not pass from within outward, which explained the retention of pus. On histological examination, made by Dr. Rubens-Duval, there was found a suppurative metritis, together with a cylindrical epithelioma at the beginning of the lower portion of the cervix, limited to this region and not yet extending to the pericervical adipose tissue.

Etiology.-The only statistics which have

been published as to the frequency of pyometra in cancer of the uterus are those of Sinclair, who gives 6.2 percent in his article on cancer of the uterus in the work of Allbutt and Playfair. These statistics are based upon the tables by Burkle, which summarize operations by various German surgeons. In 273 cases of vaginal hysterectomy for cancer of the cervix there were 17 cases of pyometra. Lewers operated upon 67 cases of cancer of the uterus, of which 5 7 were cancers of the cervix. He found two examples of pyometra, or, in other words, 3.5 per cent. Lee saw five cases of pyometra but does not say in how many operations. Tait, in 31 vaginal hysterectomies for cancer, of which 28 were cancers of the cervix, found three cases of pyometra, or 10.7 per cent. In the hospital statistics of my teacher, M. Bazy, there were in one thousand operations upon women eight cancers of the uterine body and 28 cancers of the cervix, and among the latter one case of pyometra, i. e., 3.5 per cent.

All the authors who report cases of this sort agree that they usually occur at an advanced age. Most of the patients are over sixty, several over seventy, a few under sixty, and yet cancer is not more frequent at these ages. Statistics show that most cancers of the uterus are seen before fifty, and yet pyometra is not met with until after this age. All the patients had passed the menopause by several years; on the average from ten to fifteen and in some cases twentyfour years. There are several reasons why this should be so, the most important

of which is the effect of senile sclerosis, which invades the neck of the uterus, but we believe that the menstrual flow, which once each month clears the cavity and tends to remove any obstacles that might form at the cervix, has a tendency to prevent retention of pus in the uterus. Pyometra develops slowly as the result of a progressive distention of the uterine wall.—*La Tribune Medicale*.

CALCAREA PHOSPHORICA

“Turning now to the first group, I take it that I am not far wrong in considering that the action of these will, in all essential features, be covered by a consideration of calcarea phosphorica, the celebrated Schussler remedy. I have been pleased to find that Dr. Raue frequently recommends the use of this remedy. In children it finds one of its widest fields of usefulness. There is hardly a part of the human frame that escapes from the far-reaching action of calcarea.

“Its utility in dental troubles is well known, particularly where the appendages are poorly developed. Slow dentition and early decay of the teeth are indications. This at once reminds us that the whole osseous system is affected by calcarea, and is, indeed, one of the chief seats of its activity. It has a reputation for helping the union of fractured bones, and its service in rickets no one will question; and, indeed, in all kinds of bony deformity, whether scoliotic or kyphotic, it should be thought of as well as in all forms of

caries.

“It is not to supply lime to the tissues that we prescribe it, for the tissues will oftentimes remain very deficient in lime while it is being copiously ingested in the food. We give our minute doses rather to supply a specific stimulus to enable the tissues to assimilate the lime from the food.” — *Homeopathic Recorder*.

A STUDY OF ERGOT

Dr. Alfred P. Livingston has for years made a special study of ergot; his conclusions are of exceeding value. In the present paper his observations relating to ergot are derived from its obstetric uses. The general deductions which he thinks warranted from his personal experiences are:

1. Its direct and specific effect is the contraction of unstriated muscular fiber or other involuntary contractile tissue. Here he comes into direct opposition with those who have recently stated that ergot is not useful but harmful in cerebral hemorrhages, because it cannot act on the muscular fiber of the cerebral arteries, since they have no muscular fibers. Dr. Livingston says that no other effect of ergot has more positively been demonstrated than the relief of congested states in the brain. It must therefore act upon some other contractile tissue besides the unstriated muscular fiber.

2. It does not markedly contract that

which is normal in tone.

3. It is emphatic in its contraction of that which is lacking in tone.

4. It is striking in such effect in proportion to the recency of occurrence of the atonic state in such fiber.

5. Its widest field of usefulness is its application to the muscular coats or other contractile tissue of weak and relaxed bloodvessels.

6. It there tends to equalize vascular tension, etc., to distribute the blood equally throughout the body, to restore or promote functional activity of glands and organs generally and vasomotor centers particularly, to promote sleep, to relieve pain, nervousness, and spasm, to prevent or modify the effects of autotoxins and bacteria, to promote assimilation, absorption of exudates and elimination of waste, to relieve nausea, to prevent the ill and dangerous effects of anesthesia, to promote the healing of wounds, to prevent or modify inflammation, to arrest capillary hemorrhage, to relieve narcotic poisoning, and to make the work of the heart more easy and so to prevent its exhaustion or paralysis.

7. It is useful to restore tone in the unstriped fiber of the walls of the hollow viscera, stomach, bowels, bladder, uterus, etc.

8. The prevalent popular notion

existing in the medical profession that it is a dangerous drug and likely to produce ergotism, is unfounded as regards the modern pharmacopeial preparations, at least as regards such as he has used during the past thirtyfour years.

9. Its local action upon the stomach is often offensive, especially if full doses are given; its absorption from the stomach is uncertain, both as to promptness and degree, and therefore,

10. Its administration should be limited as much as possible to hypodermic injection, which assures immediate effect, admits of exact regulation of dose, and avoids nausea and other ill effects of its administration per os.

These deductions, Dr. Livingston tells us, are wholly founded upon his clinical experience. This he considers the only reliable guide as to the applicability of any therapy to disease. The indications for the application of ergot, therefore, he considers to be the recognition of lack of tone in unstriped muscular fiber or other involuntary contractile tissue; and on that single thread he hangs all the manifold indications for ergot, and its myriad utilities in therapeutics,

From this Dr. Livingston goes on to produce a remarkable array of indications for the administration of ergot. Practically, his indication is loss of balance of circulation, for if spasm of the blood-vessels exists in any one part, with local anemia resulting, he

looks upon this as evidence of weakness of the contractile coats of some blood-vessels, and so gives ergot. If the walls of the blood vessels are unusually weak or greatly strained he gives ergot. Inflammation of limited areas he treats with ergot. Atony of the hollow viscera, disorders of assimilation and elimination associated with the minuter circulation, impaired functional activity, he looks on as an indication for ergot. In fact, if there is too much blood or too little in any one part, ergot is given.

He thus gives a tremendous range to his favored remedy, In truth, it seems difficult to exclude anything if we allow the correctness of such premises. Dr. Livingston apparently gives to ergot the place which strychnine holds with a large number of the medical profession. Strychnine energizing every function and every tissue in the body, would necessarily be indicated whenever there would be a lapse of functional activity in any part. But then, do we not take the broad ground that illness of any description is indicative of a lapse in functional activity of one or other part of the body ?

We cannot believe with Dr. Livingston in his universal application of ergot, nevertheless there is a great deal to be learned from the observations made by this excellent clinician, who has studied this drug for a life-time in the field of clinical therapeutics.—*Am. Jour. of Clinical Med.*

DIAGNOSIS OF SHOCK

In those cases in which an injury has been sustained sufficient to induce shock, the pulse is small or rapid and the heart's action is enfeebled. In extreme cases the pulse is thread-like; there is general relaxation; the skin is bathed in perspiration, at first cool only, later cold.

The extremities are cold; the eyes are clear, but the pupils are dilated; the mind is clear, and sometimes when there is nervous irritation, its action is quickened. Occasionally there is vomiting, with involuntary evacuation of the bowels. The respiration is slow, sometimes irregular and occasionally sighing. The temperature is usually subnormal. There is but little pain.

Ellingwood's Therapeutist

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

Edited and published by FINLEY ELLINGWOOD M. D., 100 State Street, Chicago.

Subscriptions, \$1.00 per year in advance and One Therapeutic Fact which, should be sent with the subscription.

Editorials

THE REAL OBJECT

The New Year with THE THERAPEUTIST, opens auspiciously. The policy of this journal seems to have met with general approval. I am inclined to the opinion that it does not strike those who are looking for theories and for the discussion of obscure and unusual

conditions.; but the field is designed to be a practical one, and the meeting of all conditions in a simple, practical manner, has brought me many letters of approval and congratulation.

The object of this journal is to stimulate therapeutic study on the part of those who have been in the habit of devoting themselves to this branch, and what is more important, to interest those who have previously cared but little for earnest, persistent, thorough therapeutic study and observation. This is the most important object, and to this we shall continue to devote ourselves.

The profession at large is now quite generally realizing that the course we have laid out for many years is the proper course. While the laboratory study of drugs is essential to a degree, and gives a completeness and finish to the education of the medical student, he finds when he comes to apply these theories in practice, that there is something wanting.

It is soon revealed to him that the clinical observations made at the bedside of the patient concerning the action of each and every remedy that he would employ, is the important thing after all. He thus learns to meet exact conditions with an exact remedy; he learns preciseness and positiveness in practice; he acquires a knowledge of his drugs that enables him to discard routine formulae entirely and to create a compound, with correctness and perfect adaptation, on every occasion,

to the conditions met with, in the patient he is then treating.

He further finds that this knowledge of remedies enables him to immediately and with confidence, and ultimately with satisfaction to himself, prescribe for conditions which are entirely new to him. This is one of the most astonishing, but at the same time, one of the most satisfactory results of the thorough study of the single drug.

This course we are endeavoring to encourage all physicians in, and we are doing all that we can to obtain from each one those exact observations which he has been able to make on the action of drugs, which will serve to prove or disprove opinions previously existing, or statements which may have previously been made.

I observe with great satisfaction the unanimity of feeling on the part of our subscribers at the beginning of this year concerning the importance of obtaining from each doctor the proven fact. And those who previously laid but little stress upon my request, are very sensibly complying with it promptly and fully, and the prospect is that I shall have a far more perfect array of facts for the coming year than I have had in the past.

All this must certainly be gratifying to the readers. I shall certainly do my part and I have perfect confidence that my every reader will do his or her part.

THE EFFECTS OF DOUBT

I wonder if the doubting doctor who never feels sure of his results and has no confidence in the action of drugs, realizes that his doubts do his patients a great deal of harm. They sometimes do serious harm.

The statement has gone the rounds of the secular and medical press, quoted from a prominent Chicago physician, that medicine has no effect in pneumonia, and that from twenty-five to forty per cent of the patients must die.

Any intelligent physician can realize in a moment what an effect that statement would have upon the mind of the patient. If the doctor has no confidence in his medicine, the patient has none either, nor has he any confidence in the doctor.

If a patient reading the above statement in the morning paper should be told at night that he had an attack of pneumonia, there are chances in some cases that the patient would at once give up in despair, and his despair would render any doctor's measures ineffectual.

The time is at hand when every doctor must acquire a knowledge of those measures which fill him with confidence. He thus becomes in himself a source of help to his patient. Furthermore, if a man does not have faith in his drugs, he will administer them in a careless manner and not in

the form in which he could obtain the best results.

THE RATIONAL INFLUENCE OF HOT APPLICATIONS

In some recent experiments made by Schuller, it was determined that whenever the body of a rabbit, upon which he was experimenting, was immersed in hot water, all the blood vessels of the meninges of the brain contracted, showing that the amount of blood within the cranium was markedly diminished.

On the other hand, whenever the body was immersed in cold water, the meningeal vessels became engorged. Further experiments show that where cold was applied to produce local anemia, the condition was immediately followed by a secondary hyperemia in which the vessels greatly exceeded their normal size in distension with arterial blood.

This simple demonstration is a strong argument in favor of heat and should be borne in mind in the application of cold to any area during high temperature to overcome the acute congestion which precedes or acts as an initial factor in local acute inflammatory action. The effect of cold in driving the blood out of the part is only temporary, and the secondary result is that there is a greater determination there than before the cold was applied.

Furthermore, as there is no stimulating

influence from cold, the morbid products present in the tissues and capillaries of the part, remain there and become one of the active factors which induce the engorgement, clogging up the capillaries and preventing elimination. Disintegration soon takes place and the excretory products of the inflammatory processes are immediately deposited and structural change becomes pronounced.

Let heat be applied instead of cold. There is thus no violent reaction taking place; the stimulating effect of heat is at once apparent. The capillaries are at once dilated, the blood is moved rapidly, and with this rapid movement the morbid products are carried off. At the same time the restorative processes are encouraged by the action of heat, and cell and capillary disintegration takes place to a very much larger degree.

These arguments can be demonstrated plainly by an investigator who is not prejudiced by deep-seated, long standing traditions. I have recently observed a case of meningitis in which ice packs were applied to the head almost from the first. The body and limbs were cold and almost blue, and from the first, the heat in the head increased.

If heat had been early applied to the body and extremities in place of applying ice to the head, the derivative influence of this powerful measure would have produced an active anemia

of the brain, and the usual result of the inflammation, especially the exudation, would have been retarded or prevented entirely.

I know of an old physician who has successfully treated acute meningitis for many years by putting the patient in a very hot mustard bath and keeping this up during the first few days of the disease as often as is permissible.

I am aware that I am prejudiced against the application of cold in local inflammation; but I think I have most excellent reasons for arguing in favor of heat, and heat only, except, perhaps, in rare cases.

SUGGESTIONS IN THE TREATMENT OF PNEUMONIA

It may be a matter of supererogation to present to many of our readers the cardinal features essential in the successful treatment of pneumonia; but while we frequently refer to them, they are always practical, and this presentation may be convenient to someone who has not previously practiced a similar, direct method.

To begin with, harsh measures are never justifiable in this condition. Mild methods persisted in are in every way superior, and if administered with confidence, will produce immediate results.

Let every case be treated according to its own symptomatology, and *think not at all* of the possible microbic origin of

the disease. Discard the use of antiseptics as exercising any abortive or preventive treatment in pneumonia. If intestinal antiseptics are plainly indicated in the later stages of the disease, administer them according to their indications.

Combat any excess of temperature in this disease from its first appearance. Let the theory that fever is conservative have no place, whatever, in your mind. It is always to be dreaded and its influence is persistently detrimental.

Remember that cold applications encourage the precise conditions which are present at the beginning of the preliminary congestion from which these cases proceed. It encourages the advancement of this congestion; while heat antagonizes the congestion, unloads the preliminary engorgement, imparts strength and tone to the capillaries, strengthens the vital processes, and, in fact, antagonizes every pathological condition upon which the disease depends. To stimulate the removal of morbid products and encourage a free, normal supply of healthy blood, always apply heat.

Conserve in every way the strength of the patient, but *use no stimulants* until the indications for their use in general failure, or in failure of the heart, or weakness of the nervous system are plainly apparent. This is imperative.

Strychnin and digitalis, given in the sthenic stage of this fever have, in

many cases in which I have observed their action, brought about an early collapse and a fatal result which, I am sure, would not have occurred had they been withheld. I believe *heart failure is oftener the result of the treatment than of the disease.*

Use no active physics in this disease, or other reducing agents; and laxatives only as indicated.

In sthenic patients with high temperature, large, round, full, soft pulse, dark discoloration of the face with full tissues, give veratrum in from one-half to one and one-half drop doses every hour, closely observing its influence until the pulse is reduced and the temperature abates.

If the skin is hot and dry with increasing temperature, with a small, hard, rapid pulse, give aconite. If with these symptoms there is chilliness with local soreness and evidences of preliminary congestion, add belladonna to the aconite and give the two remedies conjointly in small doses frequently repeated. If the chilliness is extreme, increase the quantity of belladonna from one-half drop of the tincture at a dose to one drop. These remedies will work most harmoniously together.

Where there is local soreness, or where from pleuritic involvement there are short, cutting pains with dry, hacking cough, bryonia is the indicated remedy. This agent, I consider, meets the general pathological indications as fully

as any other one remedy.

My experience has confirmed its beneficial influence in many cases. It may be given in conjunction with, or instead of aconite, and its influence upon the temperature is occasionally all sufficient, especially if there is persistent pain in the chest. If the pain is positively pleuritic in character it works exceedingly well in conjunction with asclepias.

I have observed that this remedy, and in fact any remedy used in the treatment of pneumonia of the infant or of the aged, will do very much better if given in small doses at intervals of twenty or thirty minutes. The smaller dose, frequently repeated, has accomplished results for me that the same remedy in large doses at long intervals has failed to accomplish. The adjustment of other measures to the patient are very important.

THE CANCER SYMPOSIUM

During the past four months, I have devoted a great deal of the space, in this journal, to the consideration of cancer, and its treatment. I have done this because there is a growing belief on the part of both physicians and surgeons, that surgery only removes the external growth of cancer, and that cutting is more apt to increase the disease than to diminish it. Further, that it is time that we should develop specific methods for the cure of the separate forms of cancer.

I shall as time passes present other so called incurable disorders, in much the same manner I have cancer, hoping that in time, as I have often stated, we will more nearly approximate a rational cure for these conditions.

ABSENCE OF THE PARIETAL BONE

About the first of November, I attended a lady in confinement who was delivered of a boy, perfect in every particular except that the posterior half of the left parietal bone was entirely absent.

My first impression was that it was simply an enlarged fontanelle, but careful observation showed that the margins of the surrounding bone other than those included in the region of the fontanelle were blunt and abrupt and smooth.

There was considerable bulging of the cerebral contents, but there was no evidence of either hydrocephalus, meningocele, or other abnormal conditions, and in the course of three or four weeks the protrusion subsided, and it was evident that bony tissue was forming over the vacant space.

This has continued until the bone is now intact, with no apparent harm to the child, although the new formation of bone is rough and somewhat uneven. The scalp and its covering are perfect. I report this because I have not been able to find the record of a similar case, and the first appearances were certainly not promising.

LUMBAGO

A statement is made in *The Medical Summary* that Doctor Bogart depends for a specific effect in the treatment of all forms of lumbago, upon the following:

Specific arnica	drs. 2
Specific macrotys	drs. 2

Mix. Give the patient from two to four drops in a little water every hour.

But few of our readers will see at first glance, the rational character of this prescription. I have never used this combination, but the two remedies, in their specific indications, run closely parallel to each other, and when a case of lumbago is carefully analyzed, it will be found that in nearly every case the indications for these two remedies are present.

I have confidence in the combination even though I have not used it, and consequently advise a trial. There may be cases in which gelsemium can be given alternately or in conjunction with these remedies with superior results.

SYPHILITIC THROAT AND SYPHILIS

I have recently treated a case of syphilitic ulceration of the throat which, although persistent, yielded kindly to the direct application, three or four times a day, of specific thuja. As the treatment advanced one or two stubborn ulcers were treated with

persulphate of iron, and afterward with thuja.

Inasmuch as this condition was for some time very stubborn, I make this report for the benefit of those who have not previously used this remedy. No doubt there are cases in which it might not be serviceable. This local treatment is used in conjunction with the internal use of echinacea and other active alteratives adapted to the conditions present in the individual case.

Dr. Hill of Pennsylvania writes me that he notices the statements we have made, that these remedies will cure syphilis in from six to nine months. He desires to know how that the cases are cured, when, under the mercurial treatment, it is necessary to keep the case under treatment from two to five years.

I reply to him, the only way we can know is from the entire disappearance of even the slightest evidence of the disease, and as the months go by, from the fact that none of the symptoms reappear, the patient remaining in excellent health.

THE LONG WAIST AND MOVABLE KIDNEY

I have had an opportunity to observe a number of cases of movable kidney in the last twenty years. These cases have been of much interest to me and I have made a series of observations which agree in the main with some statements

published last summer in the *Medical Record*, from Dr. A. E. Gallant. He believes that the weight of the clothing and compression at the waist line at and after puberty, have an important effect on girls in producing movable kidneys.

The author has reviewed fifty cases and made careful measurements and finds abnormalities in the length of the trunk, as shown by the distance between the suprasternal notch and upper border of the symphysis pubis, and deviation from the normal relation between the circumference of the waist and hips at the trochanters. There is hollowing of the epigastrium and bulging of the hypogastrium.

A respiratory rise and fall of the greater curvature of the stomach may be seen in thin-walled subjects. Displacement occurs frequently after childbirth and should be remedied by a firm abdominal binder and exercises while in bed. Prolapse of the colon and stomach are generally associated with that of the kidney. These conditions cannot, unfortunately, be remedied by operation.

A properly shaped corset, put on before rising, in a semiopisthotonos position, makes the patient comfortable and prevents complications.

COCCYGODYNIA

This usually intractable disorder has not been relieved by any specific measures that have so far been

suggested. DeVesian, of Paris, is quoted by *The Therapeutic Record* as offering a quick and permanent means of bringing about relief from this trouble by the injection of about fifteen minims of alcohol.

A finger is inserted into the rectum and a hypodermic needle is introduced about one inch behind the anus. The fluid is injected in all directions, both in front of and behind the bone, but perpendicular to the bone.

The treatment seems to be heroic and is painful, but in a number of cases in which the author tried it, no inflammatory action took place and only one injection was necessary as the pain did not return.

MISTLETOE IN HEMORRHAGE

I have on other occasions commented on the use of mistletoe as a clinical agent in hemorrhage. Its action in general, both upon the uterus and upon the central nervous system, is somewhat similar to that of ergot.

A French writer has made an extended experiment in the use of an aqueous extract of mistletoe, in order to determine its physiological action. Its principal influence he believes to be in reducing arterial tension. He has found it of value in all congestive hemorrhages, and especially in the hemorrhage of tuberculosis.

Its influence is exerted directly upon the arterial system, and it promptly

controls the hemorrhage in cases where there is a tendency to arteriosclerosis with high tension. Its influence is satisfactory because it immediately reduces the tension without producing any undesirable influence.

Of the aqueous extract, from three to five grains are administered during the course of twenty-four hours.

VINEGAR AS AN ANTIDOTE TO CARBOLIC ACID

Further experiments have recently been made concerning the antidotal influence of vinegar upon phenol (carbolic acid).

If a surface thoroughly burned by the strong acid be washed at once with vinegar, the bleaching and anesthetic influences of the acid are immediately controlled and no scars are formed. In case an excessive quantity has been swallowed, enough water should be added to the vinegar to make it possible to swallow the solution, and once brought in contact with the walls of the stomach, it should, in extreme cases, be removed, and a new quantity introduced by the syphon or stomach pump. Good results are reported in all cases.

It would be well for the physician to educate his patrons concerning the use of this and other simple measures, in cases where the danger is so great that the patient's life may be sacrificed before a physician can be secured.

CYSTITIS IN INFANTS

A writer in a foreign exchange believes that cystitis is much more common in nursing babies than we are inclined to think. He believes that we fail to make a diagnosis. He further believes that the symptoms are confused with similar ones with which we are familiar, which occur in diseases of the gastro-intestinal tract.

The pain, the distress, the local tenderness, the fever, are all attributed to abdominal disease, and as it is not easy to obtain a specimen of urine for analysis, the actual condition is overlooked.

The conditions which he has found in fifteen cases in which he believes he has made a correct diagnosis, are fever, pain, turbid, acid urine which contains bacteria, and agglutinated leucocytes. The urine is without odor and contains but little albumen.

The causes are similar to those which obtain in adult cases, and he is inclined to think that the bacilli from the intestinal tract are among the common causes.

Out of the fifteen cases which the writer observed, six were in male infants and all had phimosis, which caused the secretion and bacteria to be retained. The prognosis may be said to be good. Simple treatment will result in a cure. Usually irrigation is not necessary.

MULLEIN OIL IN DEAFNESS

Dr. R. E. Smucker of Shelby, Ohio, writes to ask the editor if he has had any experience in the use of mullein oil in the cure of deafness. In reply I will say that I used this remedy a great deal some twelve or fifteen years ago, and while I obtained no startling results, the results in most cases were more or less satisfactory.

In certain uncomplicated cases there was a slow but steady improvement in the hearing up to a certain period. I do not recall any complete cures. I also observed that auxiliary measures were necessary to obtain even the results above mentioned.

My course was to drop from one to three minims of oil in the ear two or three times each day. If any of the readers have had any experience with this remedy, let them kindly report.

TREATMENT OF DIABETES

No occasion offers itself to me to present to my readers a treatment for diabetes mellitus which seems to contain a reasonable idea, that I do not avail myself of the opportunity.

A writer in a recent number of The Medical Record reports the treatment of a case, that of a physician sixty-two years of age, with ten per cent of sugar. The following is his treatment: Powdered capsicum, thirty grains three times a day in capsules. This reduced

the sugar one-half and the effect lasted several weeks.

Grindelia robusta was given in dram doses of the fluid extract three times daily with the same result. Saw palmetto in two-dram doses three times a day had the same effect. Chimaphila in two-dram. doses of the fluid extract was taken in a glass of milk and proved most effective.

In twenty-three days the success was pronounced. Within ten days more the doctor reduced the remedy one dram and the patient ate a large portion of starchy food, when the sugar returned. A resumption of the two-dram doses caused the sugar to disappear again. This in other patients the doctor has found to be reliable.

As soon as the sugar disappears he gives arsenic in small doses and continues it for at least two months, when if the sugar does not re-appear, starchy food is resumed. At any time thereafter if the sugar appears the anti-diabetic diet is resumed with a full dose of the medicine. The writer believes this course will cure many cases.

SUNSTROKE

In the treatment of severe cases of sunstroke, a French journal says that it is the custom in India to give enemas of ice-water, using about a pint. These are repeated every ten or fifteen minutes until the headache disappears and the temperature falls to normal. Perfect

success is claimed for the method.

At first thought this would seem to be a rational measure, as there are no local congestive or inflammatory symptoms. If any reader has adopted this course in sunstroke I should be glad to have a report.

IODIN-COLD TO THE SPINE

Dr. Ayelsworth, one of THE THERAPEUTIST'S family, in an article in *The Medical Era*, says that he dissolves iodine in goose oil for external application and finds it in every way superior to the ordinary tincture.

When the oil boils it will take up about eight percent of the iodine. He urges the use of this preparation because it does not irritate, leaves no stain, and is promptly absorbed.

He further says that at one time he had a girl patient who had a temperature of 107.5 degrees, which continued at that point for twelve hours. Fearing for its influence upon the brain, he had prepared a bed of snow which he covered with a towel and laid her upon this, so that the snow was applied the entire length of the spine.

Inside of an hour the temperature was reduced to 100 degrees. The bowels were subsequently moved freely and there was no return of the high temperature. He has on other occasions used cold to the spine to reduce the temperature, and it has confirmed his faith in this method of

treatment in extreme temperatures.

CHRONIC RHINITIS

I have for years been subject to chronic rhinitis. This year, with the approach of winter, the symptoms were aggravated to an almost unbearable degree.

I had prepared, one ounce of echinacea, two drams of thuja, and sufficient syrup of stillingia compound to make six ounces. Of this I took a teaspoonful three times a day and irrigated the nasal passages thoroughly with a douche composed of one part of glycothymoline and four parts of warm water. This was followed with a spray with an alboline base.

The prescription above mentioned has frequently appeared in this journal as a treatment for chronic catarrh, and my use of it has been experimental, but the results, of the douche with the internal medicine have been highly satisfactory.

ECHINACEA FOR SUPERFICIAL GANGRENE

Mr. Thomas Hutchinson, of Ludlow, Ky., aged fifty-two. Occupation, railroad conductor. Admitted to the Good Samaritan Hospital February 9, 1907, in a semicomatose condition, suffering from two large gangrenous areas as large as the hand, situated on the inner aspect of the thigh, extending well into the region of the nates; temperature 104°, pulse 128. Mental condition was such that could be roused, but immediately passed into

stupor again. Examination of urine revealed large quantities of sugar. I gave large doses of bicarbonate of sodium. I opened the gangrenous area by crucial incision, irrigated with permanganate, 1/2000. Gave echinacea compound 4 Cc. four hourly; also applied it locally. Ordered diabetic diet. After ten days the echinacea compound was given t. i. d., and a moist dressing of the same was kept on the gangrenous area continuously. The patient improved gradually, and was discharged April 13, 1907. The urine showed sugar but had diminished very much, probably due to strict diet. I saw Mr. Hutchinson July 25, and there is no trace of the infection left. Sugar in the urine is just about the same. He is working and feels well; weighs 192 pounds.

CHAS. S. ROCKHILL, M. D.
Lancet-Clinic.—August 14, 1907.

Dr. Rockhill has kindly permitted us to state that Eusoma is the preparation referred to in the above letter as "Echinacea Compound."

THE EUSOMA PHARMACEUTICAL CO.
Cincinnati, O.

GRAVITATION IN SEPTIC PERITONITIS

In the treatment of septic peritonitis, recent authors are agreed that a great advancement has been made by insisting upon placing the patient in a semi-erect position, at an angle of about forty degrees, maintaining her

there by means of supports and by pillows.

As a result of this position persistently maintained, the septic fluid from all portions of the abdominal cavity gravitates to the safer area of the pelvis, from which it may be readily drained, if necessary, by a suprapubic drain. This minimizes the area of absorption, and consequently the degree of absorption.

THE NATIONAL ASSOCIATION

At the last meeting of The Eclectic Medical Association, another effort was made to reorganize Eclecticism in the United States and to get a larger proportion of them into the National Association.

This is in line with the work that was undertaken four or five years ago when the National Secretary was sent on organizing tours to the different State societies to encourage a co-operation of effort, as a result of which five or six new societies were formed and a number of weak societies were strengthened.

In conjunction with the work of organization it is desired that the interests of eclectic physicians shall be attended to in legislative circles, and for this purpose a committee was appointed at the above named meeting which has been organized for active work.

Dr. J. K. Scudder, of Cincinnati, is the

secretary of the committee and is enthusiastic in his efforts to interest every member of the committee in the work that is being done. The following is the committee and it is to be hoped that every physician there named will take a personal interest, not only in accomplishing the work that may devolve upon him as a member of the committee, but in interesting other physicians in The National Association and its active work. We must be better organized. There should be a close union between the National and state associations.

* * * * *

Desesquelle advises the use of a saturated bromoform water in tablespoonful doses to overcome seasickness. The dose is taken when the first symptoms are observed and may be repeated a number of times through the day.

(list deleted)

* * * * *

Dr. Colbeck says, and he has good authority for the statement, that digitalis should seldom be given in cases of aortic regurgitation which has developed after the patient has reached middle life, since at this time, the ventricular wall is seldom sound. The agent should be avoided in all cases where there are evidences of myocardial degeneration.

* * * * *

Dr. G. U. Snapp of Newbury, Ore., writes us that there is a fine location in the Wilmette Valley, Oregon. He is confident that the right man can make money from the start, and will take pleasure in giving anyone who writes him, full information.

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That it is the prince of pain-relievers, being far superior to morphine in any form or combination before offered, giving maximum of effect with practically no unpleasant after effect whatever, and no drug-habit danger.

As evidence of the above we have recorded over 20,000 customers at this office alone, besides serving many thousands more through the trade who together have absorbed, in ever-increasing rapidity, now over 3,000,000 adult doses of H-M-C, Abbott, with unqualified success.

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I wish to say that I have used **H-M-C** Tablets (Abbott) in all operations I have done for adults since I received the first samples. I have had no untoward experience and have done some quite extensive operations without other anesthetics. Usually an experienced anesthetist will use only a dram or less of chloroform or proportionate amount of ether. Much of my work is done for country physicians, who, as a rule, are not experts with anesthetics, and more is used than when I operate at home. I regard it as the most valuable addition which has been made to the surgeon's armamentarium since ether and chloroform and am never without it in my hypodermic case.
 Fairbury, Neb.

G. L. Pritchett, M. D.

"Better than Morphine"

I've practised 20 years and find that **H-M-C** Tablets (Abbott) are better than anything I have ever used. Used in a general way, one-half strength tablets afford as much relief of pain as a tablet containing 1-4 grain of morphine and 1-150 grain of atropine.

A. H. DeLano, M. D.

Lone Tree, Iowa.

"Blessed"

I have just had a case of severely sprained ankle, where the pain was so excruciating that anodynes must be heroic. Morphine alone or with atropine had always caused nausea and had made her crazy. **H-M-C** (Abbott) did not have any of these effects, but acted so nicely that the patient called me "blessed," and I was delighted.

J. R. McCarty, M. D.

Fredonia, Pa.

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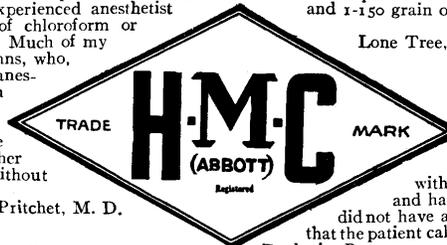
W. F. McKechnie, M. D.

"Delighted"

Used the **H-M-C** (Abbott) anesthetic in a recent operation. Two tablets were sufficient. Anesthesia complete. Was delighted with it.

L. A. Brustad, M. D.

Park River, N. Dakota.



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