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# Ellingwood's Therapist

*Finley Ellingwood MD*

EDITOR AND PUBLISHER

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## OUR MOTTO

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

## OUR CREED

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

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

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That Therapeutic nihilism is the deadly foe to Therapeutic progress;

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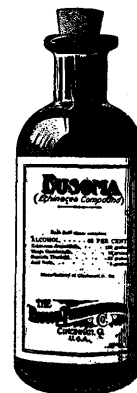
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# Ellingwood's Therapist

A MONTHLY JOURNAL OF  
DIRECT THERAPEUTICS

VOL. II

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No. 8

## Leading Articles

### MITCHELLA REPENS AS A PARTURIENT

C. E. QUIGG, M. D., TOMAH, WISCONSIN

Quite early in my practice I was impressed that labor as is usually seen by the practising physician, was influenced by abnormal conditions, existing at that time in the patient. I concluded if this was the case that there should be some one remedy or remedies that would correct these conditions and would put the patient into a normal condition, and permit of a much easier labor at least, than those usually observed.

Learning of the action of mitchella as having then been observed in a few cases, I began the use of this remedy and have continued it up to the present time. I purpose giving a report which, however, is not as specific as I would like to have it, but which is to a certain extent convincing, that this remedy will

change abnormal conditions or rather will restore normal conditions, and will materially promote the health of the patient, the health of the child, and will conduce to an easy, uncomplicated labor, with no unpleasant after results to detract from the patient's future health.

This remedy is commonly known as partridgeberry, or squaw vine. The whole plant is used for medicine. It grows throughout the United States. The remedy was used by the Indian women previous to labor, and had a reputation for accomplishing exactly that which I use it for. But few writers have enlarged upon its virtues, but those who have used it for any length of time have become enthusiastic concerning its action and depend upon it with much positiveness.

It not only removes complications, but improves the general condition of the nervous system, especially in its influence over the reproductive

function. It removes erratic pains and unsatisfied longings, corrects hysterical conditions and reflex symptoms, and causes the function of the urinary apparatus to be properly performed. The bowels become regular, faulty digestion is corrected, the appetite becomes natural, the digestion is improved, and there is a general, normal nourishing not only of the mother, but also of the child.

I cannot state the exact number of cases that I have treated with mitchella, but I am sure that I am speaking very conservatively when I say that I have treated five hundred patients with this remedy. I think that all of the patients who have taken the remedy have been benefited by it. Certain it is that none of them have ever seen an unpleasant influence from the medicine. Almost every lady to whom I have given the remedy once, during a pregnancy, has insisted upon taking it again, and almost invariably, if they have removed from my locality, and have occasion to use the remedy, they have insisted on obtaining it, that they might use it on that occasion. Those who have had children without this treatment are quick to see the benefits from its use, and do not hesitate to demand it during subsequent pregnancies.

It is also impossible for me to state whether there are not some few cases that would have done as well without it as with it, as there are occasionally cases who have a hard time with the first labor, and an easy time in subsequent labors.

I have used this remedy alone, that is why I feel competent to report on its action: I not only do not give other remedies in conjunction with it for similar influence, but I do not advise hot baths, or oiling with sweet oil, or other auxiliary measures that are considered by many of much importance.

Neither do I pay any attention to the diet of the patient, unless there has previously been considerable digestive disturbance, or some long standing derangement of the stomach, or intestinal tract. I believe the sympathetic disturbances of the stomach and bowels are corrected by this remedy.

I believe also that the remedy has a beneficial influence on the growth, nutrition and development of the child. I have never seen other than a healthy child where the mother has taken this treatment. In no case has there been a monstrosity or a malformed child, or a child with a nevus, or a child that was mentally deficient, or in any way imperfect. If, as I believe, this remedy has had an influence in the perfect development of the child, it is certainly a marvelous remedy and should be used for this purpose if for no other. Still, I believe it possible that a physician might have five hundred confinements without having an imperfect child.

Furthermore I have never had a case of postpartum hemorrhage, or kidney

trouble or puerperal eclampsia, where I have used this remedy. Neither have I had a case of uterine sub-involution or chronic nephritis immediately following labor. There is no question whatever, in my mind, that those who take the treatment get up after labor much better than those who do not.

Where I have symptoms which threaten a complication of the kidneys of almost any kind, during pregnancy, in addition to the mitchella I give ten or fifteen drops of the fluid extract of "queen of the meadow," after meals. This is a simple remedy, in its action on the kidneys, which soothes irritation, overcomes faults of blood pressure, and regulates the functional action of these organs.

In preparing my patients for labor with mitchella I generally begin about six weeks in advance, and watch them closely, up to the end of the term. The following prescription has become quite a routine method with me. I do not know as the ptelea and pepsin mixture are always essential, but they are beneficial and do no harm. When constipation is pronounced I use cascara in some palatable form in place of this preparation. I have found cascara cordial especially desirable. It must be adjusted to each patient. My formula is as follows: Fluid extract of mitchella repens, four ounces; glycerole of ptelea and pepsin, three ounces; essence of gaultheria, one ounce, mix. Take a teaspoonful before each meal.

Of course this plan may be varied to suit the different patients, but I have accomplished all that I could have desired by giving the remedy as above described. I have used this treatment for fifteen years, and I do not know of any other physician who has depended upon this course. I am quite enthusiastic about it, and have frequently mentioned it to others, and have described to them my entire plan, but I have not learned that others have taken it up so fully as I have. I shall be glad to hear from others.

COMMENT:—For ten years I have been treating pregnant women with mitchella. Having heard of Dr. Quigg's successes, I wrote him, asking for his experiences and did not in any way inform him of any observations I had made with the remedy. I did this in order to see whether or not his experiences would coincide with my own. I am highly gratified to know that they not only prove all the observations I have made, but confirm some hopes I have had concerning the action of this important remedy.

Prior to using mitchella, I learned to depend upon dieting, hot baths, the use of sweet oil, and other auxiliaries, as well as the medicine. The doctor has used nothing but the medicine. I am confident that dieting can very readily be overdone. A remarkable feature of the action of mitchella is that deformed or imperfect children are not seen when the remedy is used through the larger portion of the pregnant period. Also that the patient is entirely devoid of female disorders after labor, which materially interferes with future health.

Sterility after the first child is a much more common condition than is generally supposed. A preparatory course of treatment will positively prevent such a condition. I am

expecting in the near future to write a small book on the care of the pregnant female and on the preparation for labor. I am so confident that we have among our remedies, those which will make every labor except those of deformed mothers, an easy one, that I have long intended in this work to give the results of my observations to the profession. If any of our physicians are making similar observations, I shall esteem it most highly if they will write to me, if no more than a postal card, notifying me of the fact, that I may, in my book, give them credit for the observations they have made, as I shall do Dr. Quigg.

## THE SINGLE REMEDY

W. L. LEISTER, M. D., Associate Editor  
*American Medical Journal*, St. Louis,  
Mo.

In its evolutionary course and progress the Eclectic school of medicine is nearing a final ideal in the selection and exhibition of the single remedy to contravene definite pathologic phenomena. In its seventy-five years' existence it has discovered and developed and brought to relative perfection a great many remedial agents which, it would seem, without initiative by this American school, must at this late day remain unknown to the general profession.

The trend of thought and study by advanced physicians is in the direction of disparagement of the practice of combining a number of complex drugs. We take much pride in the fact that members of the Eclectic school are coming rapidly, to this view, and are

extending at least moral support to the efforts being so diligently projected by our leading pharmacists and journalists. Reform medicine, in its early years, was remarkable for crudeness of means. Like practice prevailed in considerable measure down to the beginning of the second or middle epoch, when a revolution in the study of disease and its treatment was brought about by a few courageous spirits who recognized the need of deeper study of morbid physiology and a clearer analysis of the agents used and a higher knowledge of their application.

The single remedy and the small dose have become a tenet of the third or present epoch of Eclectic medicine. It was necessary to a correct understanding of the *modus operandi* of medicines that circumscription in number exhibited in any given case must needs be exercised. So long as several drugs entered into a prescription no correct decision as to predominant energy could be pronounced.

The notion was held by many, indeed it is held now by some, that each ingredient of a compound represented one unit and the aggregate of these the requisite sum to correct the morbid condition. When the prescriber must resort constantly to combinations, the inference is excusable that he is not certain of his footing; that he is undecided as to a correct diagnosis; or, that he is lacking in knowledge of the action of remedies decided upon, and

especially that such prescriber is ignorant of any organic change wrought when several drugs, each of complex organization, be combined. Chemists assert that most vegetable agents—such as are used by physicians, are composed of numerous elementary bodies, each of which is found to possess distinct and often (if not usually) divergent properties. It is, therefore, reasonable to conclude that when several medicines enter a prescription, the liability to form other, and mayhap, harmful bodies, is considerable.

It may be recalled by those who read "Stringtown on the Pike," the fascinating story written some years ago by Prof. J. U. Lloyd, that one of the prominent characters in a tragedy made use of a vegetable tripodic compound which proved to be an insidious but slow poison. If either one singly, or any two or the three drugs were combined no poisonous energy would be developed. It has long been the contention of some chemists that certain nontoxic vegetable agents would, on being combined with others, result in the promotion of a poison. Even the mixing of certain articles of food within the stomach has resulted in the formation of ptomaines.

This feature of medical investigation—the consideration of the single remedy—is confined almost wholly to that branch of the profession which it pleases some to stigmatize "irregular." It seems to be left to our school to push this feature of improved practice

and well and truly are many of our leading minds exerting best efforts to accomplish such desirable end. Oslerian medical nihilism receives no sympathy from earnest, honest delvers after final knowledge of the curative powers of our rich American materia medica.

COMMENT:—The above carefully written and most excellent article, should impress upon the minds of those who have not previously given the matter much thought, the importance of studying each drug separately, and determining with positiveness the exact phenomena, or group of symptoms which it will control. It is clear to any thinking mind, that no other course of drug study will ever prove successful. As I have often stated we find it necessary at times, to give at least two, sometimes three remedies in combination. This is not done in order to get their united effects on any one condition. It is done because there are plainly present, two or three distinct symptom groups, which we know to be met by the two or three remedies prescribed. Let the study and observation in the direct lines, by all of our readers, be made, with more care than ever before.

## HEADACHES

FINLEY ELLINGWOOD, M. D., CHICAGO

Perhaps there are no more puzzling conditions to contend with than those of headaches. They depend upon so many different causes and so many different conditions that each one is almost a separate study in itself. In an article in a recent number of the Journal of the A. M. A. an observation



was made of 1700 cases from which the following conclusions were drawn:

1. A neuropathic diathesis is an essential condition of the occurrence of almost all the chronic headaches of the class discussed, the only exceptions being cases in which other causes exist to an excessive degree.

2. In the great majority there is, in addition to the neuropathic diathesis, some local irritation to the nervous system, often manifesting itself by the headache alone.

3. A minority of patients are sufferers from anemia or toxemia, in addition to the neuropathy, which may manifest itself in no other subjective symptom of importance.

4. The more marked the neuropathic tendencies, the less need be the degree of anemia or toxemia, and vice versa.

5. In some cases, often the most severe ones, a local irritation of the nervous system is reinforced by a toxemia.

6. There are a number of what may be called composite headaches, in which two or more local irritations combine to intensify sufferer's neuropathic tendencies and cause the headache.

The authors find the location of the headache the most useful single symptom for pointing out its cause. They class headaches as (1) frontal, (2) temporal, (3) occipital, (4) vertical, (5) parietal, (6) circular, (band around

the head), and (7) general headaches.

Mixed forms however, are not uncommon, and very severe headache tends to become widely diffused. The true type in such case is often indicated by the point of greatest tenderness to pressure, or, better, by the point where it began.

The local irritations are, approximately, in the order of their frequency:

1. Irritation from the eyes, (a) frontal, usually due to astigmatism; (b) occipital, often due to muscular imbalance; (c) temporal, muscular imbalance or hypermetropia; (d) or deep seated in the eyes from retinal irritability.

2. Irritation from the nose and accessory sinuses, usually frontal, more liable to be unilateral than in those due to eye-strain, and confined often to a definite limited spot over the root of the nose or on one side of the forehead.

These are apt to be morning headaches, and the pain is often duller and deeper seated than that from eye-strain.

3. From pelvic disorders in women; vertical when due to disease of the lining of the body of the uterus, and occipital when due to retro-displacement, posterior parametritis, or ovarian disease. These headaches are practically always bilateral, and

may be aggravated or relieved by menstruation.

4. Gastric headaches, from indigestion, hyperacidity, hypoacidity, etc. These are practically always frontal or bilateral, and more commonly located in the upper portion of the forehead than are headaches due to the eyes or nasopharynx.

5. Irritation from the teeth, especially decayed teeth in the upper jaw, and the eye teeth and third molar in particular. They are usually temporal when from diseased molars, and frontal when from the eye teeth. They are frequently unilateral.

6. A few cases due to the ears, sometimes to the mere presence of wax or stoppage of the Eustachian tube. They are almost the only parietal headaches from local irritation, and may be unilateral or bilateral. The characteristic headache of anemia is vertical.

Toxemic headaches are commonly described as of the whole upper part of the head, or as band-like or constricting. Their occurrence has frequently a relation to the time of absorption of the poison, and it may correspond with some nervous distribution, as of the occipital or upper division of the fifth.

Migraine is treated of at some length, and the authors consider it practically always due to eye-strain in neuropathic individuals, but the immediate cause of

the attacks may be recurring conditions of toxemia which would so affect a less neurotic individual.

Special directions are given as to thoroughness in the examination of the eyes in this condition, as well as regards the treatment. The authors consider the removal of local irritation the fundamental part of the treatment in headache, though general measures, tonics, hygiene, gymnastics, etc., as well as medicinal agents, are not to be neglected.

## A CASE OF EPILEPSY

A. G. VANCE, M. D., SOMERSET, IND.

I would like to have a diagnosis and if possible some suggestions as to treatment in the following interesting case. I believe this case presents some unusual features, which may be useful in a similar case.

The patient is a boy eight years of age, of about the average size, with dark hair and gray eyes. On the day of his birth he had several spasms, and on the fourth day he had spasms every hour. From that time until he was four years old he had an occasional spasm, perhaps as often as one every three months. It was soon observed that if he had a movement from the bowels or if he passed his urine freely during a spasm, the spasm would almost immediately cease. The urine passed at this time had the color of milk.

After his fourth year, the convulsions became less, and during the past four years, he has had only a few, and in each case there was a large, free involuntary movement of the bowels.

When he was three months old an opacity appeared on both of his eyes, and he was entirely blind until he had passed his fourth year, when the film began to disappear very slowly and his sight gradually returned. Now there is only a small opaque spot on each pupil, and I think that will gradually clear up.

A peculiar feature of this condition is that the boy takes pleasure in lying on his back, and looking straight at the sun. He will do this by the hour, letting the sun shine directly in full strength into his eyes. The stronger and brighter it is, the better he likes it. At times he will take a glass that will reflect the strong rays of the sun and throw the light with that into his eyes. This gives him comfort and satisfaction, and though but a child, he claims that it helps his eyes. He is a very restless child, and is never still only when asleep. He sleeps flat upon his back and when awake he keeps his legs moving all the time.

Before a convulsion appears and during its continuance he suffers from severe pain in the stomach and bowels. It is a common thing for him to be very white around the mouth with a bright red spot on each cheek. His breath smells badly nearly all the time. He has been chronically constipated. He passes long

strings of white mucus from the bowels, and sometimes there will be nearly a half pint of that which is apparently mucus and pus. He has had piles. He desires to eat constantly. He lies in the cradle most of the time, and when awake he makes a little crooning noise. His body is very poorly nourished, his feet are always cold and he takes cold easily. His voice has a distinct nasal twang.

This patient has been in the hands of many physicians with but little or no benefit. He has just come under my care. The general catarrhal condition is to me a conspicuous symptom.

COMMENT:—While there are structural changes in this case, that may yet need surgical interference, there are a number of clearly defined symptomatic indications which can certainly be treated with medicine with great benefit to the patient. In the first place the entire gastrointestinal tract should be mildly but thoroughly irrigated. The colon should be irrigated at least every second day, the patient should have a rigid diet assigned to him, should eat with perfect regularity, and at first should take some simple form of digestive with everything he eats. It would be an excellent plan to give him a small quantity of glycozone before his meals, and to continue this for a period of three or four weeks if no untoward results appear. It must be seen to, also, that the patient takes but very little salt and especially that no inordinate desire for salt occurs.

After a period of three or four days of this treatment I should give the child one-fourth of a grain of santonin every three hours thoroughly triturated with sugar and milk.

At the same time he should have three grains of the bromide of strontium

four or five times a day for a considerable period. He should receive a nerve sedative of some kind for two or three months, but this sedative might vary. The monobromate of camphor could be given for some time and gelsemium when the cheeks were red and the pupils contracted. In proper time a nerve tonic should be advised which contains phosphorus or the phosphates. The patient should not take too many medicines at once, it is better to give one at a time, always continuing, or changing in accordance with the exact indications. There is no doubt that medical treatment would be of great service to this patient. Small doses of jaborandi will help clear up the corneal opacity. It will also soothe the irritability of the mucous membranes, and improve the action of the skin, thus ridding the system of toxins.

## NONSURGICAL TREATMENT OF GALL STONE

W. E. KINNETT, M. D., PEORIA, ILL.

*Treatment.* This is the most important part of the procedure. The treatment, by medicinal measures, of these cases has not been wholly satisfactory. Some have been entirely relieved, and others have had the attack return at intervals of three or four months. I have looked for specific indications for remedies in each of these cases, but have failed to note any group of symptoms that could be relied upon. I have pursued various plans of treatment. The one I now employ is the following:

When called to a patient suffering with an acute attack of the passage of biliary calculi, I administer at once

morphia sulph. and atropia sulph. hypodermically to relieve my patient of the severe pains. Sometimes I apply hot fomentations over the region of pain. This will, as a rule, give the patient ease in a few minutes. After the stone has passed and the patient is somewhat over the effects of the opiates, I adopt the treatment given by Dr. J. W. Babbitt. He says:

“I have suffered from the presence of gallstones as persons seldom suffer. For fifteen weeks, almost every day, one or more calculus passed, and consequently the pain and anguish was every day increased, to that extent that the inhalation of chloroform appeared to me to be the only thing to keep body and soul together. Chloroform gave only temporary relief. I have inhaled it over a hundred times; used every remedy in the materia medica, that promised any relief, as prescribed by our most learned and experienced doctors, but without relief from any of them. Finally, upon the advice of Dr. Pitchers, of Detroit, I took the (then) new remedy, which relieved me of over one hundred crystallized globes as large as a marrowfat pea, at one evacuation. I have since treated more than a score of sufferers with the best results, and to the satisfaction of all concerned.

“The remedy is sweet (olive) oil, six to eight ounces. First, empty the stomach, by an emetic or by fasting; the latter way preferable. Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the

duodenum, lie down on the right side, with the hip higher than the shoulders. The oil will find its way down the ductus communis, and reach the enemy in its castle, to-wit: the gall bladder. Every calculus will be lubricated and will slide out of the fount and through the intestines. Now, to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. I have experimented extensively upon cholest-erine, but have never discovered a solvent that could be safely introduced into the stomach. Our supposition is that with the occasional use of the oil, as above, the cholest-erine will not crystallize in the human system.

“As to treatment to prevent their formation, I will say that any treatment that will aid nutrition will be helpful. We are told that chloroform will prevent their forming; but so far I have not found a single patient that could take it; they could not retain it in their stomach.”

One writer says: “In regard to gall-stones I can say but little from personal experience, as it is a rare disease, as you well know. If I was treating a case of gall stones, I would give sulphuric ether and chloroform, in equal parts, three or four times a day—all the patient would stand of it; as near a teaspoonful as the patient could take. I have confidence in the ability of that mixture to dissolve the formations, and

believe it does it.” Why this writer should believe this mixture will “dissolve the formations,” when he has not tested it, I am unable to say.

Another writer says: “I have usually had my patients take what is termed a ‘cholagogue cathartic,’ from time to time, to keep up a free flow of biliary matter. I have had but few cases in the nineteen years of my practice.” If any one can tell what medicine he meant for me to use, when he says, “cholagogue cathartic,” I should like him to inform me. Another says “I know of no specific remedy to prevent the formation of biliary calculi. Chloroform and sweet oil are good to aid their passage, and chloroform is thought to prevent them.”

Another says: “Phosphate of soda, one drachm three times a day, is the best preventive.”

Another says: “Inject one-fourth of a grain of the sulphate of morphia hypodermically. I cured a case in this way three or four years ago; it has never recurred. I don't think solvents or prophylactic medicine worth anything.”

Another says: “Give calomel and podophyllin in large doses to move the bowels freely. During the pain of passing the stones, use the following:

Sulph. ether .....	oz.	1
Chloroform .....	oz.	$\frac{1}{2}$
Oil terebinth.....	oz.	$\frac{1}{2}$
Glycerin .....	ozs.	2

M. S. Half a teaspoonful every half hour.

The curative treatment is nitro-muriatic acid dil. fifteen to twenty drops in water, before meals through a glass tube. Persist in the use of the acid, and you will have very little use for other remedies.

I have found as a special remedy the chionanthus virginica to be the best preventive I have tried, especially if there is any jaundice.

Possibly the alkaline carbonates will be useful. The exclusive use of soft water for drinking is suggested. Attention to the diet, etc., no doubt, aids the treatment.

[I published in August of last year and reproduced in June of this year, an article by Dr. Webb on the treatment of biliary calculi without operation. A few days after the June number was circulated, I received a letter from Dr. W. E. Kinnett, of Peoria, Ill., which called my attention to the fact that in October, 1888, he sent me an article on this subject for publication in *The Medical Times*, which presented almost precisely the same treatment which Dr. Webb claims to have thought out for himself, more recently. On looking the article up I found that Dr. Kinnett was correct, and that in addition to the treatment which is very similar he makes some specific suggestions which are valuable. I therefore reproduce the portion of his article which gives us the facts concerning the treatment. It will be seen that Dr. Kinnett presents the methods of other writers as well as his own. However the method lacks the definiteness and clearness of Dr. Webb's method.—ED.]

## HOT OIL ENEMATA

M. S. WING, M. D., LOS ANGELES, CAL.

All acute inflammatory processes of the abdominal viscera and of the pelvic organs can be modified and the pain arrested at once, if seen before pus has formed, by an enema of oil at a temperature of from 105° to 108°.

The oil is the kind sold by Italian grocers in bulk at from sixty cents to one dollar per gallon. They call it salad oil and claim it is imported olive oil, while in reality it is cotton seed oil. I keep one gallon of this oil at home, and another gallon at the office, to have it handy at any call. I have had a tinsmith make two oil cans of one gallon each, to fit snugly inside the gallon douche can (enameled), and I have a bag made to carry the outfit in.

If the pain is on the left side usually from one to two quarts will suffice, but if there is general involvement, or if the cecum has to be reached, it is necessary to have the whole gallon heated. The higher the temperature the hotter the oil requires to be, and the patient stands it sometimes up to 110° F. if the fever is very high. Hang the douche can only from 12 to 18 inches above the bed to avoid pressure, and use only the rectal nozzle; the oil enters easier than the colon tube.

The heat so close to the inflamed structures soon brings relief. Oil

readily and painlessly enters, and there is no difficulty unless the ascending colon has to be filled; in such case I turn the patient on the right side, use very little pressure in the tube, stop it entirely each time it causes pain and take every precaution to go as gently as possible until the limit is reached. Then I lower the douche can to the floor and siphon off enough to give relief from all pressure, thus generally enabling the patient to retain most of the oil for a considerable time.

I can praise the oil for its usefulness in impactions; where there are no obstructions from adhesions, stenosis or other abnormalities the oil facilitates the evacuations; but in bad cases it is not reliable. It is as a carrier of heat, gently and directly applied, that it does the best service.

COMMENT:—To me the above is a new and important suggestion. It seems to be rational and of ready application. It will probably control undue peristalsis, and relieve irritation of the mucous membranes, as well as act as nutrition both local and general. I trust our readers will apply the method and report freely as to the results.

## **THE STING OF THE HONEY BEE A REMEDY FOR RHEUMATISM, ACUTE AND CHRONIC**

W. W. HOUSER, M. D., LINCOLN, ILL.

There is a general and widespread belief in many countries of the world that the sting of the honey bee is a cure

for rheumatism. The theory is that the apic acid of the sting destroys that which is the cause of the disease. Persons who have rheumatism are said to be immune to the poisonous results that ordinarily follow the sting of the bee.

Dr. Newton Friend, a prominent physician of England, has made a special study of the question and reports actual cures among his patients from the bee sting.

Moses Bray of Santa Clara Co., Cal., a bee keeper, was cured of an obstinate case of rheumatism by numerous and repeated stings of bees. Mr. Wm. Stolley of Grand Island, Neb., an extensive bee keeper, claims to have cured numerous cases of the most obstinate kind by administering bee stings. His method is to begin with one sting per day and gradually increase to ten or twelve per day.

His method of applying the stings is as follows: Put the bees in a room with only one window. They will collect on the glass. Then with a wet sponge catch the bee while on the glass, and apply to the affected part, and the bee does the rest.

My observation is that this is a remedy of great importance and deserves close study as a specific for one of the most painful and obstinate diseases known to the medical profession.

COMMENT:—This subject was quite freely discussed in the medical press

some fifteen years ago, but few, however, have thought best to make practical use of the method. Dr. Gress, of Atchison, Kansas, informed me at one time of very extended observations he had made, and of positive conclusions he had arrived at. Homoeopathic physicians have long used apis, a remedy derived from the honey bee, for the cure of rheumatism, and their observations have given the remedy a fixed place in the therapeutics of this disorder. I want a report of the observations of every one who has used the method above described, or who has used apis.

## A SPECIFIC OCCIPITAL HEADACHE

H. F. ZINK, M. D.

I was recently consulted by a man from a near-by town for an unbearable occipital headache. The man was about thirty-five years of age, and weighed about 175 pounds. He had been treated without benefit by all the physicians of his home town. He said he did not know any cause for the headache, unless at one time he had been overheated when out in the sun. He could not eat or sleep, but would walk backward and forward in his room all night, and he walked the floor constantly, begging for relief, while in my office.

On examination, looking for specific indications, I found that his feet and hands were cold, but that his head was hot, his face flushed, his eyes very bright, the pupils contracted, and there was quite a considerable irregularity of

the heart's action. The respiration and temperature were both a little above normal.

I was satisfied that he had been taking the bromides and cold tar analgesics. I endeavored to select the indicated remedy. I gave him the following prescription: Specific gelsemium, one dram; specific cactus and specific crataegus, of each half a dram; distilled water, enough to make four ounces. Of this I gave him a teaspoonful every hour until the distress was relieved, then every three hours for a day or two, and finally, three times a day. Relief occurred in a few hours, and the man has since been entirely well.

I devour your Therapist every month, and I get hungry for it before it is due again. This is my first attempt to write for a medical journal, and if it finds its way into print I would be glad to write again. Let the facts continue, we certainly need them all.

COMMENT:—The young doctor has given us without suspecting it, a very valuable suggestion, and a very specific course of treatment. I believe the indications were entirely covered with the gelsemium and cactus. The gelsemium relieved the cerebral irritation, and thus overcame the congestion. The cactus had a double indication. It relieved the functional irregularity of the heart, and restored the tone of the nerve centers. It acted as a direct tonic.

By understanding this action of these two remedies, and making a close diagnosis, the doctor would feel it his duty to prescribe these remedies, whether he had ever met a case like this before or not. Occipital headache is



a most distressing condition. Usually, however, it has dilated pupils, dull eyes, and general weariness. The doctor's treatment would have increased the condition, if these indications had been present. This proves the importance of prescribing not for the occipital headache, per se, but for patient at that time, for the indications when that headache is present.

## THE INDICATIONS FOR DIGITALIS IN PNEUMONIA

DR. GLENN, WILLIAMSPORT, PA.

In the treatment of pneumonia, in the early stages, it is my custom to prescribe specifically in accordance with the indications found, as taught by most of our writers. This method does not usually find a place for digitalis in the early stage of the disease. I think I have found a specific indication for digitalis in the later stages.

I have treated fifty-seven cases in the Williamsport Hospital that were apparently in the last stage of the disease, where the breathing was very rapid and short, where the pulse was so rapid that it could not be counted, where the respiratory distress was very pronounced, and where the skin, especially that of the face and neck, was distinctly cyanosed. The skin was cold, and often there was a cold perspiration. I gave these a concentrated tincture of digitalis, with the very best of results, upon the above indications. To adults I have given fifteen drops every two hours, to

children I have given ten drops every two hours, and have seen no toxic or cumulative influence. Fifty-five out of the above fifty-seven cases recovered.

When the above symptoms are present there seems to be an influence exercised by this remedy which is devoid of any toxic effect, and covers the entire train of symptoms. I believe it is less toxic even in children than in adults. It should be given persistently and with confidence at this time.

COMMENT:—I have frequently seen excellent results from digitalis in pneumonia of infants, where, after a time, in which the disease seemed to progress favorably with specific treatment, there was a relapse and prostration was very great, with many of the above symptoms. I believe the doctor's suggestions as above should receive thoughtful attention. He has proven them to be most excellent, and others should use this remedy for these indications. I am inclined to think further, however, that if digitalis is used from the start in full doses when it was not specifically indicated it would fail at the end.

## INFANTILE DIARRHEA

MILLARD DECKER, M. D.

It is always an open question as to the best means of treating infantile diarrheas that prevail during the summer months of the year, from which the mortality is usually large despite the numerous remedies we have heralded to us as universal panaceas for the summer complaints of children and adults.

As to my views of treatment I shall have to beg to differ with some of the authors, as I believe that pain if persistent should be relieved by some form of opiate such as paregoric or Dover powder, for pain of itself will quickly exhaust and contribute to fatal termination. As regards other drugs my list has been cut short by the introduction of glyco-thymoline, from which I have obtained the greatest success both as to promptness in effect and in forestalling the serious complications that sometimes arise-

Case 1. Nellie C., aged nine months, functional diarrhea. Artificially fed; temperature 100; pulse fairly good; tongue whitish fur; stools very frequent, smelling sour, principally mucus. The treatment consisted in changing the diet from condensed milk to sterilized milk and ordering fifteen-drop doses of glyco-thymoline every three hours in water. I called next day and found the child much better, passages fewer in number and with more consistency to each movement. On the following day the child was up and around, having had but one movement, which looked healthy. I ordered the glyco-thymoline kept up for next twenty-four hours, at the end of which time I pronounced the child cured.

COMMENT:—If the doctor had had experience with a few of our specific pain-relieving remedies for abdominal pain, I am sure he would not have made the above statement concerning the use of opium or paragoric. An

exact knowledge of the application of minute doses of colocynth or dioscorea or chamomile would so quickly relieve the pain and promote the action of his intestinal antiseptic, that he would soon forget that he had ever used opium in children's cases. I have used the above remedy in much the same dose as he advises it, with a very small quantity of that one of the three remedies for pain named above, which was specifically indicated, or if there was only a general atonicity with a very small quantity of capsicum, and have had the best of results. In certain cases nux vomica or very small doses of lobelia will promptly and permanently relieve the pain.

## THE USES OF CIMICIFUGA RACEMOSA

C. A. WEST, M. D.

This important remedy is constantly developing new uses. As these develop we are in danger of getting away from the important observation made by the original observers. I am quoting the following from an article written 25 years ago by Prof. John King for "Drugs and Medicines of North America":

The following is a concise statement of the therapeutic value of black cohosh root, as determined in my practice, and when in its employment it was not alternated or combined with other medicines. I have prescribed this agent since 1842, at which time, as far as I am aware, very few practitioners had any knowledge of it as a medicine. A saturated tincture has always been, and is still preferred, prepared with strong alcohol; and next to this, the alcoholic extract.

These preparations, when administered internally, lessen the action of the heart and arteries, diminish nervous irritability and remove abnormal conditions of muscular tissues, as well as of certain glandular organs, while at the same time a mild narcotic influence is experienced in numerous instances. (This influence has recently been overlooked. —ED.) In inflammatory rheumatism, when given in the first attack, the tincture has not only removed the disease, but has likewise appeared to so change the rheumatic tendency that a second attack is seldom to be anticipated; to effect this the tincture should be administered in doses from 10 to 60 minims, repeated every two hours until the patient's head becomes affected, after which the intervals between the doses should be sufficiently increased as to keep up this action upon the brain for several days, or until the disease has completely disappeared. In chronic rheumatism it has proved useful, diminishing the severity of the pain, and lessening the duration of the disease, but nothing more unless in combination.

In conjunctivitis and scleritis, in doses from 10 to 60 minims, repeated every hour or two, it has effected a complete recovery in a few days. It has also been attended with excellent results in relieving the more active symptoms attending early syphilis, in which disease a further investigation of its action is highly desirable, as well as in catarrhal affections of the respiratory organs.

In chorea, this is the principal agent upon which I have relied for the last forty years, preferring, however, in this malady the alcoholic extract. Without entering into particulars, it may be stated that this agent has been successfully employed in neuralgic affections, in uterine leucorrhoea attending endometritis, as well as in congestion of the uterus, also in those affections of the female reproductive organs in which the menstrual function becomes deranged, as manifested by amenorrhoea, frigidity, sterility, etc.

It is an ecbolic, as several instances are known in which the tincture, having been taken every three hours by pregnant women, effected the desired abortion, it undoubtedly exerts a very positive influence upon the generative organs of women. As an accelerator of labor, in cases of uterine inertia, the tincture or the powdered root proves a substitute to ergot, in the majority of cases arousing the uterus to contractions more nearly resembling the normal ones, and without any risk to the foetus, or impairment of uterine sensibility to its influence upon subsequent administration, though with ergot and similar agents it occasionally fails in its action. Immediately subsequent to a protracted or severe labor, the tincture will allay any nervous excitement that may be present, will relieve severe after-pains, and will favor uterine involution. In subinvolution of the uterus, accompanied by menorrhagia, the tincture or the extract will be

found an efficient remedy.

When the tincture is exhibited in sufficient doses to keep up a slight effect upon the brain, it proves a very remarkable remedy in certain forms of malarial disease, also in neuralgia. Gastric acidity undoubtedly interferes with its remedial action in all instances. The root is said to contain tannin, but no decidedly astringent effect has been observed from its use.

Although a large dose is given herein, yet it must be remarked that some care and watchfulness is necessary in its administration, as I have met with several instances in which two or three drops of the tincture, repeated every hour, after a few hours, occasioned symptoms closely resembling those of delirium tremens, indeed, in one case, the administration of but one drop was invariably followed by these symptoms, and its further employment had to be omitted. Black cohosh is one of the most peculiar agents met with in the vegetable kingdom; it appears to exert a remedial influence upon both the serous and mucous tissues of the system when in abnormal conditions, and consequently has proven a superior remedy in numerous chronic diseases.

The specific tincture of the root, as prepared by Messrs. Lloyd Bros., appears to have nearly, if not quite, all the remedial influence of the saturated tincture, more especially in rheumatic and neuralgic affections, and in abnormal conditions of the principal

organs of reproduction in the female. The fluid extract and the infusion of the root are less active in effecting the therapeutical influences just described; however, they will be found more especially beneficial in smallpox and other exanthema, both as a prophylactic, and as a remedy. It will simply be remarked here, that in alternation or combination with other medicines, not only is the usefulness of black cohosh increased but its field of operation is greatly enlarged.

The resin of cimicifuga, improperly called "cimicifugin," was prepared by myself in 1835, then, having subsequently tested its therapeutical virtues for about ten years. I called the attention of practitioners to it, but it did not come into general use until about 1850. The resin does not appear to possess exactly the same properties as the tincture, its narcotic influences being less decided. Alone, I have found this resin very efficacious in maladies of the female reproductive organs, as in chronic ovaritis, endometritis, menstrual derangements, as menorrhoea, dysmenorrhoea and menorrhagia, frigidity, sterility, threatened abortion, uterine sub-involution and to relieve severe after pains. In alternation or combination with other medicines it has exerted efficacious results not necessary to mention here. Other practitioners have related its employment in nervous, rheumatic and gastric affections, with much benefit, as well as in certain acute maladies.

The dose of the saturated tincture of black cohosh varies, according to its effect upon the patient, from one minim to sixty minims, to be repeated three or more times per day; of the specific tincture, from one minim to ten minims, repeated every two or three hours; of the alcoholic extract, from 1-4 to one grain; of the resin, from 1-2 of a grain to 3, and even 6 grains, three times a day; of the powdered root from ten to sixty grains, as may be required.

## Therapeutic Facts

### **Belladonna Externally for Phlebitis**

In an article on phlebitis in the June number I am reminded to say that for forty or more years I have found belladonna to be an excellent and, so far as I know, the best remedy for external application.

In puerperal phlebitis I always, after elevating the leg, apply a plaster of the solid extract of belladonna. The specific effects, flushing of the face, dilation of the pupils, dryness of the mouth, etc., will quite often be a signal to withdraw the application for a few hours to again apply it when these symptoms subside. After 24 to 48 hours remove the belladonna and apply a flannel bandage as snugly as can be well borne and upon this pour hot alcohol every hour. In a recent hospital experience my patient had a crural

phlebitis following an ovariectomy, and was treated in this manner while a patient in an adjoining room was treated in the ordinary way. My patient was sitting up on the fourth day comfortable while the other one was still no better.

A. L. CLARK, M. D.

COMMENT:—There are no suggestions that come to this journal that I prize more highly than those from Prof. Clark. The doctor was one of the first to suggest the establishment of an Eclectic Medical College in Chicago in 1869, and is the only one now living, who has been with Bennett Medical College during its entire course. Prof. Whitford was only a year or two later, however.

In all these years and for some years previous, Prof. Clark has been in continual active practice having taken but few vacations. He has arrived at that time of life, when every suggestion that he writes carries full weight, and can be depended upon as being absolutely reliable. An entire number of this journal devoted to the experiences of Prof. Clark would be indeed valuable. I shall endeavor to secure all that he can possibly give us as long as he is able to write, which we sincerely hope will be for many years yet.

### **Exophthalmic Goitre—Epistaxis**

In the treatment of the first condition above named, I have found excellent results from the use of *lycopus virginica*. I vary the dose and time of giving, in proportion to the condition of the patient, and the indications.

For nose bleed I have depended upon

cactus. It may be given in two or three drop doses, frequently repeated. I believe others have had favorable results from this remedy as well as myself.

To my mind, ELLINGWOOD'S THERAPEUTIST is one of the best journals published.

F.S. DANIELS, M.D.

### Scabies

In the treatment of scabies I have had, almost invariably, good results with the use of the following formula:

Beta naphthol.....grs. 30  
Precipitated sulphur.....drs. 2  
Balsam of Peru.....drs. 2  
Vaseline, q. s. ad.....ozs. 2

Mix. Sig. After bathing the skin thoroughly with hot water, this ointment should be rubbed in with considerable friction. It may be applied once or twice each day.

F. M. MAHIN.

### The Trypsin Treatment of Cancer

The trypsin treatment of cancer which is still being tested, has at least given us something of value in the lotio pancreatis. This pancreatic lotion, diluted with an equal volume of freshly distilled water, is freely applied on gauze or absorbent cotton to the cleansed surface of the breaking down tissues. In inoperable cervical cancers a

pledget soaked in the solution is applied to the cervix through the speculum or a small gauze drain is introduced into the open uterus, with resulting relief from hemorrhage, odor, discharge and pain. The diseased tissues are progressively digested and thrown off in a thin grayish discharge not unlike digested gastric contents. As the sloughing is thus anticipated the odor is distinctly lessened and also the tendency to hemorrhage.

Howard Kelly has pointed out that much of the severe pain so common in advanced cases is due to a choked cervix with the retained discharges forming a pyometra, and complete relief follows evacuation of this fluid, thus keeping the canal open. As the drain soaked in the pancreatic lotion digests the breaking down tissue it also prevents clotting from oozing blood vessels. This doubtless accounts for the lessened pain, which returned with severity in a case where the treatment was discontinued for some days.

Any physician who has a hopeless case of cervical cancer will welcome anything which can rob the disease of some of its horrors for both patient and attendant.

LYDIA ROSS, M. D.

### Formalin in Cancer—Macrotys

I noticed last year the article in THE THERAPEUTIST, suggesting the use of formalin in the treatment of cancer. A little later a man came to me with a

very suspicious growth on his hand. It had resisted all treatment, was sensitive and painful, and had been increasing in size for several months. I painted the area surrounding the growth with collodion. I then saturated a small piece of gauze with the formaldehyde solution and bound it on over the growth, protecting it to prevent evaporation. I kept this wet for a couple of days, when the part had separated completely from the healthy tissues and I was enabled to pick it out. The structures healed naturally, and there has been no return whatever during a period of about six months.

I have been using specific macrotys with such results, that the druggists in our town are anticipating an order for macrotys every time they see me. I came to this town two or three years ago entirely inexperienced in horse back riding. One of my first calls necessitated a ride of twenty miles on horseback. I might say that this was the first long ride of my life. Anticipating an almost unbearable amount of soreness and stiffness on the day following the ride, I took ten drops of macrotys every two or three hours, and got off without any discomfort whatever. This is one of many experiences. I have recommended the remedy to incredulous regulars and have quickly made converts of them. By the way, I am a regular myself, and I am picking up the Eclectic Methods as I go along and find that I need them.

G. H. HENSHEN, M. D.

### Easy Cure of Ingrowing Nails

I disapprove of Dr. Howe's and other surgeons' savage way of treating ingrowing toe-nails, and I would submit the following as a much easier and better way. If the toe is greatly swollen and very tender take down the inflammation by applying a ten or twenty grain solution of the nitrate of silver for one or more daily applications; then insert under the offending corner of the nail as much powdered nitrate of lead as you can without giving much pain and so continue every day till the case is well.

I like your journal very much indeed, and I think if Dr. Osler would read it carefully and carry out many of the valuable suggestions, he would be a different doctor. But from my experience with many such doctors the devil of it would be to get him to do it.

J. D. MOXLEY, M. D.

### A Sedative Lotion

When at a loss for a lotion that is sedative, alkaline and refreshing, try the following:

Creta preparata .....ozs. 3  
Glycothymoline .....ozs. 2  
Campho-menthol.....10 - 15 drops  
Aquaë, ad q. s. ....ozs. 8

It is applicable in any superficial inflammation without abrasion. It quickly relieves sunburn, and is of

service in cases of pruritus ani and pruritus vulvæ not of senile or of diabetic origin. Wet absorbent cotton or pieces of linen with the solution and keep them in contact with the affected parts until relieved.

LYDIA ROSS, M. D.

### Lithemic headache and Urticaria

I have recently had a patient who has been suffering for several years with an intractable headache. The patient is a married woman, the mother of two children. She had been treated by several physicians without avail when she came to me some two months ago.

I gave her five grains of lithia dissolved in cold water, three times a day. This seems to have removed the cause of the disease, for the headaches have disappeared completely.

Another married woman in the same neighborhood had been suffering for some time with urticaria. She had been doctored by her regular family physician for a long time without results. This patient was cured with the same remedy I used in the cure of the headache as above stated.

J. T. PARKER, M. D.

COMMENT:—The doctor neglects to state what salt of lithia he used in the treatment of these cases. This takes away much of the value of the suggestions. The cases both depended probably on a lithemic condition, for their cause. The suggestions we are publishing from time to time as I have

constantly stated are only valuable as they are exact and specific.

### Prostatic Catarrh

On page 175 of the June number of THE THERAPEUTIST, in the case of Dr. E. T. Segur, from the meagre symptoms I should judge we had a case of prostatitis or prostatic catarrh. The leg, knee and feet symptoms indicate obstruction of the rectal circulation, producing an incipient arteriosclerosis. My treatment would be 2 per cent cocaine injections in the urethra, and after waiting to benumb the sensation use a sound from the lowest up (splitting the meatus and if necessary to keep it open put one or two stitches). Let him rest 48 hours and if no urethral chill follows use sounds again and inject fluid extract of phytolacca and Felter's aqueous thuja p. e., with a prostatic curve catheter, gently massaging. Third day treatment on fifth or sixth day. There should be prostatic massage through the rectum and if there is any spasm in the external or internal sphincter massage with as rapid stretching as the patient can tolerate.

The above remedies are the only remedies known to me to remove granulation growths in the urethra or rectum. You will have a good deal of difficulty to remove the warty granulations at the cut off muscle in the perineum and about one inch back of the meatus in the fossa navicularis. Perseverance is the keynote. If your



patient is at all corpulent give him internally two to five grains of powdered extract of phytolacca.

L. S. LONG, M. D.

### Snake Bites

In the treatment of snake bites I use the permanganate of potassium in doses of from one-half to one grain. I have found it of much service. It controls the pain and permits the patient to sleep.

M. C. HURD, M. D.

### Medical Treatment of Gall Stones

I have read with much interest the reprint of Dr. Charles S. Webb's article on page 176 in the June number, on the successful treatment of gallstones without resort to surgery. I do not doubt the success of this method of treatment in the least, yet most patients would object to so large a quantity of sweet oil, taken in this manner. (I was given more than my share of sweet oil for green apple colic when I was a kid.)

My own method of treatment is a successful one. It differs from the above in some particulars. I have the patient drink all the warm water he can possibly hold. Then I give him one-tenth of a grain of apomorphine hypodermically. In a few minutes general relaxation of the system takes

place and vomiting occurs. The water in the stomach prevents the vomiting from being severe. By the action of the diaphragm and abdominal muscles the gallstones are forced out of the duct into the duodenum. The process has never yet failed me. It relieves the pain by assisting in the escape of the stones. In one case I succeeded in getting eighteen gallstones and the patient has remained cured, when a prominent surgeon had said that nothing but a surgical operation would save his life.

As after-treatment I put the patient on sodium succinate tablets five grains each, giving one tablet four or five times a day. In extreme cases I give two tablets every three hours. I keep the patient upon this treatment for about three weeks, then I give three a day for three weeks, then one or two a day for three weeks, keeping the bowels and kidneys free all the time. None of my cases so treated have had a return of an attack. I believe in the principle of this journal of yours, that each should give to all, the things he has tried and proven.

L. R. EMERICK, M. D.

COMMENT:—In considering Dr. Webb's method in conjunction with Dr. Kinnett's suggestion of sweet oil in this issue, and both in connection with these suggestions, I believe there are extreme cases in which a combination of all of these suggestions, or at least of one of the others with these of Dr. Emerick, would be needed.

## **Quassia for Pin Worms**

On page 172, Vol. 2, No. 6, is an inquiry for a specific for pin worms. For many years I have without fail used a strong infusion of quassia chips as an injection. It should be remembered that the chief locality where these pests are to be found is the lower rectum. One injection will not be sufficient, as there are always eggs not to mention some individuals which will escape the first, even the fourth or fifth injection, but they will always succumb to a persistent usage of the quassia. The beauty of this treatment is that it is harmless as well as cheap.

A. L. CLARK, M. D.

## **A Sedative**

The following is recommended as a good combination for nervousness, especially during the menopause: Take two drams of ammonium bromide, four drams of sodium bromide, six drams of the aromatic spirit of ammonium, and four ounces of aqua camphor. Mix and give a tablespoonful every four hours. This might be modified or altered to suit different patients.

## **Epsom Salts and Iron in Dropsy**

There is nothing new about the treatment of excessive dropsical effusions, with very large doses of epsom salts. The older physicians have frequently carried extreme hydragogue catharsis through a course of from

three to five or six days, during which time some gallons of water would be evacuated, and the patient would be greatly reduced.

Dr. Whitford has made a practice for forty years of adding five grains of the carbonate of iron, to each dose of epsom salts. He claims that the results on the dropsy are the same, and that a large proportion of the patient's strength is retained. I have adopted this course with good results in a number of feeble cases, especially where anemia was a conspicuous complication.

## **Earache**

A writer in the Medical World gives a very simple cure for earache. He fills the bowl of a new clay pipe lightly with cotton and on this he drops three or four drops of chloroform. He then places the tip of the pipe stem in the child's ear, and the bowl of the pipe to his mouth, and blows gently into the bowl, blowing the chloroform from the pipe stem into the child's ear, producing, he claims, relief as if by magic.

## **Cupric Arsenite in Diarrhea**

In the treatment of that form of diarrhea of children common in summer, in which there is nausea or vomiting accompanying large copious watery discharges, in which there is an amount of greenish, fecal matter, I give very minute doses of the arsenite of copper frequently repeated. The dose

is about the one one-thousandth of a grain. The doses must be frequently repeated. I find this a specific remedy in this form of diarrhea.

W. P. BARRON, M. D.

### Injection Anesthesia in Obstetrics

I have had considerable experience with the use of the new antiseptic, H-M-C, in obstetrics. I believe the arbitrary prescription of one-hundredth of a grain of hyoscin, one-fourth of a grain of mor-phine, and one-sixty-seventh of a grain of cactin is a little too large, hypodermically, for the ordinary woman. However I have given the tablets of the original strength in many cases.

When I find the patient with labor pains, whether the os is dilated or not, I give one tablet. In about 25 minutes the pain will be less severe, but true labor pains will exercise a greater force. Erratic pains will disappear entirely. I usually repeat this dose after an hour or two if needed, and as the second stage approaches I sometimes give one-half of a tablet more. This has included all of my cases recently.

For after-pains if the above anodine is not sufficient I give twenty drops of the fluid extract of jaborandi in a little water. This I may repeat in two hours. In one severe case I did not get but little effect from the tablets. I gave the woman a full tablet every two hours, from 6 a. m. to 2 p. m., and then was obliged to resort to chloroform, when

she was very quickly delivered.

J. M. KIRBY, M. D.

### Chionanthus

As specific indications we find the tongue is full and pale, often coated with a heavy, yellow coat, and the mucous membranes are pale with an apparently enfeebled capillary circulation. There is usually persistent headache with more or less disturbance of the stomach and intestinal tract, due to faulty action of the liver.

There may be constipation, or the feces may be gray colored and light in weight; floating upon the surface of water. The urine is pale and often cloudy.

The remedy corrects faults of the liver which give rise to bilious headache and dyspepsia. It overcomes capillary engorgement of a chronic character, thus relieving chronic congestion of the liver and spleen and other glandular or gastro-intestinal disorders.

It will be found of much service in jaundice when the condition is due to a thickening of the mucous membranes and a simple obstruction of the ducts. It is an excellent remedy to prevent or cure the tendency to this disorder.



## A CURE FOR ALOPECIA

*Editor Ellingwood's Therapeutist:*

I am fascinated by the editorials and reviews of your THERAPEUTIST. In re-reading the May issue, (1908, page 159) I saw you request for publication "Any reliable remedy or method of treatment for alopecia."

Below I give formula and method which I have found by nearly twenty years use of great value for the indicated condition, and that not only, but for a prompt cure of porrigo including scallard in its multiplied varieties.

It will not cover a billiard ball with *pili capitis*, nor will it recreate *bulbus pili* on a scalp that syphilis has depilated; but where there remains a ciliary follicle seated on a papilla pili, though hampered by micro-spiron, or other ciliary microzoon, to it the lotion is a potent, nourishing, stimulating therapeia.

Specific echafolta (Lloyds).....fl. ozs.	7
Fowler's sol. (liq. pot. ars.)....fl. ozs.	4
Glycerin (pure).....fl. ozs.	3
Aq. pur.....fl. ozs.	8
Fresh rose petals (American Beauties preferred) manip....ozs.	4
Mur. cocain (coarse crystals)....gr.	154
Ol. ylang-ylang (unona).....fl. ozs.	1

To make:

Mix Fowler's solution, glycerin and water.

Scissor rose petals in narrow strips, place them in a bottle and pour over them the echafolta; cork tightly and macerate a week.

After maceration strain and press out the echafolta, and add it to the first mixture. Set the combined liquid aside for digestion during twenty-four hours.

Triturate well the oil of Ylang-Ylang in a wedgewood mortar with magnesia, (calcined) qs. to form a stiff paste, which is then to be liquified and well ground by gradual addition of the aforesaid digested compound. Filter all through two folds of filter paper. When bottled add the cocain.

If pure materials have been used and directions followed, supplemented by skilled pharmacochymia a dermal lotion will have been secured fit for a Queen of state, or of the "four hundred."

How applied. Wash the entire scalp with hot-warm water, (no soap), to keep it clean. After washing dry it, apply dermal lotion to hair-field, and massage roughly the scalp where the hair grows, and also if alopecia *calvities*,

"On top of the haid,  
Where the Har orter grow."

# Choice Cleanings

## ACUTE NEPHRITIS

Do this thrice weekly. Echafolta, twenty drops on sugar taken at bed-time is an efficient aid.

A. C. HEWETT, M. D. Chicago

### PROSTATIC SEXUAL PERVERSION

Percy, in an address to the Western Surgical and Gynecological Association, excerpted by The Boston Medical and Surgical Journal, declared that the old prostatique, who showed aberrant sexual activity, was in a large proportion of cases suffering from a psychosis rather than senile dementia, to which the symptoms were usually attributed.

Under the influence of the irritation from his enlarged prostate, he might commit all forms of sexual crime, and after removal of his prostate his functional sexual aberration disappeared, and he remained cured. This phase of the diseased prostate opened up the possibility of a more rational study of the pelvic environment of the prostate gland in the sexual perverts among men, old and young.

Many old prostatics were in insane asylums, many of them were in the government and state soldiers' homes, as well as in the various county almshouses.

Vander Hoof considers his subject under Senator's headings, namely, 1, Acute nephritis, (a) parenchymatous, (b) diffuse; and 2, chronic nephritis, (a) diffuse, and (b) indurated. He discusses chronic uremia fully, and states that a large proportion of cases are not diagnosticated; owing to failure to appreciate the various symptoms of chronic uremia, so that the physician's attention is not directed to the renal insufficiency as the cause of ill health.

Chronic uremia is a toxemia occurring more or less in all cases of chronic nephritis and with a symptom-complex of considerable diversity. Most disturbances arise in the nervous and digestive symptoms. The motor convulsive symptoms of acute uremia are replaced in the chronic form by mental disturbances; the patients may be apathetic, even somnolent, but sleep is not restful, and even pronounced insomnia may occur.

There may be mental confusion, with difficulty in remembering names or recognizing familiar faces; or profound melancholia or mental depression with delusions of persecution. Recurring and persistent headache, frequently occipital, is the commonest symptom.

Tonic contractions of different groups of muscles are prominent. Frequently, there are cramps in the calves of the

legs, especially at night, and severe and recurring abdominal colic; the pupils are usually contracted, although they dilate in acute uremia. Vertigo is frequent. Various forms of palsies may occur, including strabismus, monoplegia and hemiplegia. Numbness and tingling in the extremities are observed.

The disturbances in the gastrointestinal tract are usually periodic; the tongue is heavily coated and there is a foul taste in the mouth. Such symptoms as the foregoing, occurring in persons of the age at which chronic interstitial nephritis is common, should always direct attention toward this lesion, and the presence of increased pulse tension, accentuated second aortic sound, and the history of increased frequency of urination, make the diagnosis very probable, even before the urine is examined.

Vander Hoof discusses the eye and urinary conditions, and with regard to the latter says that attempts to estimate the functional activity of the kidneys by cryoscopy, the degree of glycosuria after the use of phloridzin, and the rapidity of the excretion of methylene blue, can not be said to have made for themselves a place of value among our diagnostic aids for the recognition of nephritis.—*Jour. Am. Med. Ass'n.*

### THE HOUSE FLY

Fly screens are recognized by the Health Department as one of the most

efficient preventives of diarrheal diseases and typhoid fever. They should be put in place early in fly time and used until snow falls.

Keep the common house fly out of your house and away from your food, and the chances of avoiding diarrheal disturbances and typhoid fever this summer will be much better.

We know now that the “innocent” little house fly—whose god, according to the ancient Hebrews, was Beelzebub—is a positive and serious menace to health. He is the filthiest, most dangerous and most common of disease-spreading insects that infest these parts in summer.

He is born in and lives on animal discharges and decaying vegetable and animal matter. He was a maggot before he was a fly.

The late Judge Goggin used to tell of his experience while holding court in a neighboring town, which was also a popular summer resort. Repairing to the usual country latrine the morning after his arrival, he was quickly driven out by the buzzing, biting, crawling swarms he had disturbed at their morning meal. Seeking the landlord in angry protest, mine host heard the Judge's complaint; then, cocking his eye up at the fly-specked dial of the office clock—

“Why, judge, you haven't been out there at this hour of the morning, have you?”

“You should wait until dinner time. They're all in the dining room then!”

This is the favorite “stunt” of the pest—to feast in the privy, at a manure pile, or on a dead animal and then go direct to your kitchen and dining table for his dessert.

He is not a bit particular, either, about the cleanliness of his feet—in fact it is only natural for him to carry hundreds of thousands of disease germs on his feet and body, and he is not at all reluctant about depositing this filth on the food you eat.

And you have not been nearly as particular about preventing this pollution of your food as you should have been.

You eat this polluted food and you develop a “summer complaint,” or, perhaps, typhoid fever. You blame it on the hot weather, etc.—you would be more often correct if you blamed it on the fly.

All cases of typhoid fever and most cases of diarrheal disease are due to an infection. The infection is present in human discharges, from these discharges it is conveyed into the mouths of other humans in several ways; but the common house-fly is the commonest and the most mischievous of all carriers.

The greatest prevalence of the diarrheal diseases corresponds with the greatest prevalence of flies. Most

typhoid infections also occur at this time.

Flies may also be the conveyors of scarlet fever, diphtheria, tuberculosis and other infectious diseases. They walk over or feast on the infectious matter in a sick room and then go to a neighboring home and find their way to the food and drink of other persons.

Much sickness and many deaths can be avoided by keeping the fly out of the home. Screen your windows and doors and wage a war of extermination on those that do get in. The time is not far removed when people generally will regard the presence of flies in the home as evidence of inexcusably filthy housekeeping.

Especially do we advise that you keep flies away from the baby's food and screen the baby's bed, so that flies cannot convey infection to it while it sleeps.—*Chicago Health Bulletin*.

#### **TREATMENT OF FIBROIDS COMPLICATED BY PREGNANCY**

Hardouin, after describing a case of obstruction of the pelvic cavity by a fibroid in the anterior wall of the uterus, which necessitated an operation for enucleation, followed by recovery and the birth of the child at term, goes on to state that it is not always necessary to operate on patients who have fibroids when pregnancy occurs.

In many cases the fibroid is so placed

that the pregnancy can continue without interruption and no obstruction to labor will occur. Torsion of the pedicle of the tumor or an intraperitoneal polypus will necessitate immediate operation. Suppuration of the fibroid and compression of other pelvic organs are the other dangerous symptoms.

Abortion for uterine fibroids is no longer considered justifiable, since the mortality has been excessive. Myomectomy is relatively without danger. Hemostasis is difficult but it can be accomplished. The possibility of producing abortion is not great since the uterus is tolerant to a great degree.

The enucleation of the growth produces a dissociation, not a section of the uterine fibers, and the opening is easily closed so as not to weaken the uterine wall. Myomectomy may be considered the operation of choice, being without danger for mother or child. Hysterectomy may be necessitated, abdominal or vaginal.

If it becomes impossible to enucleate the tumor hysterectomy must follow a laparotomy. Another important question is whether we should discourage marriage in virgins who have fibroids. The author believes that we should encourage them to have the tumor removed before marriage. During labor spontaneous birth may be awaited if there is no dangerous symptom and the fibroma is high up.

If it partly closes the pelvis an attempt

may be made to crowd the growth upward above the symphysis. If this is impossible a Cesarean section must be done, generally followed by a supravaginal hysterectomy. —*Arch. Gen. de Chir.*

### DYSMENORRHEA IN GIRLS

Marie Tobler has investigated 700 cases of dysmenorrhea in Frankfort. In Tobler's series the symptom was primary in 234 patients. By primary dysmenorrhea painful menstruation beginning when the catamenia are first established is understood. Secondary dysmenorrhea, beginning later, was present in 466 of Tobler's cases, 322 being girls and 144 married women.

He concludes: (1) the distinction between the primary and secondary form in multipart is important; the latter is distinctly the more frequent. (2) Both forms are markedly frequent in nulliparous girls with constitutional disorders, such as chlorosis; in others where the establishment of the catamenia is retarded; in others where the patient's vocation is exhausting or unhealthy; and in others with constipation, indicating impaired function of the alimentary canal.

(3) Menorrhagia is the rule in girls with secondary dysmenorrhea. (4) The dysmenorrhea of young girls is markedly premenstrual, with its climax during the first hours of the show of blood. The pain is not of the labor type, but continual, and often associated with general malaise.



(5) The genital tract does not show any lesion sufficient to explain the source of pain. (6) The fact that dysmenorrhea in young girls is so often secondary does not support the theory of purely mechanical agencies (stenoses, flexions) as its cause. (7) Neither the circumstances of the patient's life nor her clinical history can in the great majority of cases justify the theory that the origin of dysmenorrhea lies in the nervous system.

(8) The majority of cases of dysmenorrhea in young girls appears undoubtedly due to disturbances in the pelvic circulation. Passive hyperemia is a common result of faulty nutrition, hygiene, and clothing; it is increased during the periods, so that very active hyperemia results. As the elastic elements of the uterus are not rarely ill developed in youth, these disorders of the pelvic circulation entail stretching and compression of nerves.

(9) Tobler believes that the principal seat of the pain lies in the subperitoneal connective tissue, where the vessels and nerves are most exposed to pressure. (10) Clinical observation and the results of treatment favor this theory. (11) In contradistinction to the morbid conditions associated with dysmenorrhea in young girls, painful menstruation in married and parous women is often observed in patients where distinct morbid changes in the genital tract exist.

Still, Tobler is uncertain how far such changes can be looked upon as the cause of the dysmenorrhea, and disturbances in the pelvic circulation may be, after all, the true agents in the establishment of the pain.—*British Mod. Jour.*

#### THE EXCLUSION OF FAT FROM THE DIET

Physiological considerations would imply that many minor ills of the body would be avoided if only care were taken to include a sufficiency of fat in the diet. Fat, we know, is about the most compact form of fuel which we possess, while it exercises a favorable effect upon the processes of the intestinal tract.

In excessively cold countries a rich, fatty diet is indispensable, for fat is the only food substance which will rapidly replace the heat lost by the body, and travelers in the Arctic regions have related that they could only be kept warm and comfortable by a generous supply of fatty food, in comparison with which the effect of extra clothing was inappreciable. The tendency of today in many quarters is to exclude as much as possible the fatty portions of animal foods.

Pieces of fat are carefully cut off the slice of ham, mutton, or beef, and only the lean parts are eaten. Indeed, for some unaccountable reason the eating of fat is regarded by not a few as positively vulgar. Such an attitude, of

course, displays an ignorance of physiological facts. Cold feet, hands, fingers, ears and chilblains could often be avoided under a generous diet of fatty food.

A digestible fat favors nutrition considerably; it spares much waste of the tissue-forming elements of food. When lean meat alone is given large quantities are required in order that nutrition and waste may balance one another, but if fat be added the demand for flesh is less. Besides, therefore, giving an advantage in regard to making good the repair of the body, the use of fat is economical from the point of view of pounds, shillings, and pence.

The absorption of large quantities of fat-less meat, again, tends to overload the blood with nitrogenous waste products. In anemic persons the partaking of an easily digested fat is commonly followed by the best results, nutrition is greatly improved, and the condition of the blood is often restored to normal. It is well known, again, that easily absorbable fats, such as butter, cream, cod-liver oil, bacon fat, and dripping, are especially valuable to sufferers from waiting diseases.

The introduction of the old-fashioned and well-prepared suet pudding into the diet is in perfect accordance with scientific teaching, and from the dietetic point of view, especially in the feeding of young, growing people, does probably a really beneficial service to the country. The assumed aversion to

fat on the part of a great many people is silly and mischievous, for there can be little doubt that a reasonable proportion of fat in the diet is calculated to preserve the standard of health. Cases of true repugnance or intolerance do, of course, exist, but on the whole they are rare.—*The Lancet*.

## CYSTITIS IN WOMEN

Ellice McDonald, of New York, sums up the modern treatment of cystitis in women, and gives histories of forty-five cases treated at the Vanderbilt Clinic.

Cystoscopic examination is of the greatest value and is almost painless. Catheterization of both ureters is a necessity to diagnosticate kidney lesions. Inflammation of the bladder is markedly affected by the condition of the genital organs, congestion extending to the neck of the bladder.

Regurgitation of urine into the pelvis of the kidney will cause pyonephrosis and pyelitis. Pregnancy and operations on the genital organs are also factors in the production of bladder troubles.

Blood in the urine is not always accompanied by tuberculosis, but may result from a simple ulcer of the bladder wall or varicose veins of the bladder.

The treatment of these cases consisted of rest and the application by irrigation of four solutions; antiseptic quinine solution, cleansing bicarbonate of sodium solution, peroxide of hydrogen

and silver solutions compound, and jelly of Irish moss to allay irritation. Soothing drugs internally are also of value.—*Med. Record.*

### HIGH-FREQUENCY CURRENTS FOR CONSTIPATION

Fleig and Frenkel during the course of treating hemorrhoids, fissures, and anal fistula with high-frequency currents, have discovered that constipation is cured quickly and harmlessly by the same method. They treated twenty cases of constipation in this way, with amelioration in every case.

The application was made with a unipolar connexion, no volts, the electrode being either cylindrical or conical, according to the tolerance of the patient. The intensity of the current was gradually increased and diminished during each sitting, lasting from five to eighteen minutes, and varying in number from eight to fifteen.

In three cases of muco-membranous colitis the current was applied by means of one electrode on the abdomen and the other in the rectum, with the result that two cases were completely cured and the third very materially improved, the number of sittings being respectively eight, sixteen, and twenty.

The great advantages of the treatment appear to be the rapid improvement of the general condition, and the absence of any sensation of pain during the

sittings.—*British Med. Jour.*

### ANESTHESIA, GENERAL AND LOCAL

Dr. C. E. Montgomery quotes the following conclusions based on a report of 2,300 cases operated on with general anesthesia by Armstrong, of Montreal General Hospital.

1. Cooling of the body surface contributes largely to the lung complications.

2. The existence of septic foci, particularly in the abdomen, is a common cause, for when the abdominal muscles are painful they do not aid in expelling mucus that collects in the bronchial tubes, and the transmission of septic emboli from the abdomen to the lung is easy.

3. Aspiration of vomitus and accumulation of blood and mucus in the air passages in unconscious cases is a very common cause.

4. The larger percentage of cases occurred in the right lung, because the right bronchial tube is larger and allows more ready aspiration.

5. Patients should have stomach lavage when food is present, and the mouth and pharynx should be cleansed well before and after anesthesia, and especially when the patient is unconscious.

6. Septic peritonitis cases develop lung complications more frequently than

any others.

7. Common predisposing causes are weakened heart with hypostatic congestion, age, alcoholism, cachexia and sepsis. In the preparation of the patient these points should be kept in mind, since neglect of any of them may cause disagreeable symptoms following the anesthetic.

The relations of the attendants to the anesthetized patient should be just as asthetic as when the patient is awake, and careless lifting and moving of the limbs, uncomfortable strained position and the barbarous use of the mouth gag and tongue forceps for some fleeting disturbance of respiration should never be allowed. If the cause is sought the disturbance can be avoided without injuring the patient's mouth and tongue.

Oftentimes by simply turning the patient's head to one side, or pushing the lower jaw well forward, the disturbance for which the tongue forceps are so often used will be avoided. Thirst after anesthesia can be almost entirely prevented by colonic injections of warm saline, one-half to one pint, every hour or two, beginning as soon as the patient is removed from the operating table. This does not cause nausea, nor is it often contraindicated by the nature of the operation, and is of inestimable value in protecting the kidneys from the concentrated irritant.

## HIGH TEMPERATURE WITH RECOVERY

A physician in Washington, D. C., prepared at one time a table from the reports of cases published during the past few years, of 45 cases, with a temperature of 110° and above, which have recovered.

He says: Is high temperature itself, necessarily fatal? The belief has long become classic, that no one can withstand a temperature which has ranged as high as 107.6°F. for any appreciable length of time. Moreover, certain French physiologists have claimed that an elevation to in for even a few minutes would destroy the leucocytes and that hence, under such conditions the death of the whole organism must necessarily ensue.

This is a question of the greatest interest and practical value to every practitioner, and the subject of hyperexia has lately been receiving considerable attention at the hands of medical journals. The mechanism and rationale of the condition has been so thoroughly discussed that further discussion would prove but wearisome repetition. We have in the present instance little inclination or time for either theory or verbiage.

Is high temperature per se necessarily fatal? Theoretical physiologists say yes, but the teachings of nature say very distinctly, not necessarily. This position is not necessary to uphold by argument. (The writer appends a table

of 45 cases of recovery from temperature ranging from 110 to 157. The very lowest being 2.4 above the old classic "Dead line" of temperature.) Surely then he says we may reasonably conclude that hyperpyrexia is not necessarily, though usually fatal.

## Ellingwood's Therapeutist

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

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

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



In the present agitation of the study of therapeutics we feel that we are occupying high ground, and are not floundering around in the flood that envelops our position. Notwithstanding that fact, it was never so necessary that each individual of us should do hard study in therapeutic lines as it is now. Every statement we have put upon record in the past is going to be questioned; every declaration will be investigated; every erroneous statement that we have made will be used as a lever against us.

For the future we must get out of the ruts that many of us have allowed ourselves to fall into. We must do individual work as we have never done

it before. We must refuse to accept every statement as to drug action, as infallible. We must question as others will, the correctness of our own assertions.

All this time every man of us must go right along and "saw wood" and do it with increased energy; we must prove or disprove statements for ourselves; more than likely in this insight and close observation each of us will add something to the statement made or may be able to clear up some point that is in doubt.

We must have and we will have exact therapeutics. That is the entire object of this journal. It is a journal of close study, it is a journal of critical study, it is a journal of persistent, exact and precise study, and its record of such studies must necessarily include a record of researches and observations made by every subscriber. There are very many of our plain everyday plodding country doctors who are full of gold nuggets of therapeutic facts and don't know it. I want to draw them out. We must have their facts for all.

I talked once to a doctor who was located forty miles from any other physician in a most unpromising locality. He collected less than five hundred dollars a year out of his business because of the poverty of his patrons. He lived and saved money and schooled his daughter out of that amount. That plain, unpretentious doctor, when I drew him out, gave me more new, straight, practical

therapeutic pointers in the single hour that I talked with him, than I had got many times out of the entire membership of the annual session of some Medical Societies. Our surroundings, our necessities, our results, teach us these valuable lessons. We must give them up to others. Let us have yours, doctor, without delay.

### A DEFENSE OF THERAPEUTIC METHODS

In the April number of this journal I reviewed an article published in the *Journal of the American Medical Association* by Mr. Bok, editor of *The Ladies Home Journal*, in which he makes the statement that in 1905 out of five thousand prescriptions found in Philadelphia drug stores forty-one percent called for remedies of unknown composition, and in 1906 forty-seven percent. He says that he has not the slightest hesitation in saying that "except a very small minority, the average practitioner of today has become dependent on ready made hand me down preparations which he prescribes without any accurate knowledge of what he is prescribing."

This is certainly a statement to rouse the ire of the Regular profession. *The Critic and Guide of New York* takes up Mr. Bok's statement and undertakes to give him a "walloping" in proportion to the severity of his statements. He makes this straight statement:

"Anybody who makes the charge that a

large or considerable portion of the medical profession is in the habit of prescribing preparations of unknown composition is either a pitiable ignoramus or a deliberate liar. And it makes no difference who makes the charge, a druggist, a doctor or a layman." This is stated, certainly, in plain words. It shows that the profession resents the statement of Mr. Bok. At the same time there is but little to prove that the profession is studying therapeutics as Mr. Bok and every other intelligent layman thinks they ought to study it.

As I have repeatedly stated, to cure disease *a man must know his remedies*. The more thoroughly he knows them, the more perfect his success is. The more thoroughly he knows them, the more perfect is the confidence of the people in him. The editor of *The Critic and Guide* names as remedies which are fully sanctioned by the profession a long list of the synthetic preparations, coal tar derivatives and some others, nearly all of which have a proprietary ownership and many of them a proprietary name, and with these he undertakes to defeat Mr. Bok's argument.

It is true that careful pharmacy is necessary, but the class of remedies which the general profession use today, many of them of foreign manufacture and protected by a law, is not consistent with a thorough and intelligent knowledge of the rational action of drugs, although they may be highly scientific. The most rational, the

most consistent, the most successful, the most reasonable class of remedies today are not compounds of chemicals, or remedies of intricate organic or inorganic chemical construction, they are simple organic drugs of vegetable origin and simple inorganic compounds, largely of the alkaline earths, and some few direct mineral compounds. This includes the alkaloids and concentrations of the well known galenicals.

All of these remedies are rational in their action and are in most cases of a chemical construction similar to that of the body itself. They are of ready appropriation and rapid elimination. With this class of remedies properly studied the profession is not opened to the charges made by Mr. Bok. With this class of remedies rejected, the charges of Mr. Bok are readily sustained, notwithstanding many editors might argue to the contrary.

If the *Critic and Guide's* contention is correct, why is it that nearly all of the regular colleges are so deplorably deficient in the teaching of the clinical action of drugs? Why is it that examination in *Materia Medica* and *Therapeutics* is excluded by the ruling of nearly all of the State Examining Boards? Why is it that but one or two hours a week in any of the colleges are devoted to the bedside study of disease. These are practical essentials in the knowledge of *Therapeutics*

I cannot fail to see that Mr. Bok has a strong argument and that the

profession is exceedingly weak in its knowledge of drugs, and that unless they do more studying, unless they "reconstruct their therapeutics and lift it out of the commercial mire into which it has sunk," because the profession depend upon whatever preparation the pharmacist may give them, they must submit to these charges as justifiable and true. The doctor does not study the drug the manufacturing pharmacist gives him, he accepts the pharmacist's statement as to what the drug will do and uses it in that line. The physician is thus depending not on his own knowledge but on that of the pharmacist, and in so doing he is certainly open to the severe arraignment Mr. Bok makes against him.

#### THE NATIONAL MEETING

The meeting of our National Association this year at Kansas City, Missouri, while not as largely attended as the meeting at so central a point should have been, was one of great interest and benefit. The President, Dr. Perce, exercised shrewdness and tact in getting the business out of the way and in devoting the largest possible time to the reading and discussing of papers. An excellent feature was the special addresses, which were prepared for the general session and were delivered one or two each day.

The department work presented a great many new and valuable measures and was exceedingly interesting. While the amusement portion of the program was

entirely satisfactory it was introduced in a way so as not in the least to interfere with the important sessions. The society will meet next year in Chicago. The following officers were elected:

President, Dr. John K. Scudder, of Cincinnati; first vice-president, John T. McClanahan, Missouri; second vice-president, H. Harris, M. D., New York; third vice-president, J. M. McKlveen, M. D., Chariton, Iowa; recording secretary, William P. Best, M. D., Indianapolis, Ind.; corresponding secretary, H. H. Helbing, M. D., St. Louis, Mo.; treasurer, Dr. E. G. Sharp, M. D., Guthrie, Okla.

### THE NEW STUDY OF LOBELIA

On every occasion I shall urge the subscribers of this journal to report to me any new observations they may make, concerning the action of lobelia, when used hypodermically. Already I have been assured from hundreds, I think, of the Therapeutist family, that they are going to make a new study of this important remedy.

I have just had a long conversation with Dr. Jentzsch, on the detail of its influence as he has observed it in nearly six hundred injections, and I am more than convinced that the doctor has made a very important discovery. It is a wonder to me, that this observation has not been made before, when this remedy has been before the profession for one hundred years. The doctor says that while it produces

relaxation and sedation, it seems to increase most materially the force and power of the heart's action and the strength of the nervous system. It produces a free circulation in the extreme capillaries, carrying warmth, vigor and life with it. He has used it in four cases of insolation, with unconsciousness and stertorous breathing, with perfect results in every case.

He has injected as much as four drams during one day, in an infant, and has never yet seen any unpleasant results, whatever. He has almost become convinced, that at least within the limits of a dram at a dose, no unpleasantness will be observed.

I am exceedingly anxious to have, and must have reports. I would suggest that in addition to the lines already mentioned which include diphtheria, membranous croup, and asphyxia, that the remedy be used for eclampsia in all forms, including epilepsy puerperal eclampsia, and tetanus. It should relieve hay fever, especially the spasmodic variety.

In making observations be sure and report the precise conditions in both success and failure so that we may determine the correct indications for the remedy as quickly as possible. Dr. Jentzsch is keeping a record of every injection he makes, and all of the influences of each injection. And each individual observer must do the same thing, and make full report.



## SOME FACTS ABOUT DR. W. C. ABBOTT

I think I am correct, perhaps, in stating that at the present time no one man is more fully in the public eye, among the medical men, than Dr. W. C. Abbott of Ravenswood, Chicago.

Eclectics are born kickers, perhaps because they have always had something to kick about. The very existence of the school under the aggressive circumstances of its origin and development, has made it a target. And justly, the inherent tendency of its members has been to "kick back." For many years they have complained that the regulars took the good things eclectics had proven, and gave them no credit for the faithful, laborious work they had done in bringing them out. This is true, and they are doing it today. They even give the first man who steals Eclectic thunder credit for the original observations, thus putting a premium on the theft. Bartholow learned the larger part of his therapeutics in an Eclectic School and was not honest enough to acknowledge it.

But charges of this kind cannot be laid at Dr. Abbott's door. I think I know the doctor and I know that he is nothing if not honest. He has been accused of appropriating Eclectic ideas, but he has never denied for a moment that he uses them. He has quoted our authorities freely and has used our suggestions of drug action openly as a basis in many cases for studies in

alkaloidal medication. Buy and read a copy of his last work on Alkaloidal Medication if you doubt my word. These principles are being brought out constantly in *The American Journal of Clinical Medicine*.

This very honesty is one of the things that has helped precipitate the virulent attack recently made upon him by the *Journal of the American Medical Association*, an attack which he is fully able to cope with.

No man among regulars has more fully recognized the truth of Scudder's basic principles of practice, or used them more freely or more openly; no man has so fully aroused the regular profession to the importance of an exact study of disease indications and the adaptation of exact, positive and reliable remedies to these indications as the basic principles of our school teaches; no man has produced so complete a change in the methods of study of his school, or has directed them more fully into a course which means a more perfect therapeutics for the entire profession; no man has ever directed so fully the attention of the total profession to the exact, reliable and correct character of eclectic work, and has thus caused a general inquiry for, and a study of our literature, thus making us firm friends among those who were once bitterly prejudiced against us; no man today is doing more to break down obnoxious sectarian barriers and obliterate the bitter prejudices of the long past.

In principle Dr. Abbott is eclectic and he acknowledges it. In education he is a regular and he demands all its privileges. St. Paul said he was a Jew and a Pharisee but he was a born Roman and he claimed his birthright.

I do not believe in giving a man fulsome praise, but there has been so much said against Dr. Abbott by those who are prejudiced by personal interest, and by those who do not know him, that I believe that it is my duty to tell some of the things I have discovered about him that are of interest to eclectics, and so help stop unmerited censure. I believe in giving every man his due, irrespective of "school."

#### **SOME GOOD POINTS OBTAINED AT THE NATIONAL**

Dr. Gemmill of Forest, Ohio, has frequently made the observation in epilepsy, that *oenanthe crocata* in the proportion of five drops in four ounces of water, given in teaspoonful dose every four hours, is specific in those cases where there is a tendency to failure of the mind, increasing mental weakness or threatened idiocy or imbecility. When this condition is present in even extreme cases, he has obtained complete and satisfactory results from the use of this remedy alone. He has not found it of much benefit in other forms of epilepsy.

In the treatment of chorea Dr. Gemmill depends upon the use of specific scullcap and *macrotys* in unusually

large doses. He gives from ten to twenty drops of the first and from five to twenty drops of the last every four hours, provided the latter remedy does not induce cerebral engorgement and a hyperemic headache, in which case smaller doses of that remedy are used.

In severe cases of measles where the symptoms are stubborn and persistent and especially where there is a recession of the eruption, one of the physicians suggested the persistent use of *jaborandi* in frequent doses with *macrotys*.

He gave these two remedies, also, with excellent results, in acute nephritis.

In obstinate cases of hysteria he gave a small hypodermic injection of *apomorphia* and sometimes of *pilocarpin*.

In the treatment of uremic headache, whatever the cause, but more especially where there was renal disturbance or puerperal nephritis, hypodermic injections of *pilocarpin* were given frequently. *Jaborandi* is used for the same purpose. This hastens elimination through' the skin, carries off the urea and relieves the renal congestion.

In the treatment of small pox, especially in that stage in which the headache is severe, Doctor Mulholland suggested the free use of *macrotys* in full doses. While this remedy is especially valuable in a general way for small pox, the doctor considers

jaborandi as exercising a more specific influence. This treatment has been very successful with him in thirty-six cases. Later when the eruption appears, echinacea is given internally, and a lotion prepared with this remedy and applied externally. In every case where this treatment is used the toxins which caused the secondary fever are destroyed, and the secondary fever does not occur, the disease terminating in a mild and uncomplicated manner.

The doctor considers the action of jaborandi upon the skin to be very important in the manner as above suggested. The specific indication for this remedy, under which circumstances it seems to, work better than under other circumstances, is where the sclerotic coat of the eye is yellowish. When it is of a brownish tinge this remedy is not so beneficial.

### **POLYGONUM PUNCTATUM**

A number of years ago I received a letter from Dr. I. J. M. Goss in which he stated the following important facts concerning this remedy: "I have noticed this plant in paralysis of the bladder, than which there is no better remedy for this affection. I have frequently had occasion to resort to it in other affections of the bladder, connected with loss of expulsive power in that viscus. The aqueous extract is the best for its desired action upon the bladder.

It is a very active emmenagogue in which the tincture of the fresh herb

should be used, in doses of one dram one to three times a day. It seldom fails to produce this female function in due time. It was Dr. Eberle's favorite emmenagogue. It has a direct affinity for mucous surfaces, the nervous system, and fibrous tissues, also for the urinary apparatus.

In suppression of urine, with strangury, this remedy, in the form of an infusion or aqueous extract, often gives relief. But in retention from paralysis of the bladder from distention or other causes, this remedy has proven the only successful one that I have tried. Recently I was called to a woman, some two or three months in pregnancy, who had not passed urine for several days, without much pain, and occasionally only by having the bladder emptied with the catheter. I tried various remedies, but none of them proved successful. I drew off a very large quantity of offensive urine, the last colored highly with blood. All attempts to pass urine were attended with extreme pain and burning at the neck of the bladder. I gave an infusion of polygonum punctatum, in doses of half a cup every two or three hours, which soon enabled the woman to urinate without the catheter, but there being considerable soreness and pain in the bladder, I gave also the tincture or aqueous extract of equisetum hyemale with the above remedy and these remedies soon gave complete relief. I also treated an old toper who drank a gallon of whisky in 24 hours, which produced such stupor that he neglected to empty the bladder and he

awoke with paralysis of the bladder, and was cured with the above.

In colic, where there are cutting, griping pains in the bowels, with nausea, this remedy, in the form of a tincture, will often give relief. The dose is from 20 to 30 drops every twenty minutes, until relieved."

### TO SATISFY THIRST

After surgical operations, especially, and occasionally at other times, when there is severe irritation of the stomach with a constant tendency to vomit when fluids are taken, it is the custom to withdraw water and other liquids. This sometimes produces extreme thirst, restlessness and general discomfort. Dr. Trowbridge says he has observed that if compresses be applied to the head or to the stomach, saturated in either cool, cold, or hot water, as the patient is best suited with, or if the patient be frequently sponged with water of agreeable temperature the thirst is materially abated and is occasionally entirely relieved, greatly to the satisfaction and comfort of the patient.

This is a very simple suggestion but every surgeon meets with frequent cases in which its application will do much towards keeping down the restlessness, and contributing to the general comfort of the patient. It may be persisted in until the stomach is quiet, and drinks can be permitted.

### THUJA IN CHRONIC ENLARGEMENT OF THE TONSILS

In cases of chronic enlargement of the tonsils, it has become common practice, I think because it is the simplest thing to do, to excise the tonsils. We must determine a successful method of reducing the size of these organs without excision. Fairly good results are obtained from the use of *Phytolacca* internally, and external applications either of the tincture of the chloride of iron or Monsel's solution. These applications, however, are difficult to make and the results of this, treatment is often unsatisfactory.

I have used *Thuja* in the treatment of ulcerative sore throats, and where there are unduly enlarged glands, and I believe that it will be found to be an excellent remedy for chronic enlargement of the tonsils. I think the remedy should be used both internally and by application. I am anxious to have the report from those who have used it. Dr. Graves in the *Times* speaks very favorably of it, and others have used it for this purpose. There is no doubt but by careful measures we shall yet succeed in determining the satisfactory method of treatment.

### AGRIMONY IN DYSURIA

There is a form of dysuria which affects women and often girls, especially those who are suffering from some form of dysmenorrhea or those in which the establishment of the menstrual function is accomplished

only with great distress and with very many unpleasant or painful symptoms. It will be found that while this is due sometimes to an irritable condition of the bladder it is so often accompanied with hysterical symptoms and other evidences of uterine irritation or ovarian congestion, that the treatment must be such as will relieve both conditions. When the nervous system is excitable the desire may occur almost at the will of the patient and at certain times existing conditions will cause an immediate desire and the discharge of a large quantity of urine. At other times but a small quantity is passed and the patient will find it necessary to rise many times during the night to evacuate the bladder.

The older physicians used agrimony to correct this condition. Some of the symptoms will be relieved by thuja, the sharp cutting pain will be benefited by hydrangea. Gelsemium will relieve a portion of the general nervous irritability. But one of our old writers claimed that agrimony will more effectually relieve the entire group of symptoms than any other remedy which he could prescribe. When he first used it he gathered the herb from the garden, and made a strong decoction of it, giving this in ounce doses every two or three hours. Later he prescribed the specific agrimony and obtained as nearly good results. In a number of cases he gave agrimony, macrotys and pulsatilla, and succeeded in correcting the entire train of symptoms.

The proportions were about as follows:

Agrimony, five drams, macrotys, one dram; pulsatilla, one dram; water to make eight ounces. If any of our readers have had experience with this remedy in the treatment of this distressing condition I should like reports of that treatment.

### **PICRIC ACID FOR SEVERE BURNS**

For four or five years the use of picric acid in the treatment of burns has been strongly advocated. Blisters are opened, the dead skin and sloughs are cut away, the wound is thoroughly cleansed, and gauze, soaked in a one percent solution of the acid, is applied to the burnt surface and covered with paraffin paper, and this by a cotton pad, and bandaged lightly. The dressing may be changed once, or in extreme cases twice a day.

This application often produces pain for a few minutes. The pain disappears under the slow anesthetic influence of the remedy, and comfort follows. As the agent stains the skin, rubber gloves are usually used in its application. After the third day it will not be necessary to dress the wound so often. Once in two or three days will be sufficient.

Where this treatment is used, it has been observed that the urine is dark red, and sometimes coffee colored, but usually no albumin is found, and the discoloration is not important. The condition of the bowels, temperature,

and the nervous system induced by the shock from the burn, or from absorption of excretory products must be treated with the indicated remedy.

### THE USE OF CATHARTIC REMEDIES

There was a time when violent cartharsis, emesis and other severe measures of depletion, were considered essential in the treatment of every case of disease. This was followed after a period, by a swinging of the pendulum to the other extreme; and the carthartic agents were seldom used for a while, for their extreme influence.

The consensus of opinion at the present time, is, that carthartics as local irritants, or profound depletive measures, are seldom if ever needed, and that irritability of the gastrointestinal tract from cathartic agents, must be avoided, but that a thorough cleansing of the entire canal, in the mildest and smoothest manner possible, is essential, that the canal may be rid, either of the germs of disease, or of the toxins which the growth, nutrition and development of these germs induces.

There are several objects which should be considered in the administration of cathartics. They may be used (a) with which to unload the bowels. The contents of the intestinal canal become more irritating, or in other ways more dangerous, than the effect of an irritating carthartic, which might, be used for its removal. In plethoric

individuals, the lower bowel may become distended, and may become filled with dried feces which may become impacted in the channel for a less or greater portion of its length.

There are other cases in which a channel, imperfect of course, forms by the side of the impacted mass, permitting of a partial bowel movement while the impaction continues. A cathartic, active and sufficient, assisted perhaps by repeated high flushings and external massage, in many instances may also be necessary to remove this mass.

The second use for cathartics, is (b) to relieve the tendency to constipation. In this, active cartharsis is contraindicated. The mildest of measures should be used, the laxatives should be of a tonic, usually mildly stimulating character, with the addition of out of door exercise, the taking of an abundance of water, a carefully regulated diet and perhaps simple abdominal massage should be advised.

Another important influence for this class of remedies is (c) for their cleansing and eliminating influence. Intestinal antiseptics, such as the sulphocarbolate, are given in these cases in conjunction with repeated proper doses of epsom salts, or my course has been, after a simple laxative measure, to persist in the use of the peroxide of hydrogen, perhaps both in the drinking water, and used as a high enema. There is no doubt that in both acute and chronic disease sepsis

occurs, very frequently, from the intestinal tract.

It is seldom, nowadays, that we find it necessary to use carthartics for (d) the lowering of blood pressure. We have confidence in our remedies, that they will do this in a far more efficient manner than is accomplished by intestinal irritation. At the same time, there is no doubt that there is an occasional case of chronic disease, such as arteriosclerosis, or where there is a tendency to cerebral congestion where atheroma is known to be present, where the use of a sufficiently active cathartic each day will be beneficial.

Finally hydragogue carthartics are essential at times for (e) the removal of dropsical conditions or exudates. Watery stools may be induced with advantage quite actively, in general edema for a number of days without harm. Judgment should always be exercised in the use of remedies for this purpose.

### **SUGGESTIONS FROM THE PAST**

The following are some suggestions that were made and were carried into effect quite commonly by very successful members of our school thirty or more years ago; notwithstanding we believe we have advanced in many particulars there are some of these suggestions that have never been improved on. Others of them will serve at times an excellent purpose when other better known

measures will have failed.

**White Liquid Physic** .—This was very popular at one time with the older physicians in correcting chronic disorders of the intestinal tract, especially in chronic diarrhea: I used it in my earlier practice but it was so objectionable to the taste that I substituted other remedies for it. It is made of the sulphate of soda, eight ounces, water one pint, when dissolved and half of an ounce each of nitric and hydrochloric acids. The dose of this was one or two teaspoonfuls given in a half of a glass of water.

**Nursing Sore Mouth** .—The following combination I use today not only in a nursing sore mouth but in very intractable cases of stomatitis at some time during their course without regard to the specific symptoms. At the same time it is very beneficial in sore throats. It may be taken internally and be used as a gargle. I should not hesitate to use it even in gangrenous stomatitis but would probably add echinacea to it in that case. The old formula is made of white oak bark, yellow dock root, and tag alder, of each one ounce. This should be added to boiling water, enough to make a pint after having boiled for half an hour. It should be strained and a little boric acid added to prevent decomposition. One or two teaspoonfuls every two or three hours is the dose.

**Hoarseness** .—Take ten drops of dilute nitric acid three or four times a day in sweetened water. This is excellent for

singers or public speakers. For immediate benefit drop three or four drops of the dilute acid on a small square of loaf sugar, allow it to dissolve on the tongue slowly, drawing the air into the lungs over it,

For severe hoarseness which results from cold use specific belladonna ten minims, fluid extract of collinsonia, one dram, tincture of aconite twenty minims, water two ounces. A teaspoonful every hour or two.

**Painful Urination.**—Take five drops of specific hydrangia every hour in a little water.

**For Tape Worm.**—Creosote, thirty drops; mucilage of acacia, four ounces, mix and make an emulsion. Of this take a teaspoonful three times a day for three days, then for three days increase the dose to two tea-spoonfuls. Then for three days more increase to three teaspoonfuls. It may be taken in a little water, no active physic is necessary but the bowels should be kept in a normal condition. In some cases this course will produce surprising results.

**Falling of the Hair.**—Rub into the scalp thoroughly twice each day, a sufficient quantity of the following mixture: Tannic acid, one-half of a dram; tincture of cantharides, one dram; oil of capsicum, five drops; glycerin, two ounces.

**A Depilatory.**—If the following is applied once or twice each day, according to the sensitiveness of the

skin, to a small surface from which it is desired to remove the hair, at the expiration of ten or twelve days the skin will become reddened and each hair can be easily withdrawn without pain. The formula is as follows: Carbonate of soda, one dram; quick lime, one-half a dram; pulverized charcoal, ten grains; glycerin, one dram; simple ointment, eight drams. Mix.

#### **Pigmentation of Pregnant Women .**

—It is seldom that treatment is advised for this condition, although it is a most objectionable one to many. The following was used at one time successfully: Cocoa butter, two and one-half drams; castor oil, two and one-half drams; oxide of zinc, three and one-half grains; white precipitate, one and two-thirds grains; essence of roses, ten minims. Mix.

A few years ago a number of writers were quite enthusiastic concerning the action of belladonna in stimulating normal ovulation and thus overcoming sterility. In a number of cases where one-eighth of a grain of the extract was given before meals or four or five times a day, cases which had previously been sterile, found that the condition was entirely removed. The remedy is well worth our observation. There is no doubt that this condition can be treated in at least a few cases with medicine with good results. It is worth a trial.



## BAPTISIA

The results which have been observed from the action of this remedy, when administered according to its specific indications, strictly, have been so satisfactory, that it has slowly gravitated into an important place, with specific prescribers. When, at any time, but more especially during the course of protracted fevers usually of a septic character, there is a full and purplish face, with a dusky discoloration of the tongue and mucous membrane, the tongue dry and thin, with perhaps a brownish coat; or when the tongue is sleek, having the appearance of raw beef; or when there are dark, tarlike discharges from the bowels, with a fetid odor; or prune juice discharges, this remedy is directly indicated.

This train of symptoms is present, of course, in typhoid conditions. In fact that condition is often designated as typhoid, from these symptoms, when the real classic elements of true typhoid may not be present.

There is a dynamic influence exercised by baptisia upon the entire glandular structure of the body when adynamia is present, but more especially upon the glandular structures of the intestinal canal, which directly antagonizes the disease influences existing there, and re-enforces the blood in its inclination to throw off disease.

These facts render it valuable in stomatitis, putrid sore throat,

scarlatina maligna, inflammation of the bowels, and other ulcerative inflammations of the internal organs. Especially in severe cases of severe dysentery, with offensive breath, and in phagedena with gangrenous tendencies. Sepsis, really, is the underlying element which demands this remedy, but more particularly, if present with the indications which have been named.

Active acute conditions do not respond to baptisia as promptly as those of an asthenic character, when the tissues are full, and there is sluggish capillary circulation with a tendency to death of the parts, or to necrosis or disintegration. Some cases of diphtheria are benefited by it. Tonsillitis, and scarlatina are included at times in the category. The older writers dwelt strongly on the fact that the face had a swollen appearance, was of a dusky color, as when long exposed to cold; the patient inclined to be drowsy and dull. If diarrhea was present, there were the so-called prune juice discharges, or as the washings from raw meat.

## Miscellaneous

Where there is an offensive odor to the perspiration, a condition which is sometimes obnoxious and difficult to cure, it will be found usually that the skin is not elastic and is lifeless as it were. This condition is promptly met by the use of small doses of jaborandi. The remedy stimulates the sweat glands to normal action, and materially improves the circulation of the skin. In a few cases this requires some time, consequently the remedy must be persisted in until the cure is accomplished.

\* \* \* \* \*

Dr. G. H. Withers, of Lake Bluff, Ill., has opened a private sanitarium in one of the most beautiful spots on the north shore, about 25 miles north of Chicago. The doctor is one of our enterprising young men who is determined to make this point attractive to those physicians who desire a place where they can send their convalescent patients, or patients who need special treatment or who need careful and gentle attendance. The doctor will carry out the instructions of the physicians in every detail and will keep all patients under his own personal observation. The opportunity is an unusual one, especially for the months of July, August and September of this year, as the attractiveness of the spot will, at this season of the year especially, conduce to recovery. The rate for the

present is only \$20 and \$25 per week.

The oil of burdock root in combination with olive oil has been used to stimulate the growth of the hair.

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Perfect quiet is essential in the treatment of chorea. The patient should be kept in bed and all disturbance avoided.

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Irrigations of the urethra with a dilute solution of the permanganate of potassium is a most reliable assistance in the cure of gonorrhoea.

The application of potassium permanganate to rectal fissures, the patient being in a knee-chest position, has been found to be an excellent method of cure.

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Where, during convulsions, the convulsions seem to be controlled and yet the pupil is contracted, there is a danger of a return of the convulsions.

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Medicine injected into the bladder is not absorbed if the mucous membrane of that organ is healthy. Disease of that membrane, especially ulceration, permits absorption.

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As a cure for acne of a severe character, or crops of boils, or styes that occur in crops, add thirty grains of the precipitated carbonate of iron to a glass of water, give a teaspoonful every two hours, stirring well each time.

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Small doses of colocynth frequently repeated is a specific for the sharp, short, quick, cutting colicky pains of infancy and early childhood; in fact, quick, sharp, spasmodic pains from whatever cause are often quickly relieved with this remedy.

\* \* \* \* \*

The galvanic current properly applied over the spinal column, with the negative pole in a bowl of water, in which the feet are immersed, is a reliable curative measure in the treatment of locomotor ataxia in the early stages. The galvanic current may be followed by the faradic current at each treatment.

\* \* \* \* \*

A recent writer advises that turpentine be used in the treatment of hemorrhage from the stomach. He says if the oil be made into an emulsion with the white of an egg, it can be administered with excellent results.

\* \* \* \* \*

I desire to call the reader's attention to a combination which not only relieves dropsy but acts as a heart tonic, a sedative and diuretic. This is described in an advertisement recently introduced to our pages by the Oxydendrine Chemical Co., of Chattanooga. This preparation should be of great value as it is composed of remedies with which we are familiar, in the treatment of these conditions. Those who prescribe compounds should obtain a sample of this, and test its virtue?.

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\* \* \* \* \*

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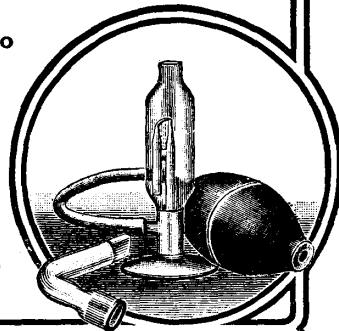
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