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Ellingwood's Therapist

Finley Ellingwood M.D.

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July 15, 1908

OUR MOTTO

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

OUR CREED

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

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

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Ellingwood's Therapist

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VOL. II

JULY 15, 1908

No. 7

Leading Articles

THE MEDICAL TREATMENT OF CANCER

S. F. MARCH, M. D., KANSAS CITY, MISSOURI

I shall not try to give you the etiology and pathology of cancerous growths in this necessarily brief exposition of the treatment of this class of diseases; neither shall I try to classify or name the different kinds of cancer, but my object will be to give a rational treatment, other than the use of the knife, for patients afflicted with this class of diseases and the numerous complications that are always found accompanying them. The sooner the physician recognizes these complications or specific conditions, and treats them specifically, the sooner he will get the cancerous disease under control.

In order to treat chronic conditions of this character, and be successful, you must consider three important features: (a) the cause, (b) the adoption of a treatment adapted to

your individual patient, and (c) take sufficient time to restore the parts and the general health to a physiologic state.

These three features specifically indicate a long and judicious course of treatment, both local and constitutional, in order to strengthen and restore normal functions.

There should be a due appreciation of the starting point of cancer and the lesions that not infrequently develop it and of the harmless tumors that are liable to take on a cancerous growth.

Watch the obstinate fissure that will not close; the excoriation that will not heal; the senile wart that becomes irritated; the nævus that bleeds repeatedly; the scar that becomes hypertrophic; these are suspicious

conditions, especially when they are accompanied by the characteristic itching, crawling, gnawing and lightning-like pains, when experienced by the patient who has passed the meridian of life.

It is best to be able to recognize this kind of growth in its earliest stages, and when patients present themselves with the above named symptoms, although the local manifestation may be very small, they should be looked upon with suspicion and the proper treatment resorted to immediately.

This knowledge is very important from a practical point of view and cannot be overestimated. The prognosis of the disease depends largely upon the stage at which it is diagnosed. A well developed case is readily recognized, but often difficult or impossible to cure. Exactly the reverse is true of a case at or near its development.

Dr. Senn, the eminent surgeon, tells us that "carcinoma involves by local extension all tissues and organs irrespective of their anatomical structure."

"Generalization of carcinoma takes place in consequence of the entrance into the general circulation of carcinoma-cells or fragments of tumor tissue, which, when arrested anywhere in the arterial system, constitute carcinomatous emboli from which the metastatic tumors grow."

This being true, who can determine just

when a cancer has ceased to be local and has become distinctly general? Thus the importance of both local and constitutional treatment.

It has been argued that the majority of cancers are primarily and essentially local because they are encapsulated, and that the individual is thereby protected against systemic invasion.

Is such an argument tenable in view of these well established facts: (1) that some varieties of cancer are never encapsulated at any period of their development; (2) that almost without exception cancerous tumors are richly endowed with nutrient vessels through which circulation is abundant; (3) that in certain instances metastasis develops so promptly that it is quite impossible to determine with any degree of accuracy which is the primary growth.

Can the most erudite clinician be positive concerning (a) the variety of cancer to which it belongs, (b) whether or not it is distinctly encapsulated, (c) whether systemic invasion has or has not already taken place.

It is impossible to effect enduring relief by surgical means alone of cancerous growth, even in operations on epithelioma of cutaneous and mucous surfaces, where incision may be safely accomplished, and when it comes to cancer involving glandular, internal and deeper structures, the enduring relief is greatly lessened by operative procedure.

CANCER OF THE BREAST

This class of diseases, under the treatment of a physician who uses his knowledge of the pathological wrongs of the human body to good advantage and treats conditions instead of names, will often readily yield to the specific use of the appropriate drug, or drugs, in relieving the specific condition, or conditions, found in his patient. Cancer is no longer the dread disease it used to be. Scientific research and investigation of this once feared disease makes its treatment more simple and easier to comprehend when the physician simply uses the knowledge he already possesses with good common judgment.

Cancer patients, like all patients afflicted with other diseases, present an array of pathologic conditions, that, if interpreted aright, and the proper remedies applied and given, can be greatly relieved and benefited, lives prolonged and a majority of them cured. Some of my readers may think that last statement rather strong. I can pick out a score or more of our physicians that have cured cancer without using the knife by simply using the means within their knowledge, of specific remedies to relieve specific conditions.

Having had some experience in treating cancer specifically, I will describe a few cases to illustrate the method of treating this disease, or diseases, without the use of the knife.

The breast is made up of a peculiar tissue different from the tissues of other parts of the body. This tissue is easily impressed by outside influences—such as a blow—the patient may have fallen against something and bruised the breast—or an ill-fitting corset may produce irritation, cicatricial tissue following the formation of an abscess at confinement, which caused a temporary soreness and redness, which by the use of simple home remedies, disappeared.

Any disease is much easier treated in its incipiency than after it has become deep seated. A lump that makes its appearance in a woman's breast after she has passed the age of thirty-five should not be “laughed at,” but should be looked upon seriously and should receive careful attention. If the physician is able to recognize the lesion and can give the proper treatment much suffering and perhaps a life may be saved. The best thing for a physician to do is to treat the lesion he finds specifically, if he knows how, and if he don't know how, it is his duty to send the case to some one that does know.

Case 1.-Cancer of the breast. Mrs. S., aged 46 years. Came under my observation and treatment September 2, 1905. She was suffering with cancer of entire left breast, consisting of a deep open wound, or cavity, in the center.

This open sore was surrounded with hard and infiltrated tissues. The skin overlying these tissues was very dark, almost purple, and presented a rough nodular appearance. The ulcer or sore presented as a sloughing wound, which exuded a watery discharge mixed with blood. This required several dressings during the twenty-four hours, and was of a very disagreeable odor.

The pain was sharp and lancinating, and was accompanied with a dull, heavy ache which extended under the arm and down the arm to the elbow. The glands under the arm were involved. She had suffered four years, the first start being a small lump or tumor in the breast. These are some of the most prominent symptoms of cancer of the breast.

During the four years mentioned, she had tried various treatments, but gradually grew worse, and when she came to me for treatment was very despondent and had cried herself to sleep every night. She had become so disheartened, as she thought she was suffering from an incurable disease.

This case was diagnosed as "Scirrhus cancer," and treatment begun on the date above named. As the breast is composed of gland tissue consisting of lobes, and these again composed of lobules opening into the branches of lactiferous ducts, phytolacca becomes one of the indicated remedies, as this remedy, Ellingwood tells us, has a direct influence on glandular structures. This can be used both

locally and internally in the proper doses, and of course gives the best results when the specific phytolacca is used. Give the dose which is suited to the individual case. A local application can be made from equal parts of phytolacca, distilled witch hazel, and glycerin. This is rubbed in well on the hard part around the open sore. Capsicum can be added to this if a more stimulating effect is needed. Chelidonium is another remedy that can be used in this class of cases, and especially where there is an irregular action of the glandular system and a sluggish and deficient circulation of the tissues, glands and organs of the abdominal cavity. Leptandra, podophyllin, pulsatilla, thuja, iris, chionanthus and sodium phosphate all find their place of utility in some cases.

Where the case is of long standing as this one and the tissues have become degenerated into the foul smelling, ulcer, it is best to use some escharotic to get rid of the diseased mass of tissue that keeps poisoning the system. A paste of chloride of zinc, with or without the addition of powdered bloodroot, with a base of petrolatum or vaselin proportioned to suit your individual case, will turn the foul ulcer into a simple sore which can readily be healed by some soothing and healing application after this foul smelling tissue has been killed and sloughed out. The general health must be looked after also and every organ of the body be made to perform its proper function.

In using this kind of treatment the suffering and pain are alleviated, the swelling and soreness and inflammation subdued, the hardened, elevated and infiltrated tissues softened and brought back to a normal condition, and the dark purple and diseased tissue sloughed out, the sore brought down to a level with the healthy surrounding tissue, and by the help of specific echinacea to eradicate any remaining disease germs in the system, the sore was readily healed.

On December 26, 1905, she returned to her home entirely well, sore healed, the swelling, of the glands under the arm removed, her general health built up, as she had gained eighteen pounds in weight.

In a recent letter from her she informs me that neither the breast nor glands have given her any trouble since, and that she has as good health and also the use of her arm as ever she had, does her own housework for herself and family, consisting of her husband and two children. Her health is better in every way than it has been for years.

CANCER OF THE LIP

Cancer of the lower lip is more frequent than that of the upper lip, one of the principal causes being smoking a pipe or cigars; the stem of the pipe or the stub of a cigar proving to be an irritant to the mucous membranes and tissues of the lip, causing indurations and forming a hard and painful lump at

the seat of a crack in the lip, or ulcer, or fever sore. Several of our most prominent men have fallen victims to this dread disease from being inveterate smokers. But all cases of cancer of the lower lip are Dot brought on by smoking a pipe or cigar, as any injury to the lower lip will sometimes produce the condition. A bruise of mucous membrane from biting the lip, or lip becoming irritated from some protruding rough edged tooth. Any induration, fissure or lump in the lip should be treated promptly and not "let alone" to develop into a malignant disease. Timely treatment of the right kind will save your patient much suffering, and the eclectic physician, if rightly trained, should be equal to the task of treating it. Study the "conditions" to be overcome, then select the "indicated remedies," and success will follow.

Case 2.—Mr. H., a farmer, aged 56 years, applied to me for treatment of cancer of the lower lip on February 17, 1903. The sore was a ragged, ugly looking one extending from the left corner of the mouth two-thirds the way across the lip, involving the mucous membrane on the inside and skin on the outside, involving the muscle between, one-half way down the chin. The growth had turned over, or rather folded over, like a rose petal, making it impossible for him to close his mouth. This first appeared in the form of a small tumor four years prior to the date above mentioned. He paid but little attention to it, treating with some simple home remedies, but it steadily

grew worse. One year after its appearance he consulted a physician, who treated it for several weeks with no good results, it gradually getting worse by involving the surrounding tissues, and some one advised him to take the X-ray treatment. He did so, and during a period of nine months of submission to this mode of "scientific" (?) treatment he took "one hundred and ninety exposures," but instead of stopping the spreading of the disease the "exposures" increased the diseased surface. The X-ray acted on the surrounding healthy tissues, and caused a degeneration of this tissue also, and therefore did nothing toward checking or healing the previous sore but caused conditions that enlarged it.

The X-ray machine in the hands of an incompetent manipulator does more harm than good. This is only one of numerous cases that have come under my care and observation where the X-ray had first been used and with bad results, the flesh all around the sore being terribly burned, complicating matters very much indeed, and requiring long and tedious course of treatment to cure the X-ray burn. Some months after the X-ray experience the patient came under my care.

One of the cardinal principles in treating diseases of a cancerous or malignant nature is to keep the sore thoroughly clean and aseptic. This can be done by the use of any of the good antiseptics. Permanganate of potash is preferred in most cases, as it seems to possess cleansing powers and

disinfectant qualities not found in some of the others. Pix creosote is efficient in some cases. He was also put upon an alterative in which echinacea, baptisia, berberis aquifolium, dulcamara, ailanthus glandulosa and phytolacca were prominent ingredients when indicated. An escharotic suited to the case was used to get rid of the diseased tissue. Owing to the "scientific" (?) treatment with the X-ray he lost about half of his lip, as all the tissue that had come under the one hundred and ninety "exposures" sloughed out. In six weeks' time, under the above treatment, he returned to his home well, the growth removed and the lip healed. He had lost about half of the lip and it was difficult for him to hold the saliva in his mouth for a while, but that part of the lip has developed so that he now has no difficulty in doing so.

A short time since he visited me and while the deficiency in the lip can be noticed, yet it does not interfere with his speech whatever. He has had no sign of a return of the trouble.

CANCER OF THE STOMACH

Cancer of the stomach is extremely difficult to treat because of the involvement of so important an organ of the body. Any derangement of this viscus shuts off an important factor in our well being-as "we must eat to live,"

Case 3.—Mrs. K., a native of Iowa, aged 46 years, applied for treatment in

September, 1905. Had been suffering eighteen months with stomach trouble. She had been treated for indigestion, gallstones, ulceration of the stomach, enlarged liver, and not until a well-formed lump developed in the stomach, together with other characteristic symptoms, was her trouble looked upon as cancer. Had been confined to her bed, more or less, for five or six months prior to this time, and was reduced in flesh until she weighed less than a hundred pounds. Complained of a dull, aching pain in the region of the stomach, increased on pressure. The pain was not increased on introduction of food into the stomach. The lump could be easily detected and was located in the pyloric end of the stomach, and appeared to be larger than a good-sized hen's egg. She was very anemic. The abdominal wall was so thin that when she was lying on her back the lump could be easily seen. The characteristic coffee-ground vomit, with the dark, tarry stool, with constipation and diarrhea alternated. The characteristic cachectic color appeared with the skin drawn over the cheek bones. She was hollow-eyed, and, as her husband described it, "looked very much the color of a pumpkin."

The treatment in this case was principally constitutional, although a local application of distilled witch hazel was made to remove the soreness and pain, as the stomach was very tender and sore and she was so weak that she could not walk across the floor. The treatment varied as

symptoms and conditions varied. *Phytolacca* was given for its general influence on the irritated mucous membranes and glands of the stomach. *Pulsatilla* was prescribed for its soothing effect on the nervous system. Iodide of potash was used for its peculiar influence in the relief of cachectic conditions and its action on the glandular system. Subnitrate of bismuth was used for the pyrosis existing and the gastric flatulence. *Hydrastis* was used for its influence on the mucous membrane of the stomach and as the most natural stimulant to the normal function of digestion.

Calendula has its use in cases of this kind, as it helps to relieve the pain and quickly relieves the soreness, and to a great extent prevents a contraction of the tissues and the formation of a cicatrix, and quickly heals ulcerated surfaces, as well as allaying nausea and sickness at stomach.

Baptisia has its place in the treatment of this class of cases, as it exercises a great influence upon the glandular system of the whole alimentary canal, reinforces the character of the blood, prevents the destruction of the red corpuscles, carries off the waste material and has a marked sedative power.

Iris versicolor was used in this case for its effect upon the mucous membranes of the digestive tract with an altered secretion; nausea or vomiting of an acid liquid, with burning and distress in the esophagus and stomach.

Thuja was used for the abortive effect this remedy exercises over cancerous tissue, and in retarding its growth, as it exercises a specific influence over abnormal growths and tissue degenerations and especially those of an epithelial character.

Sulphide of sodium found its place in the treatment of this case, especially in the beginning of the treatment, when the tissues of the tongue possessed that peculiar symptom of pallor, and was also covered with a dirty fur, or with a whitish or yellowish thick, moist coat. It also aided in correcting the fermentation.

Arsenicum was given for its stimulating effect upon the stomach and to promote the flow of the digestive fluids. It materially improved the tone of the stomach, and is especially indicated where there is an engorged or an edematous condition of the cellular tissues, with a deficiency of normal elasticity. When this condition is due to an inactive liver and spleen it is especially useful.

About five weeks after the writer was first called to see this patient she was suddenly taken with a violent sneezing paroxysm and continued to sneeze for several hours. Each time she complained of excruciating pain which was followed by quite a profuse hemorrhage from the stomach, after which she fainted and remained in a semi-conscious condition for some hours.

After regaining consciousness, she expressed herself as being entirely relieved—no more pain or soreness in the stomach, the lump seemed to have shifted its position, and in a day or two could not be located in the stomach at all. Some four or five days later there was passed from the bowel a tumorous mass that was about four inches in length and one and a half inches in diameter. Upon examination it was found to be composed of dark substances resembling clotted blood, and upon a more careful examination it was found to consist of tissue formation, and a microscopical examination proved it to be formed of cancer cells. In ten days the patient had developed a ravenous appetite and was not troubled any more with vomiting or sickness of the stomach. From this on she was allowed more solid food, which was retained and digested, and she began to improve, increasing in strength and gaining in weight, and by November 1 was able to leave her bed.

The writer saw and examined her within the past month and found her to be in perfect health. She weighs one hundred and ninety pounds and has not had a sick day since November, 1905.

Her general health is in excellent condition and she can do a great deal of work without fatigue or complaint, and considers herself a well woman.

CANCER OF THE RECTUM

This disease is equally as difficult to treat as cancer of the stomach, as the location is as difficult to reach with remedies as that of the stomach, and for the further reason that lesions of the rectum are kept irritated by the accumulation and passage of the feces when the bowels move. However, by the internal and local use of the indicated remedies the majority of cases can be cured, if they are secured in time.

Case 4.—Mr. M., a farmer, aged 54 years, a native of Nebraska, came under my care March 17, 1904, and gave a history of having suffered from piles for four years. Eighteen months prior to coming to me he had undergone an operation for what he termed internal hemorrhoids. There was considerable trouble in getting one side to heal. He remained for treatment in the hospital, where the operation had been performed, about four months, and finally went away before it was entirely healed.

At the time I saw him there was a well formed tumor located on the left side of the rectum, two and a half inches to three inches inside of the internal sphincter, that appeared to be larger than a quail's egg. Microscopical examination of a portion of this tumor revealed the fact that it was a cancer of the epithelial type. His general health was greatly reduced, and he was very weak and anemic. He was also suffering from intense pain in the back and hips,

with almost a constant desire to evacuate the bowels. He said he frequently went to stool as many as thirty and forty times in twenty-four hours, but was, usually, only able to pass a small amount of mucus mixed occasionally with blood, and when a freer passage was needed he was compelled to use an enema, which always gave him great pain. He could only get a thorough evacuation by lying flat on the back and kneading his abdomen with his hands.

Internal treatment was commenced by giving him the comp. syr. of hypophosphites three times a day, to which his system responded nicely. The lower bowel was thoroughly cleansed every day, using an antiseptic solution of permanganate of potash, after which an-injection of a preparation of thuja was thrown into the bowel through a long glass tube syringe and carried above the tumor mass, and patient compelled to lie on his left side for two or three hours before getting on his feet again.

Other internal remedies were given as the conditions indicated. Aconite, baptisia, phytolacca, nux vomica, echinacea, gelsemium, iodide of potash, ergot and last, but not least in effectiveness, collinsonia for its specific influence in the control of the circulation in the rectum.

He was under my personal care and attention for almost four months, at which time the tumor had been reduced to about the size of a cherry.

His general health had improved, he increased in weight, he had better control of bowels, could sleep fairly well. It being necessary for him to return home for a short time, I prepared treatment to take with him and gave him instructions as to its use, and gave him a three weeks' vacation with instructions to return at the end of that time. In three weeks he wrote me that he was doing nicely and had continued to improve right along, and had been able to use the medicines very satisfactorily. He was advised to continue and send for more medicine. I did not see him for about four months and upon examination found the tumor had entirely disappeared. He stopped all treatment, as his general health had entirely recovered, but he was instructed not to perform any hard manual labor, especially anything that would require him to be on his feet any length of time.

I have had the opportunity of seeing him once a year since, and upon examination, less than a month ago, I did not find any trace of the tumor whatever. He tells me that during the past year he has performed

a man's work on a ranch and he has felt no inconvenience from doing so.

CANCER OF THE UTERUS

Case 5.—Mrs. H., aged 50 years, came under my observation in February, 1903. She was the mother of six

children. At the birth of the last child, ten years previous to the above named date, extensive laceration took place, which had not been repaired, and had given her more or less trouble ever since. An older sister had died from cancer of the uterus.

Mrs. H. had been treated by several physicians for her affliction before she came under my care, and each had diagnosed her trouble as cancer, and of course advised operative measures. She refused to submit to a surgical operation, and said if she could not be cured by some other method, she would have to die as her sister did.

When she first came under my treatment the womb was very much enlarged, especially the os and neck, and about one-half of the body. There was a large ulcer on the os and a portion of the *tissue had been removed by sloughing.

She was suffering with extreme pain in the hips and back, with a bearing down sensation and occasional hemorrhages, with a profuse discharge and disagreeable odor. She was very anemic from loss of so much blood and her health was very poor. The bowels were very irregular in action, alternating between constipation and diarrhea. Her appetite was good, yet her food did not assimilate properly, and seemingly did but little good, as she gradually lost in weight and only weighed 94 pounds when she began my treatment. Both local and internal treatment was used. For local applications I used wool

tampons saturated with thuja, a weak solution of chloride of zinc, alternated preparations of bismuth subnitrate, hydrastis, both in powdered form, and other specifics as indicated. Antiseptic washes to keep the parts clean were always used, and the bowels kept regular and in a healthy condition by the use of the proper remedies. For a period of several weeks she was given iron, quinine and strychnia to tone up the general health and make better blood.

Calcarea fluor. 3x was also given for its beneficial influence generally.

Arsenicum from 3x to the 12X was given for its special tonic effect.

Phytolacca, echinacea, baptisia, pulsatilla, ergot, gelsemium, aconite, viburnum and other remedies were used as conditions would indicate them. She continued under my care and treatment six months, at the end of which time I dismissed her as cured. I have examined her from time to time in the past few years and find the parts remain entirely healed and the womb remaining the normal size for a woman of her age.

Now in conclusion I would speak a word for the specialist in this line, and claim that he has a place among the physicians of the land, even though he restricts his practice to certain diseases, provided, of course, he prepares himself for the work he undertakes and does a legitimate, honest business.

Those afflicted with the disease he treats may be few in number in the vicinity where the specialist is located, therefore he must needs use some method of letting the afflicted know of his ability to treat them. This may be done in many ways, the most prevalent method being by recommendation of his brother physicians after their due investigation, or the proper use of the medical journals.

I will admit that the lay press is sometimes used by charlatans for improper purposes and not for the good of their fellow beings. This is not the kind of use the specialist, who wishes to do good in the treatment of disease, should resort to. But the specialist that has spent his time in study, research and development of methods to cure certain classes of disease and has fully demonstrated by practical examples of living patients that he has cured those that had been classed by other physicians as incurable, should not be classed as being "unethical", or snubbed, or the cold shoulder turned toward him by his brother physicians, if he lets the sufferer know what can be done to ease suffering and prolong life. The physician that usually "howls" the most against the specialist is the one that has told his patient to "let it alone," "it will get well itself," and such foolishness.

Let the specialist have fair play at your hands. He is only treating those cases that you don't or won't treat, and if he can do them good you should wish him

“God speed. “

THE NEW ANESTHETIC

W. C. ABBOTT, M. D., CHICAGO, ILL.

Since the introduction of cocain no such general interest has been aroused by any newly suggested anesthetic as at present is being displayed in the hyoscine, morphine and cactin method. Although it is still in the preliminary trials, it is being virulently attacked and warmly defended.

In favor of the new method it is claimed that it is safe, effective, as a rule free from nausea, shock, and post-operative disease of the pulmonary and renal structures, while it enables the operator to do without a special anesthetizer, to operate in emergencies and in the patients' homes without assistants; to do operations requiring long time without the continuous administration of the anesthetic, and in cases of multiple accidents, as at a railway wreck, many injured persons may be promptly put at ease while waiting their turn for attention.

The safety of hyoscine has been called in question, since this agent sometimes occasions relaxation of vascular pressure and slowing of respiration. In the treatment of the morphine habit, where there are evidences of depression after that drug has been withdrawn, even to syncope, hyoscine has been largely employed. Hare has reported favorably on the treatment, giving up to the one-fourth of a grain each twentyfour hours, for several days

in succession, with impunity. It does not seem likely that less than one-eighth this dose—three injections of gr. 1/100 each, two hours apart—for surgical anesthesia, could be so very perilous. Still, it would be the first exception to a universal rule if a new anesthetic, whose technic has not yet been definitely fixed, placed in the hands of all sorts and conditions of physicians, and administered to all sorts and conditions of subjects, should not prove perilous to some.

Up to the present time there have come in reports from thousands of cases without a solitary fatality except possibly one, which is disputed. A few instances have been reported where “alarming symptoms” developed, but he who has employed hyoscine much is accustomed to these, and does not get alarmed. This drug is peculiar in causing conditions that would in other cases be alarming, but the patients always recover. In one case the patient had received three injections of the tablets, one each, and her respiration descended to six per minute. The surgeon, who had had much experience with this method, prohibited the strychnine injection, proposed by a frightened assistant, finished his dinner, went about the operation—for appendicitisin the most leisurely manner, and all went well.

In discussing the action of a drug it is sometimes overlooked that the physiologic action as laid down by the text-books relates to toxic doses, and not to those ordinarily used. Still, the

reader will do well to recall the history of the introduction of ethyl bromide. Levis announced that it could safely be employed even in cases of heart disease in which ether and chloroform were impossible; and for a time all went well. Then a patient of that description died under the anesthetic, and it was dropped altogether by most surgeons, in consequence. That the same case would have or might have died under any anesthetic was ignored.

The sedative action of morphine is a question that might be discussed with advantage. Theoretically this alkaloid is ranked as a depressant, and is administered as such in certain conditions. But, take the depression following the withdrawal of morphine for a habitué, or that attending great physical suffering, and administer morphine and note the powerful stimulation ensuing; would you call it a sedative there, in the sense of a depressant? Is it not a fact that the sedation of pain and the prevention of suffering and shock, directly enhance the vitality and prevent the danger that would follow from any true depression?

Whatever depression may be possible from the morphine and the hyoscine it is claimed is obviated by the addition of cactin. Cactus is a valuable cardiant, regulating heart action by stimulating the vasomotor centers. It has been found that its addition does not in the least interfere with the anesthetic action of the other ingredients but rather increases it. That the reasons for

its use are well founded appears to be verified by the fact that when the cactin was omitted by reason of shortage in the supply, the tablets were promptly pronounced unsatisfactory by those using them.

The mortality attributed to "scopolamine" anesthesia in Wood's tables shows remarkable discrepancies; for while 7 operators report 1072 cases with 9 deaths attributed to the anesthetic, 18 others report 890 cases with no deaths. It would be as unfair to judge the method by the experience of one man who used it in a single case, with fatal results, as from that of another who employed it in 200 cases with no death. But when such marked discrepancies exist as to the effects of a new method, whose technic is as yet not definitely determined, it seems reasonable that we should judge it by the results secured by the most successful. How else?

As to the questions on the value of the method in inducing anesthesia, and the absence of the deplorable effects following ether and chloroform sometimes, we must hear from the field. It is up to the surgeon to decide these. There seems to be a consensus of testimony in this respect, but it can scarcely be expected that any method should prove so universally applicable that there are no exceptions, and we expect to hear of some in time. If the reports on the use of these tablets in obstetrics, and in the treatment of such agonizing maladies as gallstone colic and tetanus, should be confirmed

generally, our therapeutic armamentarium will have been enriched by an addition of untold value.

Can we afford to have such a method fall from our hands without first giving it a thorough, intelligent, unbiased trial?

Apparently the medical profession has decided this question in the negative, since at the time of writing they have taken more than two millions of these anesthetic tablets and the demand increases steadily. If we allow two tablets for each anesthesia there should be, according to Wood, over 5000 deaths from this anesthetic. Where are they? Reported to date-one! and that evidently not due to the anesthetic.

A CURE FOR TETANUS

F. B. MATTHEW, M. D.,
BLUE MOUND, ILL.

I believe it my duty to give to the readers of THE THERAPEUTIST my method of treating tetanus. This disease, usually classed as incurable, I have found to be curable with a simple course of treatment. I have treated ten cases with this method and have cured every case. Among these was one in which a man ran a pitchfork into his foot, from which tetanus occurred in a very short time. He was five days in spasms, had more than one hundred distinct convulsions, was treated by other physicians before I saw him, and

was certainly in an apparently hopeless condition. I made four injections of the medicine in this case before the rigidity was overcome. There was a complete restoration of health, the man now after several years having shown at no time any sign of the presence of the serious disorder.

Another patient from the same cause, had a severe attack of tetanus, and had about twenty convulsions. He was not at that time one of my patients, and the physicians who attended him gave him some relief, at least there were no convulsions for twelve months. At that time, the same time of year in which the difficulty originally occurred, convulsions reappeared with great violence, and death seemed imminent. Coming under my care, I used the injections every six hours until there was perfect relaxation. The entire train of symptoms disappeared and the man recovered his usual health, which he has retained now for four years with no return of any of the unpleasant symptoms.

My other eight cases varied from simple muscular rigidity to the extreme manifestation of severe symptoms. As I have said there was a perfect recovery in every case, there were no complications, nor sequelæ.

The following is the routine prescription that I have used in every case. Gelsemium, the green root tincture, twenty drops; carbolic acid, 98 per cent, twenty drops; water, twenty drops. This quantity entire is

injected into the tissues of the thigh every six hours. While the quantity of carbolic acid seems large, no abscess is formed, and only the best of results in this most serious disease are attained. The remedy is accessible, easily managed, and in every way justifiable, in fact, any physician is guilty of criminal negligence if he knows of this course for the cure of tetanus and does not use it.

COMMENT.—Upon receiving the above paper from Dr. Matthew, I immediately remembered that four years ago Dr. E. H. Stevenson, late president of "The National," had spoken very highly to me of his use of the injection of carbolic acid in large doses for the cure of this disease. I wrote him at once, and the following is the prompt and satisfactory reply which I received. If other readers have had results, good or bad, from this course of treatment, if it be only a single case, I should like to hear from them at once. Dr. Matthew is one of the most reliable of observers, and the most conservative of men. He has been treasurer of our state society for nearly fifteen years. His statements with those who know him carry full weight.

CARBOLIC ACID IN TETANUS

I have only treated three cases with the carbolic acid injection method. Two of these recovered. I depend upon the carbolic acid to destroy the germs and their toxins, but I find it necessary to use gelsemium, passiflora, chloral or morphine to control the severe nervous disturbance. I believe the gelsemium combined with carbolic acid administered together, hypodermically, will produce excellent results, especially where the flushed face and

bright eye indications for gelsemium are present.

In the two cases I treated with recovery the disease had existed for four or five days before I began the use of the acid. They were both in a desperate stage of the disease. In the fatal case I began the acid treatment with the first symptoms of rigidity of the masseter muscles, and of the throat. These symptoms induced him to come to my office. I immediately sent him home and to bed, put him in the care of a trained nurse, who gave the medicine promptly, as in the other cases. Everything promised very favorably, until the evening of the ninth day, when he became suddenly worse, was seized with a severe convulsion and died instantly.

E. H. STEVENSON, M. D.
Ft. Smith, Ark.

IS VERBENIN A CURE FOR EPILEPSY?

J. M. FRENCH, M. D., MILFORD, MASS.

In the May number of the THERAPEUTIST, Dr. Thomas B. Turnbaugh asks for a cure for epilepsy, having found in his professional experience that all of the vaunted remedies fail to cure. He refers especially to verbenin, which is a concentration of verbena hastata, as a drug which he has seen favorably spoken of in the journals, but concerning which he has not been able to obtain much information.

I am not going to recommend any drug

or combination of drugs as a specific in epilepsy, for I do not believe there is such a thing at present known. I will, however, with your permission, gladly say a good word for verbenin, as a remedy which has given me good results, and which I believe to be of value in many cases of this disease.

Epilepsy is a disease having a wide range of causes, and requiring an intelligent and many-sided treatment. It belongs to that class of maladies of which it has been well said that the only way to be cured, is never to think that you are cured. A nervous system which has once suffered from a series of epileptic paroxysms, will ever after be more than normally susceptible to the exciting causes of such paroxysms, and hence will demand great care to prevent their recurrence.

In the treatment of epilepsy, it is necessary as the first step to search high and low for the exciting cause, and remove it if possible. If no evident cause can be found, then treat every recognized deviation from the normal, as in a susceptible person almost any abnormality may serve as an exciting cause of the convulsive attacks.

Next comes the necessity of regulating the diet and habits of life. In proportion as these can be controlled, and also in proportion to the length of time the disease has existed, is the probability of cure.

Coming now to the medical treatment, in the leading text-books you will find

little recommended but bromides. These deaden the sensibility of the nervous system, and sometimes make the patient distinctly worse. One such case—a woman of sixty, who had been an epileptic since puberty—came under my care five and a half years ago, and has been treated with verbenin almost without intermission since that time, with of course such other remedies as may have been indicated by the general symptoms with the result that the patient has been free from attacks at one time for 22 months and again for 34 months. After the first few weeks of treatment, there have been but two periods of recurrence. The first of these lasted several months, during which there were numerous severe attacks. The second lasted not more than two weeks, in which time there were four light attacks. In both recurrences, the evident cause was mental excitement and worry.

Another case was that of a girl of seventeen, epileptic four years, who had no attack for four months after beginning treatment, and would not then, in my opinion, had I not consented to let her return to school. She was ambitious and studious, and was soon trying to lead her class. Under these circumstances, she had a single convulsion. She then gave up school for good, and has thus far had no more, and is in excellent health. This was only about six weeks ago, however, and it is too soon to build on the results.

One strong point in its favor is the fact

that verbenin has no injurious or unpleasant effects, but its use makes the patient brighter and more cheerful and alert, instead of dull and stupid, as is the case with bromides.

I have found this remedy especially useful in those cases where bromides did no good, or even made the patient worse. On the other hand, when the effect of the bromides is favorable, verbenin may make the patient worse, and if so should be abandoned.

It happens that all of my experience with this drug has been with the concentration, verbenin, one grain of which represents thirty grains of the crude drug. I do not suppose, however, that this preparation possesses any particular advantages over the crude drug, other than those of palatability and convenience of administration, as the fluid extract is an exceptionally nauseating and disagreeable preparation.

The standard tablets contain one-third of a grain of the concentration, and hence are equivalent to ten grains of the crude drug. I usually begin with one tablet before each meal, and increase by one tablet a day-not one before each meal-until the patient is taking fifteen tablets a day. From this dose I have never seen any disagreeable symptoms whatever, and the improvement which it works in the nervous system of the patient, even outside the convulsions, is very gratifying. Should the effect not be favorable, that is, should the

convulsions continue unabated, or grow more severe or frequent, then the indication is to stop the treatment and try some other plan. I do not claim that verbenin will cure or even benefit every case of epilepsy. In my experience, however, it has done this in a larger proportion than any other remedy I have ever used, and I am especially desirous of determining just what class of cases it will help, and what ones it will not help-in other words, of determining the exact indications for its use.

I shall be glad of help from any of your readers in my efforts to do this, and shall also be glad to help any of them to all the information I may be able to give them in reference to the nature of this drug and the mode of using it. And whatever you do, do not forget that the three steps in the treatment of epilepsy are, (1) Remove the exciting cause whenever possible; (2) regulate the diet and habits of life; (3) drug medication.

CANNABIS INDICA

C. P. HOCKETT, M. D., KOUTS, INDIANA

This is also called Indian hemp. But when calling for apocynum cannabinum we must be sure the druggist does not dispense the cannabis indica instead, as the common names are similar.

A quick emetic is all that saved the writer from the effect of such a mistake.

The hemp plant, *cannabis sativa*, Linn., is a large, very variable annual herb, with an upright, slender, usually branching stem, from three to ten feet high, long petioled, graceful, palmately divided leaves, and small clustered dioecious flowers. The bark of the stems and branches has an exceedingly tough fiber which is used in the manufacture of rope and cordage.

Though grown in many countries, that of the warmer climates, as southern China and India, has the greatest amount of resin, wherein lies the active principle medicinally.

The dried tops, the leaves and the resin are the forms in which it reaches the markets.

On account of the action of hemp being principally upon the intellectual centers, producing an intoxication, many Asiatics use it as a beverage. The leaves are also smoked.

The dried tops of pistillate flowering plants ("gunjah") is the form in which it is imported for medicine.

Cannabis indica is narcotic. It at first produces excitement, perverts the mental faculties, dilates the pupils, intensifies the hearing and destroys pain. If a poisonous dose is taken spasmodic movements, convulsions, pale, clammy skin, numbness, extreme debility, feeble pulse, and finally paralysis of respiration follow.

On account of its pain-relieving qualities, yet without producing constipation or disturbing the secretions, it is used instead of opium products.

In cases of irregular muscular action it is serviceable. Genito-urinary hyperesthesia is greatly benefited, sometimes intractable cases cured. Both in menorrhagia and metrorrhagia it is useful. In abnormal sexual desires or hysterical excitement it quiets the system. Urethral irritation and pain, caused by the passage of gravel, are relieved by it. In gonorrhoeal priapism and chordee it arrests the pain and overcomes the inflammation. Spermatorrhea is helped by it.

In treating neuralgia and hemicrania it deserves a prominent position. In alcoholism and mental disorders of a subacute type it will aid. Pain in the stomach is greatly relieved by it and in many other derangements where a sedative is desired, which does not dry the secretions.

It combines well with the action of gelsemium, opium, passiflora, hyoscyamus, chloral, scutellaria, and the bromides.

Of the fluid extract of *cannabis indica* the dose is one to five drops; of specific *cannabis* the dose is one to ten drops.

ACONITE—GONORRHEA

J. W. R. KIRK, M. D., SHUQUALAK, MISS.

ACONITE

I have prescribed specific aconite almost daily for the last twenty years and have yet to find any objection to it. No better preparation can be made, and when kept in its proper place it is "a power in the land for good." Here are some prescriptions that will make any doctor fall in love with specific aconite.

| | |
|---------------------|----------|
| Specific nux vomica | drops 20 |
| Specific aconite | drops 10 |
| Water | ounces 4 |

Mix. Sig. Give a teaspoonful every ten minutes. until relieved. This will relieve nine cases out of ten of asthma, or to make it better, every case associated with a small, rapid pulse, with some power.

| | |
|-------------------|----------|
| Specific aconite | drops 10 |
| Specific macrotys | drops 10 |
| Water | ounces 4 |

Mix. Sig. Give a teaspoonful every ten minutes until relieved, then every hour and a-half. This, more than all the rest of materia medica for womb colic, irritation of the endometrium, threatened abortion and uterine hemorrhages, in which laborlike or short pains are a part of the wrong. Later it may be given every hour and a half, to relieve tenderness over the abdomen which follows all painful disturbances of the womb. It will regulate the false pains of the pregnant

patient, will either cause them to cease, or if during labor, it will bring them on in full force. It is always the first remedy thought of for all wrongs, associated with the small hard, rapid pulse with power, not the weak, fluttering pulse.

But will the nux and macrotys not do the work without aconite? I answer, No, because it is the best, if not actually necessary to relieve the abnormal heart action, and while the aconite paves the way for the kindly action of the other remedies, they promptly do the work. From five to ten drops to the four ounces of water, is amply sufficient for all cases. What are we to think of the extract prescribed by some doctors in ten to fifteen-drop doses.

Some regular physicians recently called the writer to see a son of one of the doctors, who had pneumonia with full, strong pulse. They were giving. one to two drops of aconite every hour. If that had been Lloyd's specific, there would have been something doing.

COMMENT.—The above was written concerning aconite in reply to a statement I made in the April number, that I did not use specific aconite, as it was too strong. This writer appreciates the strength and danger of the remedy in this dose, but many, even those who are usually careful, could easily be led to give in extreme cases a larger dose even than a drop or two, and in many cases this would produce the death of a child. It is far safer to use a weaker preparation.

I am fully aware that there is no preparation that more perfectly represents the active medicinal

properties of the plant than specific aconite, but it is the most concentrated and exact of all fluid preparations, and if used its activity must be constantly borne in mind. Five drops in four ounces water, given in teaspoonful doses every hour or two, is the maximum dosage in nearly all cases.

GONORRHEA

In the treatment of gonorrhoea, after many years' experience, I find the following plan will usually cure the disease quickly and permanently. When a man calls at my office to be treated I find there is but little to be gained by examination. I treat the indications for remedies and in all cases, in addition, I use a capsule balsam of copaiva and cubebs and specific gelsemium.

When a case presents a broad white tongue I prepare a powder of about three parts of Epsom salts, one part of soda, and a coloring of charcoal, and of this I give a teaspoonful every three hours until it acts freely, and after that, a dose once or twice a day: generally only a dose at bedtime. At the same time I give the above capsule, and five drops of gelsemium every three hours, while awake, until his urine is clear and flows in copious quantities without any pain in voiding it. After this from one to three doses a day, just enough to keep the urine clear and fine. If the tongue is red I give cream of tartar, instead of the salts, and supplement it with a pleasant sour drink, as a glass of muriatic acid, alternated with lemonade.

Some cases present a sharp, red-tipped

tongue, and complain of burning pain in the urethra on passing the urine, I give these specific rhus toxicodendron, and small doses of specific aconite for several days, a teaspoonful of the solution every hour and one-half, after which I give the capsule and the gelsemium with any other indicated remedy.

A man called recently for treatment who stated that he had been treated by another physician over three months and was not well, though about \$40 of his money had taken flight, and that he had had a grand scramble with the worst tasting medicine that was ever made, and blue stuff, until he felt blue. I didn't doubt his statement, especially the blues, besides he was then a professional in the use of the little glass syringe.

He now had a gleet discharge which had reminded him so persistently of the storm, that he was tired of life. Upon sounding the parts, I found no stricture, but a little tender spot in the prostatic urethra. His tongue and pulse were normal. I gave him a catheter like the one I had just used to which the nozzle of a fountain syringe was fitted, and some bichloride of mercury tablets, with instruction to fill his bladder with a 1 to 5000 solution, then withdraw the catheter and pass the solution in the natural way. The first irritated the urethra slightly, and was exchanged for a 1 to 6000 solution, which was only used once to complete the cure. I was particular to show him every detail as to the working of the

syringe and catheter, and to observe perfect asepsis.

A young man called to know if the clap was ever cured. On being assured that I could make short work of it, he stated that he had been a sufferer for twelve months and that two "regular physicians" had tried their hand on him, but that he was no better, unless the taking of all sorts of bad medicine and being about minus of cash, was an improvement. I treated him according to the indications of his tongue, which was red. I gave him a pleasant sour drink of hydrochloric acid in a goblet three times a day before eating. An explanation as to reaching the disease through a catheter; unless the medicine corrected the condition of his blood and secretions and made a cure, it will suffice to say that the catheter was not needed, as the acid cured him completely. The writer was assured of the cure, because the man tried one of the severest of tests—a supper of sardines, pickles and pepper sauce, followed by enough mean whisky to make him thoroughly drunk, all without a return of the disease.

CHOREA

N. M. DEWEES, M. D., CAMBRIDGE,
OHIO

Hoping that my experience in the treatment of chorea will benefit some one, I will give it. Fifteen years ago, my daughter, then nine years of age, after a nine months' term of school in which she was pushed to the limit in study,

developed a typical case of chorea. Everyone knows the distressing character of this disease. Of course we all feel for our patients, but to bring the case home is to very largely intensify that feeling.

I prescribed the remedies and dose mentioned in our textbooks for three weeks without benefit. I consulted my neighbor physicians, but it did not seem to matter what we prescribed—the patient did not improve, in fact got worse.

Somewhere in my reading I ran across this indication for macrotys: "Inability to control the voluntary muscles." I had given that drug before with valerian, but the dose was too small. I decided that I would try macrotys alone. My prescription was as follows:

| | |
|---------------|-----------|
| Macrotys | dr. 1 1/2 |
| Water, q. s . | ozs. 4 |

Mix. Sig. Give a teaspoonful every three hours. In three weeks the patient was well. Since then I have treated many cases of this disease. I have treated young men, young women, boys and girls, and always with the single remedy macrotys and always with the same prompt and satisfactory results. I aim to give it in such quantity as to fall a little short of producing physiological effects.

COMMENT—Macrotys has been advised, in the treatment of chorea for many years by our physicians. Occasionally one, like Dr. Dewees, is very enthusiastic, but the most of the

physicians consider the remedy as applicable to only an occasional case. As in these cases the medicine is given in small doses—the fraction of a drop only—I am inclined to think that the full dose advised by Dr. Dewees is that which produced the excellent result. Prof. Whitford has always been enthusiastic in the use of macrotys, and he gives it in large doses, and often in conjunction with scullcap. He has no use, whatever, for the arsenic treatment.

I want a report from every doctor who has used macrotys in this disease. Be specific in both the peculiarities of the condition and in the dosage used.

OCCIPITAL HEADACHE

J. W. CHACE, M. D., CORRY, PA.

Mrs. Y., aged 43, called upon me on January 7. She wished treatment for a

severe headache which, beginning in the occiput before she arose every morning, soon involved the whole head and lasted all day. Her skin was of a blackish cast. She was weak and nervous. The appetite was poor, there being little desire for any food except fried salt pork. Her feet were cold and damp. The tongue was very large and thick, having a pasty, bluish-white coating, and the end approached a half circle in shape. She had had several months' treatment by one of our leading physicians.

In a four-ounce mixture I gave her fl. ext. chelidonium in five-drop doses, to be alternated every two hours with tablets of calcaria phos., 3x.

She improved steadily, but after a time called my attention to soreness of the mouth which had troubled her for years on the approach of the menses. I substituted mercurius viv. 3x for the calcaria phos. without benefit. Then I gave fl. ext. cornus serica in four-drop doses. This removed the trouble. She then complained that the coldness and dampness of the feet had returned. So the calcaria phos. was resumed.

The tongue cleaned; the skin cleared; the general health improved; the patient became vivacious; I congratulated myself. Then the headache grew worse. There was a sensation of heaviness of the eyes. The tongue had become smaller, thinner, more rectangular in shape, and very tremulous. Discontinuing the chelidonium, I gave the first decimal dilution of gelsemium on sugar disks every four hours. In two weeks the headache disappeared.

On May 11 she returned, however. She had a severe backache, particularly in the lumbar region. It was aggravated by movement, and her expression and attitude on rising from a chair were provocative both of concern and mirth in the beholder. Recollecting the advice of Dr. B. L. Robinson in the November THERAPEUTIST, I prescribed oil spruce 1 x and bryonia 1 x. These were used on disks, alternated every hour. There was immediate improvement, and no return of the headache.



THE HISTORY OF A STUDENT IN AN OSLER, COLLEGE

Editor Ellingwood's Therapist:

I graduated at a college in Canada, in 1905, as well up in every branch of the curriculum as most of 160 students who graduated with me. We listened to an address from Prof. Osler on the subject of work. We had used his practice as a text book. He was our god. A few of the more venturesome of us, had bought Burney Yeo on Therapeutics, as we realized that Osler was weak on treatment. One of our professors told us at a clinic, that he rarely used more than six or eight drugs in his entire practice. Another who gave us lectures on therapeutics confined himself to 60 drugs.

We had all spent ten hours a week, each, on pathology, microscopy and diagnosis. We had also, all spent five hours a week at the bedside of clinics, divided between medical and surgical cases. Think of it. For five hours a week we had been privileged to be one of a bunch of fifteen students that stood near to a sick person. We acquired the ability to learnedly spot a specimen of cancer under the microscope, but not one of us would know one if we saw it in the flesh.

All of us learned to remove kidneys on paper, but never a moment's instruction did we receive as to how we

could remove a tooth from the aching jaw of a howling patient. Many like myself realized his utter uselessness in the presence of a sick person. We were obliged to go out and make our living with such insufficient, impractical knowledge as that. I soon realized what a fake I was. I had been told to find out the advice a person desired and give it to him. I had been told that in a case of pneumonia or typhoid we were to be the pilot steering the frail bark to a safe anchorage. Bosh! my soul cried out against such teaching.

I had just about made up my mind to go back to the hotel business where I could make an honest living, when I ran across a copy of *The World*. I read it. What were all these new drugs that some men were claiming could stop the frail barks in their dangerous courses. Were these men that claimed to be doing things all fakers.

I then read other liberal journals from editors who had confidence in the action of drugs and who taught us something about drugs. I then began the study of drugs in the line described by such journals as yours. Now what a change. I do not dread contending with disease any longer; on the contrary I welcome bad cases. I feel that I am of some use in a case of sickness. And above all I enjoy the practice of my dear profession. I would sooner be a practitioner of medicine without two coins to rub against one another, than a man with all kinds of money in any other business.

C. J. LOCHEAD, M. D.

A CAUSE FOR, TONSILLITIS AND RHEUMATISM

Editor Ellingwood's Therapist:

I have observed tonsillitis and lumbago to occur without much or any fever, quite commonly among those who habitually eat an excess of starchy food, more notably of potatoes.

Where these troubles are chronic, I find the parties are excessive starch eaters. I believe an ill balanced dietary will produce an excess of some certain waste products, which must be excreted by the kidneys. This excretion irritates the kidneys, and produces pain in the deep muscles of the back, in the lumbar region. There is pain also in the kidneys themselves from the irritation, and increased tension.

The association of these two diseases like the association of tonsillitis and rheumatic disease of the muscles, has long been observed. My treatment is to give the ordinary purge followed by dram doses of epsom salts, in a large draught of water, repeated every hour until the bowels move freely.

The following prescription is nearly routine treatment with me: Salicylate of sodium, three drams; nitrate of potassium, three drams; tincture of capsicum, one-half of a dram; water sufficient to make four ounces. Take two teaspoonfuls in a little water, every three hours during the first day, then four times a day afterwards.

This simple course has resulted, with me, in a permanent cure, provided the patient should abstain entirely from the use of potatoes, for one or two weeks at least, and take them very sparingly at all times in the future.

A. S. THOMPSON, M. D.

McDonald's Corners, Ontario, Canada.

A REQUEST FOR DIAGNOSIS

Editor Ellingwood's Therapist:

Can you or any of the brother physicians of THE THERAPEUTIST family help me concerning the following described case: A lady, age 45, complains of pain which is generally dull but occasionally sharp and lancinating confined to the epigastric region except when she has been out riding. At that time she complains of a severe aching between the shoulder blades. She vomits at almost any time. Quite frequently in the middle of a meal she will have to leave the table to vomit.

The menses are regular and normal, the temperature is normal, the urine is normal. The bowels are slightly constipated. She began complaining two years ago last March at which time she weighed 205 pounds. In less than three months she fell off 65 pounds. She has lost no weight since that time. She is five feet six inches tall.

In April, 1907, the abdomen was opened, the appendix was removed and the gall bladder was examined. To all

appearances these organs were in a normal condition. She has not the characteristic cachexia of cancer. A recent examination of the contents of the stomach showed that there was an entire absence of hydrochloric acid, and an abundance of lactic acid. A microscopical examination of the blood gave us no light on the subject. I hope I have described the case sufficiently in detail, to enable some of the readers to give me a diagnosis and suggest some measures that will cure the patient.

A. W. DORTCH, M. D.

A REQUEST FOR DIAGNOSIS

Editor Ellingwood's Therapist:

I would be pleased if you would make a diagnosis of, and suggest a plan of successful treatment, for the following case which I have had under my observation for some time.

The patient suffers from an excruciating pain within the right orbit, behind the eye. It descends the nerve into the last upper molar tooth. Many years ago the patient had the tooth pulled-the right upper molar. An injury at that time to the nerve and contiguous parts was sustained. He has been subjected to recurrences of this pain irregularly ever since. If hot applications be applied for a long time the pain will gradually subside.

The patient was advised to use methyl and continued it with some relief for a year or two, he has also been

thoroughly examined by an oculist who adjusted glasses but with no avail. The oculist corrected pronounced astigmatism, but this had no influence upon the pain. Occasionally, the left eye is the seat of the pain but seldom affected to so great an extent as the right eye.

If the patient is exposed to the direct rays of the sun or remains long in bright sunlight, paroxysms of pain will occur. When lying down he invariably finds it necessary to cover the eyes so that no light will strike them, otherwise the pain occurs. This is not true when he is sitting up. Is there likely to be any connection between this pain and the action, of the heart? The patient was given at one time acetanilid phenacetin and cannabis indica, which had a depressing influence on the heart. The patient is 40 years old, a student, and has been afflicted nearly 15 years.

J. C. DUNN.

Ft. Gage, Ill.

EPILEPSY

Editor Ellingwood's Therapist:

Seeing the request of Thos. B. Turnbaugh, M. D., for a cure for epilepsy in the May number of ELLINGWOOD'S THERAPEUTIST, I take pleasure in mailing you Dr. Strouse's treatment with which he says he has treated many cases without a single failure. He says you should persist in the treatment for some little time after patient is apparently well. I have never tried this treatment on any one, as

epileptics are scarce in this country, due I think, to the pure air and healthful climate, but I believe that unless there should be tumors on the pineal gland this treatment will prove successful. In any way, it won't cost YOU \$260 to try it.

It is my opinion that many cases of epilepsy are due to local irritation of nerves and from my experience with gelsemium or irritable nerve centers I believe it is the principal drug in the Rx that cures. Hoping you will try this and report results, and trusting it will prove curative.

The following is Dr. Strouse's cure for epilepsy:

| | |
|--------------------|--------|
| Specific gelsemium | dr. 1 |
| Specific veratrum | dr. 1 |
| Aqua dist., q. s | ozs. 4 |

Mix. Sig.: A teaspoonful before meals and at bedtime.

| | |
|--------------------|--------|
| Podophyllin, brown | grs. 4 |
| Capsicum | grs. 4 |

Mix. Make capsules No. 24.

Sig.: Take one as needed to move the bowels once or twice daily.

B. H. BURD, V. S.

THE COMING WORK ON SPECIAL THERAPEUTICS

Editor Ellingwood's Therapist:

I enclose some therapeutic facts which you can use as best suit your purpose. I

look forward with much interest to the book you will publish on Special Therapeutics, incorporating the therapeutic facts of the family. I am in a position to appreciate fully the worth of such a book for, as a beginner, that section of Potter's Materia Medica treating special therapeutics, has been to me "A shelter in the time of storm." I think such a book will make a "hit" with practitioners of all schools. Indeed I cannot see how a subscriber to your journal can fail to purchase a copy. I have written to you before, regarding this book, and gave a suggestion. I do not wish to suggest too much but it is because my interest is so intense that I make the suggestions.

I wish to suggest: (1) That you do not spare any labor to give us a first class index.

(2) That you incorporate those tables you have been publishing, comparing indications, etc., of remedies of the same class. I sincerely hope you will have tables covering all remedies as classified, sail, in your illustrious Materia Medica. I derive much benefit from such tables, so does every practitioner.

(3) That in filling the gaps as you will have to do in order to aim at completion, you do not neglect to state what preparation you are prescribing. In your Materia Medica you often say so many "drops" of this, that and the other, without mentioning the specific preparation, fluid extract, tincture, etc. This is not a criticism. I have no doubt

but that the eclectics generally understand you. But as you are writing for all classes of Eclectic and (like myself) non-eclectics, especial care should be taken in that respect.

M. SHADID, M. D.



SEDATIVE FOR BABIES

Camph. monobromatæ gr. 1-2
Fl. ext. hyoscyami gtt. 5-8
Syr. lactucari fl. ozs. 2

M. Sig.: One teaspoonful p. r. n.

Camph. monobromatæ gr. 16
Fl. ext. hyoscyami gtt. 16
Syr. lactucari, q. s. ad fl. ozs. 8

M. Sig.: One tablespoonful every hour until relief is obtained.

Excellent in restlessness, spasms, delirium, and in all cases requiring a sedative, an anodyne, an antispasmodic, or a somnifacient.—
Archives of Pediatrics.

The Use of Sweet Milk in Acute Disease

I desire to express my opinion as to the use of sweet milk in acute conditions. In a majority of acute cases of disease the digestion is so impaired that the use of milk adds to the gravity of the disease, and from imperfect digestion there is more or less autoinfection.

The dietetic action of butter milk of the old fashioned kind is a desirable one, as it frequently prevents and relieves gastrointestinal irritation, and prevents autoinfection. Without the maintenance of a proper condition of the *prima vim*, remedies cannot be expected to exercise their best influence.

In view of the fact that sweet milk is so extensively, and I believe so carelessly used, I think a discussion of the above subject in this journal will prove interesting and profitable. I trust others will express themselves freely on this subject.

HORACE R. POWELL.

Warts

In the treatment of warts I use the following compound in nearly all cases. I make an ointment of half of a dram of salicylic acid, and half of a dram of forty percent formaldehyde, in one ounce of lanolin. This is rubbed together thoroughly and a small quantity applied three times a day. If I desire to use the prescription for ringworm I add a small quantity of the red iodid of mercury and find it very sure and reliable treatment.

J. A. CORN, M. D.

COMMENT.—I have received a fact from Dr. C. B. Dean, of Waconda, Mo., in which he used salicylic acid alone with lanolin. He first bathes the affected part with hot water and after carefully drying it, he applies his ointment. He has obtained uniformly good results.

Eucalyptus in Conjunctivitis

In the treatment of the ordinary form of catarrhal conjunctivitis I use the fluid extract of eucalyptus. I drop ten drops into a cup full of hot water, and bathe the eyes with this frequently. If there is an inclination for the lids to stick together during sleep, I prepare an ointment of ten drops of eucalyptus to an ounce of vaseline and apply this to the lids at bed time.

J. G. ELLIS, M. D.

Plantago Major

For years I have used a saturated tincture of this remedy as a dressing in the treatment of fresh cuts, wounds and bruises. It removes or prevents soreness; it promotes healing without the formation of pus, and is in all ways a desirable dressing.

I gather the whole plant with the roots. I wash it clean, pound it thoroughly in an iron mortar, chop it fine, put on alcohol and make a saturated tincture. Of this I add one part to about four parts of water, and apply on gauze.

S. J. SMITH, M. D.

Ammonium Iodid in Epilepsy

I was attracted by the request of Dr. Turnbaugh, in the THERAPEUTIST for May, for a cure for epilepsy. The best I can do is to give you a prescription which I have used with quite a little

satisfaction in a number of cases. It is usually necessary to use it five or six months persistently. It consists of four grains of the iodid of ammonium, taken in water four times a day.

The doctor does not say anything as to the general condition of his patient, nor how long he has been afflicted, nor as to the probable cause of the difficulty. If the doctor would write me directly, I could give him the benefit of my individual experiences in some interesting cases.

J. C. ANDREWS, M. D.

Urinary Incontinence

For several years I have used both of the two following methods in my various cases of urinary incontinence. I cannot give the specific indications for either of them as definitely as I should. In five cases which were very hard to benefit by other remedies, I gave two dram doses of eryngium, in water, every two hours. These very large doses accomplished a cure where small doses produced no results.

In one case—a girl nineteen years old who had suffered for fourteen years—I gave a teaspoonful of the following prescription every three hours, with satisfactory results. Rx Specific belladonna, twenty drops; saw palmetto, one ounce; water, three ounces. Mix. I am inclined to think the large doses were productive of the good results obtained in these stubborn cases. I have given the same

remedies often in smaller doses with good results, but in these cases the large doses were necessary.

H. INBERG, M. D.

Trifolium as a Brain Food

I want to call the attention of the readers of the THERAPEUTIST to a specific influence which I have found exercised by trifolium. I do not think this influence is generally known. I have not seen it mentioned by other writers.

This remedy has a peculiar influence in improving the nutrition of the brain when impaired by overwork, especially in those cases where there is loss of memory of words, confused ideas, or other mental defects from functional causes. I have prescribed this remedy in these cases and have obtained excellent results. I believe that it improves the circulation, not only of the nervous system but also of the entire capillary system, and including that of the extremities.

<Lobelia and Heart>

There is a peculiar indication which I have observed from lobelia as a heart remedy in those cases which are marked by a sensation of constriction as if there were a band around the heart or around the chest.

W. M. LAMBERT, M. D.

Indication for Rhus Toxicodendron

The following specific indications I have found to be invariably cured by rhus tox, whatever the disease may be in which they are found. There is usually a persistent fever which has those characteristic symptoms which are usually designated as typhoid. The patient is nervous, restless, is constantly changing his position; if there is pain, it is attended with a sensation of heat or burning; the pulse is sharp, quick, and hard, and the mucous membranes of the mouth, throat and tongue are inclined to be dry, deep red, or brown in color. The papillæ are deep red, erect, prominent and shining. The indication of restlessness, is the opposite of that which we find for bryonia where the patient is usually quiet and wants to be let alone.

J. C. ANDREWS, M. D.

Rhus Toxicodendron Poisoning

For many years I have treated the simple cases of ivy poisoning with the use of caustic potash. I put a small bit in six or eight ounces of water-just enough to give the water a slight soapy feel to the fingers. This I apply freely to the entire surface involved. It is simple and very effectual. In fact it has never failed me once in all the years of my practice.

I. E. LAYTON, M. D.

Typhoid Fever

Having seen a great number of typhoid cases in a large hospital, I have had the opportunity of observing different modes of treatment and comparing results.

The following course I have found the most successful: Treat specific indications and give some intestinal antiseptic, but avoid cathartics, coal-tar products or any depressant. The following is a routine measure in all cases. Normal physiological salt solution, 8 to 12 ozs. per rectum retained, injected slowly every four hours. This stimulates all excretory organs, particularly the kidneys and liver, and helps throw off the toxins. It also keeps the temperature in check, and it is not necessary to do any sponging for fever. Then a soap-sud enema is given once daily to evacuate the bowels.

The most satisfactory diet is milk and lime water and most patients find it very agreeable. Two ounces each of milk and lime-water regularly every four hours night and day. Nothing else until the temperature has come down to normal.

J. F. FRIESEN, M. D.

Carbolic Paste—A Headache Cure

For many years I have used a carbolic paste, which is prepared as follows: Raw linseed oil, 7 parts; carbolic acid, 1 part; and sifted whiting to make a

paste. Apply one-fourth inch thick, and cover with oiled silk. Always stir thoroughly before applying. This paste is excellent in all painful sores-ulcers, wounds, abscesses and carbuncles. This dressing may be changed every six hours.

My favorite headache pills are composed of gelsemium (solid ext.) 2 grains; lupulin (hop pollen), 12 grains. Make a pill mass and divide into twelve pills. Give one or two (according to the severity of symptoms) every three to six hours, until three doses have been given, if necessary.

H. K. WHITFORD, M. D.

Morphine and Apomorphine Given at the Same Time

It is commonly believed by practitioners in general that these two remedies should not be given together. In conditions where they are both needed I have given them together, hypodermically. I have obtained the emetic effect of the apomorphine as satisfactorily as when given alone, and the morphine effect follows in a few minutes.

I know of one case, however, of alcoholic delirium, where the two remedies given together caused a very dangerous collapse.

C. E. CASWELL, M. D.

Urinary Irritation

It is seldom, if ever, that I have been able to observe an absolutely new therapeutic fact. Here is one which is not new, but so certain that I think it is worth reproducing.

Add from 20 to 40 drops of specific cannabis indica to 4 ounces of water. Of this give a teaspoonful, every two, three, or four hours, in those cases of urinary irritation which are found typically in women. There is frequent urination, but just a few drops of water is passed, every few minutes. The desire is almost constant. There is burning pain and often vesical tenesmus. This remedy relieves this condition better than anything I have ever found.

W. C. QUINCY, M. D.

Erysipelas

I have treated my last ten cases of erysipelas by the following method: I made two applications of Churchill's tincture of iodine locally, and have given internally one-half dram doses of specific echinacea every three hours. Later I have used any simple bland ointment.

ELLIS I. DOZER, M. D.

Medical Treatment of Appendicitis

I am preparing to write an article in which I desire to develop all the known facts concerning the nonsurgical

treatment of appendicitis. In order to do this, I desire to collect from the readers of this journal, a large number of individual experiences. I would like to have those physicians who endeavor to treat appendicitis write me a personal letter, and include the following facts:

The number of patients treated; with age and sex; how long under treatment; the course and progress of the disease and termination; the history of any abscess; the specific treatment of each condition involved, and any other information that would help me make a valuable collection of facts for publication later in ELLINGWOOD'S THERAPEUTIST.

S. W. MORELAND, M. D.

COMMENT.—I shall be very glad to have all those who have had good results from specific medical treatment write fully to Dr. Moreland. We may be enabled to draw some very important conclusions from his paper. We are all anxious to determine just which cases must be treated with medicine, and which must be operated on at once, or when in the progress of the case we must operate for the good of the patient. It is the medical treatment, however, that he is interested in.

Erysipelas

As a local application in the treatment of erysipelas I have found the sweet spirits of nitre to be very reliable in the larger number of cases.

J. B. BOWERS, M. D.

Ellingwood's Therapeutist

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

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'THE AMERICAN MEDICAL EDITORS' ASSOCIATION

One of the most interesting meetings that has ever been my privilege to attend was the meeting of the American Editors Association at the Auditorium Hotel on the 30th of May. If there is in existence a whole-souled cosmopolitan body of medical men, it is certainly the majority of the American Medical Editors. To any one who has depended upon a few of the conspicuous ethical journals of the United States for their ideas as to the character of the editors as a whole, the opinions expressed by this body of physicians would certainly come as a great surprise. The universal kindly feeling towards each other, the liberality of sentiment, the abhorrence of dogmatism, the carelessness as to sectarian views, is certainly refreshing, and speaks strongly for the uprooting of prejudice, and narrowness, and for the growth of a strong liberal medical sentiment throughout this entire country.

There were a number of splendid papers read and fully discussed. A close discrimination was made against illiberal ideas, and radical ethical ideas that oppose liberality.

Two facts were developed very strongly in several of the papers, which pleased me greatly, as they approve a course which I have thought best to adopt in this journal, after a long consideration of the subject I adopted the course with temerity fearing greatly the criticism of my contemporaries because so few others had adopted the same course. One of these was the use of the pronoun I in editorials instead of the customary or traditional we. It was argued by the use of the pronoun I, the editor expresses his individuality much more strongly, and courageously assumes the responsibility for his own statements. The other was the argument in the same line expressed against the fact that so many medical journals possessed no individuality. There was no conspicuous editorial personality in the journals and the statement was made, that the use of the editor's name in the title of the journal, was a point in advancement, as the editor should be willing to acknowledge his responsibility in the journal, and that when so done he presented to the profession a journal in which the editor's own ideas, his individuality and personality would stand out conspicuously, and thus give his journal a place of its own among medical periodicals.

PROF. KENT O. FOLTZ, M. D.

Kent O. Foltz, M. D., was born at Lafayette, Ohio, February 16, 1857, and died at the Seton Hospital in Cincinnati, June 6, 1908, of acute nephritis. He graduated from the Ashland High School in 1872, afterwards attending Buchtel College at Akron, O. Subsequently he made a special study of chemistry and botany, spending several years in the drug business. Later he attended the Western Reserve Medical School in Cleveland, and the Eclectic Medical Institute, graduating from the latter in 1886.

He attended several post-graduate courses on the eye, ear, nose and throat in New York City. After several years of general practice he was elected to the Chair of Diseases of the Eye, Ear, Nose and Throat in the Eclectic Medical Institute at Cincinnati, which position he filled very creditably for the past ten years. He was president of the Ohio State Eclectic Medical Society and a member of the National and Cincinnati Societies, and associate editor of the Eclectic Medical Journal. He was consulting physician on the staff of the Seton Hospital. He was the author of two works, one on Diseases of the Eye, the other on the Nose, Throat and Ear.

He was the only son of the late William K. Foltz, M. D., of Akron, O. His mother survives him. The funeral services were held at his mother's residence in Norwood, June 8. He was incinerated at the Cincinnati Crematory, and his ashes

will be buried in the family lot at Akron, O.

K. SCUDDER, M. D.

A FALSE IDEA CONCERNING GERMS

The germ theory of disease has been promulgated with such carelessness that the laity have an opinion that whenever one is assaulted by any specific germ there is no salvation for him. He is sure to have a serious attack of the disease which that germ represents. While some editors charge this erroneous opinion to the irregular element of the profession, its prevalence is altogether too great to warrant such a charge. It is due to the persistent manner with which the regular profession as much as any others are endeavoring to ascribe every possible condition of disease to germs.

There are no germs present today that were not present during the entire history of man, under all circumstances and locations. The idea that every breath we breathe is surcharged with a seething mass of death-carrying germs is erroneous in the extreme. Every individual should be taught by the profession that sound, healthy structures, a normal carrying on of the tissue changes within the body, and an abundance of fresh pure air, renders the body invulnerable to germs. They should be taught that good healthy blood is in itself an antagonist of illimitable power against the onset of microbes.

INJECTIONS INTO LUNG CAVITIES

Much has been written at different times on the injection of substances directly into the lung cavity in tuberculosis. A recent writer has had good results in the control of the hemorrhage of tuberculosis by the injection of five grains of tannic acid dissolved in water, directly into the cavity without regard to the fact that the cavity is filled with blood. The results were satisfactory both in controlling the hemorrhage and in the exercise of a general benefit. In using this injection the writer thinks that it must be determined that the hemorrhage is otherwise uncontrollable. He must locate the cavity definitely and avoid infection. The general condition of the patient, the above facts being determined, need not be taken into consideration.

SLEEPING ALONE

The habit our American people have, of two individuals occupying the same bed, is not a good one, and although it has been almost universal in the past, it is being abandoned to a great extent in many localities. Two single beds in a well ventilated room will much better accommodate any two individuals than one double bed.

An individual who has habitually slept alone, will often observe, after having slept with another person a few nights, that he is either feeling better or worse. If he feels better, it is at the expense of the strength and vitality of

the other, if worse, he has imparted a portion of his own strength to the other who is correspondingly benefited.

Of two children who habitually occupy the same bed, one will often be observed to grow rapidly and present a picture of perfect health, while the other is pale, thin, peevish and poorly nourished.

Of two individuals thus sleeping, one will have slept soundly and quietly, and will awaken refreshed and strengthened. The other will pass a more or less sleepless night, will toss restlessly about, and will awaken in the morning tired and unrefreshed. There seems to be a migration, as it were, of nervous force, or a transposition of electrical or nervous influence, from the one to the other. The weaker one takes from the strong often, until the strong one becomes weak.

An old person will thus quickly reduce the vitality of a child. An invalid will produce a marked impression upon a healthy person.

Two nervous persons of our acquaintance discovered after a long and uncomfortable experience, that both were unpleasantly influenced by sleeping together. Often neither would sleep and if hands or feet touched, a tingling sensation like an electric current was observed, which was exceedingly unpleasant to both.

Husbands and wives can often be

benefitted by sleeping in separate beds, and the benefits are so apparent and agreeable to those who have tried it that they are loath to resume the old habit. With young married people who desire to avoid pregnancy, this is by far the most certain, safe, reliable and justifiable course they can possibly adopt. And the more remote the rooms are which contain the beds, the better,

Dr. Woodward of Chicago tells me that in several unmistakable cases which he has had an opportunity to observe, over an extended period, where a widowed mother, and maiden daughter habitually slept in the same bed, the change of life, with the younger woman, appeared as early as from 35 to 37 years of age and was, he believed, precipitated and completed nearly ten years earlier than it should have been through the influence of the condition of the mother, and that she grew old rapidly after the change. This is a most important observation if it is true, and it should be impressed upon the mind of the attending physician, who should warn his patients of such results.

A CAUSE OF DIARRHEA

A subtle contamination of the food by germs of disease, difficult to discover, is among the causes of fermentative diarrhea common among infants in the summer time. A simple diarrhea has been foolishly declared to be an essential thing during teething. This is a gross mistake and might prove to be a fatal error. A protracted diarrhea may result in a slowly developing enteritis

which may pass on to ileocolitis.

It is difficult to convince some mothers of the extreme seriousness of choosing to raise the infant on artificial food. Every influence should be brought to bear to induce them to nurse the child if possible at least through the summer months until frost appears.

Recent observations have proven that bacteria develop with extreme rapidity in cold milk. This is contrary to the commonly accepted opinion. Milk is allowed to remain warm many times, for hours and then is put on ice. There are severe cases of diarrhea which occur on hot days which are due to this milk alone.

Furthermore it is impossible to thoroughly cleanse bottles and nipples, and the essential paraphernalia of the nursing child. Another cause of infection is the fact that a child will vomit on the pillow on which it is sleeping. This will be simply wiped off, decomposition of that portion of it which remains in the meshes of the cloth is sufficient to do harm.

Attention is now being called, and justly so, to the influence of flies in carrying infection during the summer time. All of these causes result in gastro-intestinal disorders which may become unmanageable. It is not possible to exercise too great an influence over the care that is taken in preparing the summer food for infants.

While I am constantly talking about the action of single remedies, I have frequently occasion to use combinations. If I have any favorite prescription, it is the one I shall probably publish at least every year that I continue to conduct this journal, because of the smoothness with which it controls general discomfort, distress, and the milder forms of pain without exhibiting the characteristic unpleasant physiological action of any of its constituents.

Dr. Abbott's hyoscine, morphine, and cactin compound, has because of its efficiency as a pain controller, come into sharp popularity. This combination of mine, which I have used for twenty-five years, is made of morphine, hyoscyamus and a stimulant which may be selected according to the condition of the patient. It may be cactus for the heart, xanthoxylum or strychnin for the nervous system, and capsicum as a local stimulant for the stomach.

As this is to be given by the stomach and as morphin does not act properly in the presence of an acid, I always add an alkaline nerve sedative to it. The following is the most common form with me, as meeting most frequently the indications:

| | |
|----------------------|-----------|
| Morphine sulphate | grains 1 |
| Strontium bromid | drams 1.5 |
| Hyoscyamus sp | drops 10 |
| Tincture of capsicum | drops 10 |
| Syrup of orange | ounce 1 |

Mix. Sig.: Take a teaspoonful every ten, twenty or thirty minutes until an effect is produced, and then every hour or two as needed.

There seems to be a peculiar efficiency in this combination, that I have never been able to obtain from any other combination of the constituents or in fact from any single remedy, or combination of remedies.

Many patients have an idiosyncrasy, which is opposed to morphin in any dose. At other times, certain conditions of the nervous system or of the stomach cause unpleasant effects to occur from the action of morphin. I have never known a patient to show the least unpleasant results from this combination. It is accepted by the most sensitive stomach.

If there is any one form of pain for which I have found it of superior advantage, it is after surgical operations. In these cases where the patient is exceedingly weak and the circulation is feeble, and vomiting from the anesthetic is almost uncontrollable, the general distress of the patient for the first twenty-four or thirty-six hours is sometimes difficult to describe.

When I have been able to obtain the consent of the surgeon at such a time, I have given this combination with impunity, and have invariably had the blessings of the patient afterwards. It seldom fails to control

the irritability of the stomach, produces quiet and refreshing sleep, and relieves entirely the general distress. We should have some single remedy that would accomplish all these results in a desirable manner, but unfortunately we have not.

This combination, a few drops at a dose, or more according to the age of the child, may be used in many disorders of childhood especially as stated in surgical cases, where distress is constant. In acute disease we are usually able to treat the symptoms specifically, and overcome the pain and distress by single remedies, but in surgical conditions we are sometimes at a loss to meet these conditions. I am confident that others will find this combination as satisfactory as I have found it.

DECAY OF THE OSSEOUS STRUCTURE DURING PREGNANCY

The frequent occurrence of decay of the teeth during the pregnant term has been observed by all physicians. It is attributed to many causes. I have thought that it was due to the unusual draft made upon the mother for the chemical constituents of the osseous structures of the child, especially the demand for phosphates. I have usually observed that where such a condition was present there was an unusual growth and development of the bony structures of the infant.

Under the same circumstances I have observed the occurrence of spinal

irritation, and of other evidences which led me to believe that there was a lack of nutrition of the bony structures. I have been able to correct both the decay of the teeth and to overcome the spinal tenderness, by giving phosphorus or the earthy phosphates to these patients freely. In some cases the result of this treatment has been highly satisfactory.

ALOPECIA AREATA

A twenty per cent solution of formaldehyde was used in the treatment of a case of alopecia areata in a young girl, where there was a bare spot three inches in diameter on the scalp. The remedy was applied every day until the skin became slightly inflamed, then a sedative ointment was applied, until the inflammation subsided, when the formaldehyde was again resorted to. The treatment was persisted in for more than six months. The results were very satisfactory. There was a heavy growth of hair in every way similar to the rest of the hair.

STRONTIUM BROMIDE

In some of my previous writings I have presented the marked differences in the action of the bromides of the different earths. I have shown the disadvantages of the use of the potassium bromide as compared with other bromides and have repeatedly endeavored to impress upon my readers the benefit of strontium bromide. It does not produce acne

except in very large doses; it does not irritate either stomach, intestinal tract, or kidneys; in fact it is a gastrointestinal sedative, and has a tendency to diminish albumin and sugar in the urine.

All this provided the bromide is chemically pure. It is the common thing to find a very impure article on the market. This salt is especially desirable if it is necessary to give large doses of the bromide, as 60 grains may be given three or four times a day with but little if any unpleasant results. Usually it should be given in simple combinations as incompatibilities with it are common.

FLUOROFORM IN WHOOPING COUGH

In their chemical relation bromoform, chloroform, iodoform, and fluoroform are closely allied. A few years ago bromoform was urged upon the profession as a reliable cure for whooping-cough. Some French observers have recently brought forward fluoroform as a cure for this intractable disease. This is one of the lightest of chemical compounds, but it may be dissolved in water in the form of a colorless, odorless, and almost tasteless, solution which is quite permanent. This solution which contains nearly three per cent of the gas was given in doses varying in accordance with the age of the child, from one drop up to one hundred drops a day. One hundred and twenty cases were treated with this remedy, all of which showed some improvement.

In most of them the cough decreased rapidly, and the improvement was pronounced from the first.

X-RAY TREATMENT WITHOUT DERMATITIS

A new tube has been devised for the application of the X-ray. This tube is held directly against the skin, the rays are concentrated, and are applied only to the diseased part. It is claimed that this method does away almost entirely with dermatitis, which has become so serious an objection to the use of an X-ray. The tube was devised by Geysler of New York, who has treated, he claims, over 5000 cases with it in two and one-half years, without a single case of dermatitis.

COLD AS A CAUSE OF INFLAMMATION

The old idea of the influence of cold in inducing preliminary congestion, and stasis which results in acute inflammation, is very seldom mentioned, and yet this influence is by no means to be overlooked. It cannot possibly be displaced entirely by the germ theory. A German writer prevents the action of cold without the co-operation of bacteria, as the cause of the development of acute nephritis.

He says chilling the feet induces reflex action, constriction of the vessels in the kidneys, and the reflex anemia thus induced is liable to persist indefinitely for a time, entailing disturbances in the circulation and in the nutrition of the cells, and degeneration of the

functioning elements, with inflammation as the final outcome. The decaying cells or the abnormal metabolic products by degenerating cells, may likewise subsequently induce an inflammatory process.

KIDNEY INFECTION

Acute invasion of the kidney from infection from the bacillus coli is not a common condition, but is usually attributed to other causes. A writer in The Medical Record says that it may follow chronic ulcerative colitis, or it may occur during the course of typhoid. Among the conditions which it induces are rigors, delirium, high temperature, and perhaps gastro-enteritis and coma with oliguria.

If the indications are watched closely, the treatment by medicine will be successful. The writer believes 'in active measures. We will probably find suggestions plainly marked, for our specific medicines, where the results would be very satisfactory.

EPILEPSY

In the consideration of the treatment of epilepsy a German writer takes a very hopeful view of these cases. He says that many get well with but little treatment. One important feature is usually overlooked; he believes the patient should always be toned up to the highest possible point. He believes in giving small frequent meals, and in feeding the patient largely upon vegetables and milk, excluding almost

entirely salt and spices. He believes hydrotherapy has a place that should be adjusted to the individual patient. He does not present a great many remedies, but believes the bromides are the most important.

ENURESIS

This condition is seldom treated successfully by adopting a routine course. We either do not know enough about the different conditions involved in the different cases or we do not pay attention enough to the study of the exact conditions when we are prescribing. The condition is one which puzzles every physician, all of whom have many failures, with their successes. I desire to present the experiences of our readers on the treatment of the various forms of enuresis, in an early issue. In preparing a history of these cases, please be specific in presenting the exact diagnostic features, and in giving the single remedies which seem to benefit specific conditions.

I recently had a case in consultation in which there was congenital absence of the cystic sphincter. The bladder opened outward freely, and urine had flowed from the meatus urinarius steadily, during the entire life of the patient, both day and night. This was a young lady, 17 years of age. This is one of the very many puzzling phases of this disease we are apt to meet.

QUININE DURING PREGNANCY

So common is the belief that quinine stimulates uterine contractions that it is either avoided entirely during pregnancy or it is given with temerity and anxiety. The truth is that quinine has but little if any action upon the gravid uterus, when there are no other causes of uterine contraction, or when these contractions are not present. When there are regular contractions they will be increased by this remedy, but at no other time.

In some localities malarial manifestations are quite common during the pregnant term. These should be treated as at other times, but care at least may be exercised in the administration of the quinine salts. If the remedy be given in conjunction with a little tincture of capsicum or with a very small quantity of arsenic, and given just at the proper time, no harm will result.

If the attacks are periodical, their occurrence should be anticipated by about five hours, and at that time from one and one-half to two grains of quinine, with one-fourth of a grain of capsicum, and if the liver is at all sluggish, from one-sixth to one-fourth of a grain of leptandrin, all combined in a capsule, may be given, and this dose repeated every two hours until three doses are given, then no more until the next day. Three or four days of this treatment will break up the periodicity, when other agents may be prescribed as indicated.

BANANAS IN DIARRHEA

In the treatment of simple- diarrhea without complication, and in chronic diarrheas in the tropics, observations have been made concerning the benefits derived from an exclusive diet of boiled bananas reduced to a pulp. This was suggested by a German physician who had a long experience with it in Java, where no milk could be obtained. The results were satisfactory in all the cases described. In complicated cases and in dysentery the course was not advised.

LIQUIDS IN HEART DISEASE

In the treatment of heart disease, specialists are now unanimous in the opinion that two things at least are necessary. One that the patient be kept absolutely quiet, especially in extreme cases, and the other that the quantity of liquids taken be materially reduced in dilatation of the heart from valvular disease, especially where there is mitral and aortic regurgitation such as occurs from excessive beer-drinking.

In arterio-sclerosis it is necessary to prescribe liquids to promote the elimination of toxins, but when the dilatation is extreme, the quantity of fluids increases the labor of the heart and raises blood tension. This naturally increases difficult breathing, dropsy, and other evidences of progressive failure of the heart. The older the patient the greater the danger.

PASSIVE UTERINE HEMORRHAGE fistulae.

A woman 43 years of age was suffering from uterine hemorrhage of a passive, painless type. The hemorrhage was very profuse, and the woman lost strength rapidly. Viburnum, ergot, and ipecac were given without results. Tampons were introduced with no effect upon the hemorrhage, after their removal. Half of a teaspoonful of trillium erectum, the fluid extract, was added to a half glass of water, and two teaspoonfuls of this were given every hour. This promptly and permanently arrested the flow, and the patient recovered satisfactorily with tonic treatment.

THE USE OF PESSARIES

The days of the common use of pessaries are long since past. A foreign exchange publishes an account of a death from a retained pessary. I at one time removed a pessary that had been retained for two and one-half years. There are many cases recorded of serious results from the use of the pessary, such as deep ulceration, cancers developing from the ulcerations, cicatricial changes which have taken place, permanently deforming the parts.

However, one case is recorded in which the cicatricial contractions were so great that the prolapsis was permanently relieved. Quite a large number of serious results other than the above have occurred, such as perforation, and the formation of

The fatal case above referred to was one in which the pessary had been worn for over thirty years. The pessary escaped through the vaginal walls into the abdominal cavities by extreme ulceration, and proclivitas followed. The patient died from embolism of the pulmonary artery.

CRATAEGUS IN HEART DISORDERS OF THE AGED

It is really gratifying how many of the cases of heart disease in very old people are satisfactorily relieved with crataegus. A case is reported in *The Medical Century*, where digitalis was given as long as the stomach could stand it; where squills helped to restore only for a time; where apocynum was vomited up, and cactus did no good. By this time the dropsy of the lower limbs was complete, and the abdominal cavity was filling. Breathing was difficult and the amount of urine was reduced to half a pint a day.

At this time four drops of crataegus in a teaspoonful of water was given every three hours. Improvement soon set in, and in two weeks the dropsy was gone. However, the good effects of the remedy did not remain; after a few weeks all the unpleasant symptoms returned, and later were not benefited by this remedy. The author attributed this to the probable fact that the degeneration of the heart muscle was so far advanced that permanent normal function was impossible.

THE MEDICAL TREATMENT OF APPENDICITIS

Notwithstanding the tidal wave of argument presented by the faculty of the dominant school in favor of almost invariable operation for appendicitis, the patients are still dying under operation with alarming frequency, and many of the cases are showing but few pathological changes, on the opening of the abdomen, when every symptom apparently demanded an operation before the opening was made. I have had an unusual number of deaths brought to my attention lately, following immediate operation.

At the same time the arguments in favor of a rational medical treatment were never so many, nor so frequently presented as at the present time. There are actually hundreds of physicians who depend upon medicines rather than the knife, and who have learned how to correctly use the tools they depend upon, who have attended and have cured many cases of appendicitis of the more or less severe form, and who have lost no larger proportion of cases than those who operate. Scientific data to the contrary, I am more and more convinced every day, that the conservative method is the safest method, and the most satisfactory to the patient.

I have had under my observation in the past year, several cases who came to me from other physicians after having been operated on for appendicitis more or less remotely, who were

suffering from the direct results of the operation, to such an extent as to render existence almost unbearable.

One young lady of eighteen is approaching a condition of despondency which is most sorrowful to contemplate, with constant and increasing distress which medicine does not seem to be able to relieve, which followed an operation for appendicitis which was performed, because there was some dysmenorrhea which was supposed to depend upon adhesions involving the appendix. Slight adhesions were found and that was all, and the appendix was removed, not because it was diseased, but because it was then convenient to do so, but every symptom has been aggravated by the operation. Another case in nearly every way similar to this has suffered for seven years. And still another young lady, the incision revealed a healthy appendix, with an ovarian cyst, intestinal inflammation occurred and death followed within a week.

Dr. William Gregory writing to *The American Journal of Clinical Medicine* claims to cure his cases with medicine. He presents a clear diagnosis in 23 cases out of which only one was a surgical case. None of the others died.

His method is similar to that course which is popular with all those who succeed in curing these cases. It consists of persistent heat applied if necessary for days over the diseased organ; a mild but thorough irrigation

of the intestinal tract, with avoidance of an intestinal irritation; avoidance of opium or morphin; avoidance of cold applications; an avoidance of food for at least the first twenty-four hours; the use of bryonia for its specific influence on serious inflammations, and those of the underlying structures; aconite for the fever, and belladonna to overcome hyperemia.

Another physician in the same journal presents a similar course of treatment with similar results. He has been in practice nearly thirty-five years, has not lost a patient or had one operated on. Such a statement as this is sneered at and jeered by surgeons, as has been done in my presence many times, and yet I am acquainted with a large number of conscientious men who will swear that this has been their experience also.

My method is similar to the above with the addition of echinacea to antagonize the formation of pus at any stage, and olive oil for its nutritional and lubricating influence.

Miscellaneous

One of the danger elements in chorea is sleeplessness.

A writer places great faith in the influence of **asafetida** in the treatment of **habitual abortion**

As a palliative measure in the treatment of **paralysis agitans**

duboisin is suggested as a reliable remedy.

Children who have a marked **uric acid diathesis** are thought to be more subject to **appendicitis** than others.

Where the **globus hystericus** is present under any circumstances give small doses of **ignatia**, frequently repeated.

Difficult breathing induced by faults within the central nervous system, will be overcome by taking small doses of **phosphorus**

In **indigestion** where gaseous eructations follow soon after eating, and the **digestion** is very **slow**, **hydrochloric acid** is specifically indicated.

Thymol and **gallic acid** will cure quite a large proportion of the cases of **chyluria** Thymol is fatal to the *filaria sanguinis hominis*.

The **pains** of acute **rheumatism** will often be relieved more quickly than by any other means, with five-grain doses of **salicin** every two or three hours.

Medicine is but of little use in the treatment of **stricture** of the **esophagus**, but the **iodide of potassium** in large doses has given some relief. It should at least be tried.

In **difficult breathing** in the later stage of **Bright's disease** where the **heart** is feeble minute doses of

phosphorus every two or three hours will be found of great advantage

In the treatment of simple cases of **nasal polypi**, give five drops of the fluid extract of **hydrastis** every two or three hours, persistently, or from one-fourth grain to one grain of **sulphate of hydrastin**

Incarcerated inguinal hernia was treated by Zagorsky by the internal administration of one-fourth of a grain of the extract of **belladonna**. A spontaneous reduction took place in each case after four or five doses.

A few drops of **chloroform** internally will sometimes immediately relieve **severe abdominal pain**. Again a few drops of chloroform poured into the palm of the hand and held firmly over the seat of an acute pain will often control the pain immediately.

Babies severely handled—The advertisement of a patent infant's feeding bottle directs: "When the baby is done drinking, it must be unscrewed and put in a cold place under a tap. If the baby does not thrive on fresh milk it must be boiled."

Cases of **sudden hoarseness** or **weakness** of the **voice** from cold, in speakers or singers, can be overcome by inhaling the vapor of **dilute nitric acid** and swallowing the saliva from three or four drops, dropped onto a square of loaf sugar, and dissolved slowly in the mouth.

Toothache is oftentimes due to acid substances or **acid secretions** in the mouth. A general aching of all the teeth may be caused by an acid saliva acting upon the teeth just where they emerge from the gums. Lander Brunton counsels frequent **washing** out of the mouth with a solution of **soda bicarbonate** or the sucking of tablets of this alkali.

THE MEDICAL ERA'S GASTRO- INTESTINAL EDITIONS

The *Medical Era*, St. Louis, Mo., will issue its annual series of gastro-intestinal editions during July and August. In these two issues will be published between forty and fifty original papers of the largest practical worth, covering every phase of diseases of the gastro-intestinal canal. Sample copies will be supplied readers of this journal.

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If it were not for the advertising in this journal it could not possibly be published and furnished to subscribers for less than two dollars a copy without loss. And that would not pay the editor for his services. The advertising therefore is necessary. I select my advertisers with great care, and I refuse many that are accepted by other journals. While I do not usually approve of compounds, those recommended here are of the very best, and are manufactured from our own medicines. If you desire to help the publishers, and the editor, to keep

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* * * * *

I have frequently called the attention of our readers to the advantages offered by Mr. Maccoy in his American Training School for Nurses, to the physician to secure for his nurses, the training he especially desires. In large cities good nurses are easy to secure, but physicians in small towns isolated physicians, physicians remote from medical centers-are often obliged to send a hundred miles or more, for a good nurse, when they could by complying with Mr. Maccoy's request, have their nurses trained at home under their own observation and instruction. Write Mr. Maccoy, 1030 Crilly Bldg., Chicago.

* * * * *

It is routine treatment with me to supply my typhoid fever patients with

peroxide of hydrogen, to drink freely during the entire course of the disease. In any condition where gastric, or intestinal asepsis is needed, I find this excellent. In the summer complaints of infants, frequent bowel flushings of this remedy are valuable, in fact, important. I have used glycozone in chronic catarrh of the stomach, with excellent results. This is solution of peroxide of hydrogen in glycerine.

* * * * *

A scientifically prepared tonic upon which the physician can depend after typhoid pneumonia, diphtheria, and prostrating fevers of any kind, is a most desirable accession to his resources. Gray's glycerine tonic Compound is such a tonic. It aids digestion, promotes assimilation, gives a satisfactory stimulus to the nervous system, and promotes a rapid recovery. This preparation has been before the profession long enough to thoroughly establish its merit. It has won wide approval, as it justly deserves.

* * * * *

No manufacturing house in our country has taken more pains to establish a reputation, by the actual quality of their goods, than has Parke, Davis & Co., of Detroit. They have always made it a point to meet the very latest demands. A change of sentiment is just now taking place in the use of milk as a food, and butter milk is becoming very popular. This firm prepares a lactic-acid ferment, which manufactures a most superior butter milk, in that it retains all the butter fat in the milk. It is a most desirable beverage and is excellent for infants, invalids, and

convalescents. Write the company.

* * * * *

Those of our readers who desire a most delightfully cool, pleasant and quiet resort for their patients during the summer months, should correspond with Dr. Hirschfeld of Winnetka, Ill. His sanitarium is the place where I send my patients. There is not an undesirable feature in the establishment. The doctor is a perfect gentleman, and his corps of assistants are refined and accommodating. This is certainly an ideal place for invalids and convalescents.

* * * * *

I have received a great many letters lately from doctors who want to know where they can get the tissue remedies of Schussler. I have made arrangement with Halsey Bros. of Chicago, to supply these remedies directly to all who may write them. I have known this house for a good many years and I take pleasure in recommending them. Mention this journal when you write, if you want special favors. It is a good plan to try these remedies at least, as they certainly have excellent properties when correctly indicated, and well understood.

* * * * *

Chionanthus is well known to our readers as an efficient liver stimulant. The Peacock Chemical Company prepare this with special view to the necessity of the busy doctor. Their bromides are of excellent pharmaceutical properties and will combine the sedative effects of the best of these compounds. We have had some trouble to establish the value of

cactus. The Sultan drug company get results, they claim, from their cactina pillets in the treatment of heart disease, as a safe, and reliable cardiac tonic in the treatment of functional disorders especially in rapid heart, slow heart, and sub-normal temperature.

* * * * *

Dr. Becker's compound digest is an old and familiar preparation. I would like to have our doctors use it and report on results. It is prepared from the enzymes which are obtained from the stomachs of domestic fowls and domestic animals.

* * * * *

Notwithstanding the fact that echinacea is rejected by The Journal of the American Medical Association, it is without doubt the most popular remedy we have today. Combined with thuja it constitutes a very important treatment for cancer. I am using it to prevent the return of an exceedingly severe cancer of the breast, with fine results. This combination has a very wide range of uses, both externally and internally. These ingredients are scientifically combined in *Eusoma* manufactured by the Eusoma Pharmal Company, of Cincinnati. I know of no finer combination.

* * * * *

For many years our physicians have used phytolacca, cimicifuga and stillingia with superb results in the treatment of rheumatism, and in any condition where there was uric acid poisoning. The Anti Uric Company, of Peoria, manufacture Uric-Antigon, from these ingredients, and they find

that it possesses remarkable efficacy. It embodies the active properties of those agents which we depend upon to overcome lithemia. This preparation (Uric-Antigon) must be used to be fully appreciated.

* * * * *

Every physician has trouble with his dropsical patients. Notwithstanding the fact that we have specific medicines for dropsy we have many cases that do not present the specific indications for these remedies. The Anasarcin Chemical Co. prepare from sambucus, oxydendron, and squills a preparation which they claim is giving fine results. Those, who have tried it should report on its efficacy as it is important that all

should know of the best dropsy cures.

* * * * *

I have never seen any reason why physicians should hesitate in sending their old "alcoholics" which they cannot otherwise cure to the Keely Institute at Dwight, Ill. On the contrary I have seen many reasons why they should. As near as I have been able to determine after watching, that institution for nearly 25 years, I have never been able to see anything but good results. They have removed the appetite for drink, in more than ninety per cent of the cases treated, and no other treatment has done as well.

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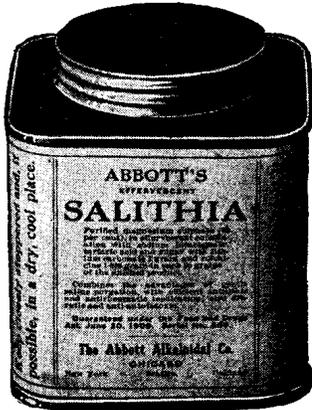
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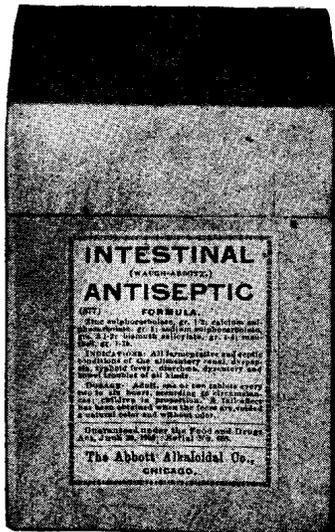
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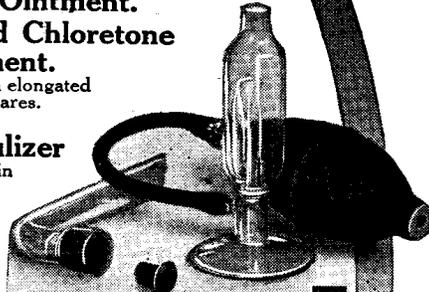
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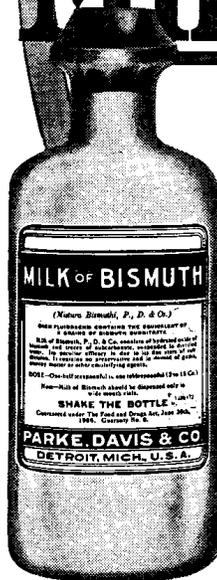
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