Single Truths from Many Doctors and Many Truths for Each Doctor

A Journal of Specific Medicine Presenting the most Direct Potent Positive Practical Rational TRUTHS Known to the Profession To-day

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Ellingwood's Therapeutist

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OUR MOTTO

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

OUR CREED

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

OUR FAITH

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

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

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

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

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

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

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APOCYNUM CANNABINUM-AMERICAN INDIAN HEMP

BY JOHN WILLIAM FYFE, M. D.

Apocynum is a remedy of varied usefulness, but it is perhaps most frequently employed in the treatment of dropsical conditions. It constitutes a very efficient means of removing from the blood the excess of water, as well as nitrogenous matter, the product of the waste of the tissues, which, if retained in the system, would be certain to produce various abnormal states. In diseases of a febrile and inflammatory character it diminishes the amount of serum, and consequently lessens vascular repletion. This is more particularly the case in chronic diseases and in dropsies. In these conditions it not only acts as a diuretic, but as an alterative and tonic of unusual power, improving digestion and imparting tone to the entire system.

Apocynum has been somewhat extensively employed in Bright's disease, and in cases in which edema of the lower extremities was a prominent characteristic it has proved a very efficient medicament. In one case which came under my care the patient's legs from the ankles to the upper third of the thighs were enormously swollen, and the ascites was so extensive that it was impossible for him to lie down. During the twenty-four hours previous to my first visit only about one-half pint of urine had been passed. Small doses of apocynum soon caused a large increase in urine, and so much improvement in the patient's condition that he was able to rest in the natural position and sleep comfortably. The late Dr. Krusi, in an article on the use of apocynum, well and forcibly pointed out a valuable fact which has been observed on several occasions by the writer, namely, that the continued use of apocynum continues to increase the secretion and excretion of the kidneys, while the employment of digitalis, after a short time, causes a retention of urea. This fact, which has been fairly well demonstrated, evidences the superiority of apocynum in uremia and other conditions dependent upon imperfect elimination by the kidneys.

While apocynum is a most useful agent in many other conditions, its greatest therapeutic influence is exerted in chronic and subacute wrongs of life. When indicated in such states it will cure all curable cases and markedly benefit incurable affections, whether manifested as simple edema, anasarca, ascites, or dropsy of any of the serous cavities. In dropsy following scarlet fever it also acts in a curative direction. In gastritis and in intestinal dyspepsia, accompanied by exudations due to vascular weakness, it is employed with much advantage, and in rheumatism and arthritis, with edema, or even if but slight puffiness be present, it may well be combined or alternated with other indicated remedies.

In congested states of the uterus, in leucorrhea, menorrhagia, and in some cases of amenorrhea, especially when associated with marked debility, and the pelvic tissues are, heavy and sodden, and also when there is more or less infiltration about the ankles, apocynum is used with great advantage, and has often acted curatively after other approved remedies had failed to afford relief.

Apocynum is extensively employed as a means of imparting tone to the heart muscles and vessels. In angina pectoris, attended with edema, it affords valuable assistance in the treatment, and in precordial oppression it is deemed a remedy of merit. In mitral regurgitation, with rapid and feeble cardiac action, apocynum constitutes a medicament of relieving power, and has also proved useful in many cases of obesity, especially when the appetite was poor, the abdomen full and doughy, and edema was a constant symptom.

The late Prof. J. M. Scudder esteemed apocynum very highly, and found many uses for it. In referring to the drug in one of his editorials he in part said:

"The majority of our readers have used apocynum and know the specific indications for it-if not, then the sooner they learn the sooner they will have a most excellent remedy in their pocket cases. The

indication for it is edema, puffiness of the eyelids and face and swelling of the feet, and with this it becomes a part of a good treatment. It is not only a remedy for dropsy (though not a remedy for all dropsies), but it is equally a remedy for rheumatism, disease of the respiratory organs, urinary apparatus, the digestive apparatus, and even the nervous system. This is simply stating the fact-'that when a remedy is specially indicated, it is a remedy for any condition of disease, whatever its location or name.'

"I have cured a most obstinate case of cholera infantum with apocynum alone, when the child had been given up to die, and during the past winter I relieved an engorgement of the lungs with it, which, under ordinary treatment, promised a fatal termination.

"I have had some cases of rheumatic ophthalmia this winter, which, though not as severe as I have seen, were very unpleasant and intractable. I was so unfortunate as to be one of the sufferers, and for a couple of weeks I could hardly use my eyes. The usual anti-rheumatics had failed; rhus gave slight relief, and I was changing glasses, hoping that sight might come in this way. Finally I noticed a peculiar looseness of the integument covering the eyelids, looking as if a person were recovering from dropsy. It suggested apocynum; it was taken, and in less than a week my eyes were fairly on their legs again. I then gave it in three other cases, showing the same symptoms, with equally good results.

"The indication I wish to call especial attention to is a *looseness of the skin, with a wrinkling of its epithelia1 layer,* no matter where it may be found. The tense glistening skin that seems to have no epithelium is not a good case for apocynum, even though the patient has dropsy.,'

The dose of specific apocynum (or a good fluid extract) is from 1 to 20 drops, but its best influence is obtained by prescribing it as follows: Apocynum, gtt. x to dr. i; water, ozs. iv. Teaspoonful every two or three hours.

Work is the grand cure of all the maladies and miseries that ever beset mankind.-Carlyle.

ANEMOPSIS CALIFORNICA

BY J. A. MUNK, M. D., Los Angeles, Cal.

The anemopsis seems to possess many healing virtues, but its principal value is in curing nasal catarrh. As catarrh is such a common malady that there is scarcely a person living but who has a touch of the disease, its importance as a remedy becomes at once apparent. If anemopsis is in fact such a remedy and does actually cure catarrh, as is claimed, it is, indeed, invaluable and should be included in the list of specific medicines.

The manner of its use in nasal catarrh is by making a local application to the nose in the form of a spray with an atomizer. The Griffin atomizer, I find, is the best adapted for this purpose, although any one of the many other atomizers in use may answer the same purpose. It doubtless can also be used successfully in a nebulizer by combining the tincture with a bland oil, but I have never had occasion to use it in this manner.

The medicine need not always be prescribed in one single unvarying formula, but its strength should be regulated- to meet the requirements of each individual. case. In a child or an oversensitive patient it should always be used weak, especially in beginning the treatment. Cases of acute rhinitis also call for mild treatment. After the disease has become chronic, a stronger mixture can be employed. When the spray first touches the Schneiderian membrane of the average patient it causes a decidedly warm, not to say, painful sensation, which excites a copious secretion and, discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away, and with it the full, stuffy sensation in the head that always accompanies catarrh. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established.

It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer, constantly charged, ready to use in emergencies, and employ it promptly on the first hint of a cold, which usually ends the attack. From one to half a dozen applications can

be made during the day, according to the nature of the case.

As a rule, an acute attack yields quickly to the treatment, but a chronic case naturally requires more time to effect a cure. It is my custom to refer bad cases of catarrh to a nose specialist, because it is professional to do so. In two instances that I remember, the patients came back after a time, saying that they wanted some more of my catarrh medicine, as it had benefited them more than anything that the specialist had used.

I ordinarily prepare the remedy for use in a two-ounce mixture, as that quantity about fills the atomizer.. From five to thirty drops of the tincture of anemopsis are put into a two-ounce bottle with one dram of glycerine. The vial is then filled with water and shaken, when it is ready for use. By experimenting I found that if only the tincture is added to water the mixture becomes cloudy and deposits a sediment that obstructs the atomizer. I cannot say what constituent element makes the water turbid, but the mixture is unsatisfactory for use in an atomizer. When the glycerine is added the mixture is still opaque, but the ingredients do not separate or form a deposit. The liquid, though opaque, takes on a pinkish opalescent hue and clarifies perfectly by long standing. It will keep for an indefinite time in any kind of weather, and I have never known the mixture to sour or spoil.

The anemopsis must possess some inherent antiseptic property to preserve the mixture thus, as there is not enough of either alcohol or glycerine to keep it from spoiling. In applying the spray the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth and the spray thrown directly into the post-nasal passage, palate and pharynx. The taste of the medicine is not unpleasant, and if any of the fluid is swallowed during the act of spraying no harm can possibly result, as it is intended for both local and internal use.-*Eclectic Review.*

Do as well as you can today, and perhaps tomorrow you may be able to do better.-*Newton*

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Leading Articles

CHLOROPHYLL

JOHN URI LLOYD, PH . D., PH . M., CINCINNATI, OHIO

Whoever is concerned in the study of plant pharmacy, and whoever is concerned in the using of medicines made of plants, is confronted with chlorophyll. It is everywhere in nature, and subserves a purpose in the economy of plants akin to that of the lungs of the animal. It is not, however, the function of chlorophyll in its life process that concerns the users of plants, but rather, the presence of chlorophyll and what its presence protends in a pharmaceutical preparation. In this direction, the users of medicines are often disturbed by the fact that the chlorophyll of a preparation is not uniformly present in different specimens of that preparation.

Eclectic physicians, as a rule, understand well the chlorophyll problem, and appreciate the fact that it is one of the indifferent bodies that accompany organic structures of an energetic physiological and therapeutic nature, but that in itself, it has no therapeutic value. This information needs however be repeated to physicians of other schools, because of the fact that the instruction imparted in their institutions ignores, as a rule, what may be called the pharmacy side of the physician's life. Consequently, the writer of this article, as do all others concerned in the evolution of plant preparations, meets repeated inquiries from physicians, regarding the question of the varying green color observed in the remedial representatives of chlorophyll bearing plants, whether they be official preparations, or otherwise.

With this introduction, and the statement that chlorophyll may occasionally, by reason of associated substances such as oils and resins, be necessary, because of the fact that such a combination cannot be broken without injuring the nature of the compounds, we will pass to a description of medicines made from chlorophyll bearing drugs, and in doing this, the writer finds that perhaps no better article can be presented, than the reproduction of the fragment of a paper written by him on the subject, and published by him in *The Eclectic Medical Gleaner,* twenty-three years ago. The following extract from this paper applies directly to the subject of chlorophyll, and could scarcely be improved, other than in a strictly scientific sense, as concerns detail investigations since that date, which is unimportant in the present article.

Everyone has noticed the gradual change in color which a green leaf undergoes as it arrives at maturity and passes into decay. The green color is mostly caused by a substance named chlorophyll, which is found disseminated more or less throughout the entire vegetable kingdom. Chlorophyll is

soluble in both ether and alcohol, but not in water. It is a compound body, according to Mr. Fremy, it consists of a mixture of blue and of yellow organic coloring materials. If the blue preponderates, the color of the leaf is dark green; if the yellow is in large amounts, it is light green. The blue coloring matter is not so permanent as the yellow, it decays quicker, frost destroys it sooner, consequently after our plants reach maturity, we observe them gradually fade, pass to yellow and finally turn brown. These successive changes in color depend upon the destruction of the chlorophyll. Those acquainted with the art of mixing paints will understand how nature can produce so great a variety of shades of green with the two primary colors, blue and yellow. Man unconsciously copies after nature in this respect. Our chrome greens are made by mixing prussian blue and chrome yellow together.

Chlorophyll is tasteless, it seems to be inert, at any rate' it can be swallowed in large amount without ill effect. It is found throughout almost all the vegetable organic kingdom. The poisonous plant and the edible cereal are alike bountifully supplied with this pigment, which with truthfulness may be called nature's own dye, for it has never been produced artificially.

Chlorophyll will not form in plants excluded from the light, plants which grow in darkness being white; examples of this fact can be frequently seen in potato sprouts grown in the cellar, or celery which is covered with soil. Although chlorophyll is tasteless and inert, its presence under certain circumstances possesses a deep significance. When celery is green, although it may be young, we know it will prove tough and stringy. Experience has taught us that in this instance, the production of chlorophyll is accompanied with the growth of woody fibre; that conditions favoring the production of one, contribute alike to the formation of the other; each substance is produced independently. Chlorophyll, which is visible, advises us in this instance of the almost certain existence of woody fibre, but chlorophyll is in no manner connected with this fibre.

Potatoes grown partly upon the surface of the ground, turn green upon the side which is exposed to the sun's rays, the green coloring matter being chlorophyll. Such potatoes are unfit for food; they are acrid, and burn the tongue and throat; vet it is not the chlorophvll which imparts the objectionable properties. The light which produces the chlorophvll facilitates the formation of another organic substance, which imparts to the potato its disagreeable taste. Experience has taught us that potatoes of a green color are not desirable as food: naturally we have associated color with taste, until we have grown to believe that the innocent chlorophyll is the cause of the unpalatableness of the potato.

Although our medicinal plants contain chlorophyll in large amount, there is in one sense no connection between this green coloring matter and the proximate medicinal agent. The chlorophyll of lobelia, belladonna, hyoscyamus, etc., like that of the potato and celery, is formed under the influence of sunlight, which also favors, in a majority of cases, the production of those substances from which the plant derives the power of exerting upon the animal economy its peculiar action. There is no real connection. Conditions which favor the generation of chlorophyll are favorable to the formation of a majority of the active principles of our plants, from which fact we naturally prejudge, arguing that when a plant has arrived at maturity, it should be gathered and cured very carefully so as to preserve the green color.-***Eclectic Medical Journal,*** April, 1876.

To the foregoing we will add that our subsequent experience in plant pharmacy fortifies us in the belief that chlorophyll in itself has no therapeutic quality, recognized in medicine at the present time, but that, as indicated in the beginning of this article, it is sometimes so closely connected with structural bodies, as to render it impossible to separate it from them, without changing the nature of that structure. Were it not true that it is not the green pigment of the plant that is therapeutically energetic, such poisons as atropine and hyoscyamine and digitaline, as made from the plants yielding them, would have lost their value, because these have no touch of green. In like manner, lobelia, in which chlorophyll has faded, would have lost its emetic power, which, as we know, is not the case. We furthermore comprehend that the root of belladonna furnishes as poisonous an alkaloid as do the leaves, although the root at the start, is practically devoid of chlorophyll. In fact, at the present time, as was the case thirty years ago, no pharmaceutical preparation in the market, carries any therapeutic quality due to chlorophyll.

In closing this subject, it will, on reflection be apparent to many physicians who read the article, that chlorophyll in the preparations on their shelves, often fades. A tincture may change from green to even brown, and still, seemingly, have lost no therapeutic qualities. Ointments, green when first made, become yellow or even brown, but yet remain energetic. In fact, the fading of the chlorophyll sometimes occurs in a plant that does not reach its best condition until its bright green color has disappeared. This phase of the chlorophyll problem, however, would be the subject for an article in itself, the present paper being

devoted to the pharmaceutical side of the chlorophyll subject. A green coloring matter of plants, chlorophyll, as a rule, has no practical significance in medicine, although, as has been said, it naturally accompanies many structures from which, as in the plants themselves, it may fade in greater or less degree, without in the least disturbing their other qualities.

We should count time by heart throbs,
He most lives who thinks most, feels the noblest, acts the best.
Life's but a means unto an end; that end,
Beginning, mean, and end to all things-God.
-Bailey.

THE MOSQUITO AND ITS RELATION TO DISEASE*

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To all who are studying the mosquito question, the first thing needful is to be able to distinguish the different species. And to make this distinction is equally necessary, whether investigators are merely studying for the love of the subject or are participants in the mosquito war now so actively in progress in many parts of the country-indeed, all over the world. The mosquito belongs to the family of Culicidae, under the order of Diptera, which includes all flies and gnats. There is no use in going half a mile to oil a muddy meadow for Anopheles when the offender is Stegomia Calopus multiplying on the premises; nor in hunting vainly about the vicinity for possible breeding places, when the pests have come from some distant salt meadow.

The family is characterized by the possession of a single pair of membranous wings, the hinder pair being represented by two little stemmed knobs called the halteres or balancers; by a suctorial mouth and many-jointed antennæ. The word " mosquito " comes from the Spanish "musco," meaning fly.

All mosquitoes do not, by any means, look alike. They vary exceedingly, both in color and in size. Some are plain brown, some black and white, others yellow or iridescent -gorgeous fellows some of them, spotted and striped in all sorts of combinations. As for sizes, they run from the tiny chaps an eighth of an inch long, up to the giants of the tribe which can proudly boast of half an inch.

The body of the adult consists of head, thorax, and abdomen. The head, in great part, is made up of the immense oval compound eyes. The beak, in the female, and the antennæ in the male, are the most conspicuous structures of the head. The construction of the beak is adapted to piercing or sucking.

The lanciniae in the female are strong lancets, fitted for cutting, and bear recurved teeth on the outer side near the enlarged apex. The male has no lanciniae.

If the insect is allowed to take its fill, it will draw back the injected saliva, it is said, there is then, as a rule, no after-effect save a small red spot; but if the insect is killed or driven away, the itching is intense. The sharpness of the bite and the effect of the poison appears to vary with different species of mosquitoes as well as with different victims. The current belief is erroneous, viz. : That the local reaction consequent upon the mosquito's puncture is due to the poisonous saliva injected, that it is the direct result of the initial action of an enzyme elaborated by these commensal bacteria, which are always present in greater or less quantities.

The study of the ways of the different species in their various stages offers an intensely interesting and almost inexhaustible field of research. Especially to those workers concerned with the extermination of the pests the knowIedge of the habits of the common forms is of the utmost importance.

Mosquitoes do not appear to be fond of strong sunlight. Even the yellow fever mosquito, the "day mosquito" as it has been termed, does not care to fly or bite in the sun at mid-day.

During the bright part of the day mosquitoes generally hide in dark, preferably cool, damp places, under leaves, bark, grass, in cellars, wells, cisterns, and barns, and in the darkest corner of rooms.

***Read before the T. E. M. A., Dallas, Texas, Oct. 27-8, 1908.**

However, although the malaria carriers, anopheles, are commonly believed to bite at night, yet they have been observed to bite in the afternoons. Mosquitoes in the home are apt to take refuge behind pictures, or cunningly to settle on dark wood rather than on light, where they would be more conspicuous. They conceal themselves in closets, back of the head of the bed, or the bureau and under the furniture.

The anopheles have a particular fondness for suspending themselves on the lower side of tables or of any horizontal object. All mosquitoes like dark, poorly aired rooms, viaducts, stone archways, box privies, stables and damp, bad smelling places in general. Some mosquitoes will be found only near dwellings, others in bush or meadows, others in salt marsh or swamp, still others dwell in the woods. Anopheles seems to be most cosmopolitan in selection of habitat.

It is a popular supposition that all mosquitoes lay their eggs in the form of rafts. As a matter of fact only seven species of thirty-two formed boats, the rest all depositing their eggs singly.

Mosquitoes then are divided into two groups:

First.. Those whose eggs are provided with a special apparatus for flotation, which so perfectly accoinplishes its purpose that these eggs cannot be completely and permanently submerged by any manipulation which will not destroy them; and

Second. Those whose eggs are not thus equipped, but which will remain upon the surface of tranquil water by virtue of the air entangled in the reticulated membrane enveloping the individual egg.

The eggs of the first group are deposited in boat-shaped masses, and then being found to be intolerant of any lengthy dessication; refusing to hatch after seven hours' drying.

Anopheles eggs often remain for several weeks on the surface without hatching. As a rule, however, the floating eggs must soon produce larvae or perish.

Many people imagine that mosquitoes are in the habit of breeding on wet grass from the frequency with which adults are found there, but this notion is erroneous. The insect may sit upon the water or at its edge. Single eggs, except those of the anopheles, soon sink, as a rule. The eggs lying at rest on the bottom, develop the embryos rapidly, usually in warm weather in from 24 to 49 hours. If left undisturbed, they may remain unhatched for more than a year. After 24 to 48 hours, according to the species, if the pool be stirred up in some way, as by a rain or by an animal stepping into the pool, etc., hatching occurs, often in less than half an hour. The larvae of the same batch will not all come out at once, but keep on emerging, a few at a time, for several hours or days; others will remain quiesent until a second or third stirring up.

As the single eggs will resist drying almost indefinitely, we logically conclude that this accounts for the appearance of larvae in a pool freshly formed by a rain where there had not been any water for weeks before. The eggs, laid in a formed pool on the spot, have been left on the ground as the evaporation took place. The rain makes a new puddle, the eggs are washed about and shaken up, and, often in two or three hours, before there has been any time for oviposition, laying, and hatching, the pool swarms with tiny larvae. The majority, if not all, of the single eggs lay over winter as eggs, at least in the north; the early spring rains, as soon as warm enough, bring out the wigglers.

Another popular superstition is that a mosquito takes but one meal and then dies, and the author has heard people declare that the insects will sometimes drink until they burst. We must give them credit for not being quite so greedy or foolish as that. As for their making only a single repast, it is far from the truth.

Mosquitoes are a great nuisance to birds, and fanciers say that they often cause the death of caged pigeons, canaries, and others, so that it is well to cover cages of pets with a net.

Some people appear to be less attacked by mosquitoes than are others. Curiously enough, different species sometimes appear to have preferences. Possibly the acidity of

the perspiration makes a difference. And the effect of the bite of some species is much more painful than that of others; this also, however, varying more or less with the individual person. The results of the poisoning are, at times, extremely painful.

The only reason a male mosquito does not bite, is because he cannot. In most species the mouth-parts are not sufficiently developed to pierce the skin.

It seems that only the female hibernates; as a rule, and that these are impregnated in the fall. Usually not until after the first biting in the spring are the eggs deposited.

It seems wonderful that, fragile as they are, mosquitoes should be able to survive the cold of the arctic region, but it is well known that they are there met with in almost incredible numbers. People who have returned from there tell the story which proves that in that region, at least, they are not an unmitigated curse, despite their abundance and fierce appetites. It seems that, in the river districts of Alaska, where the ice breaks up and melts in the spring, the hunting of game over the soggy ground and through the melting snow is impossible, while the ice-cakes in the flooded rivers effectually prohibit any fishing. At about this time the stock of food laid in for the winter by the Indians has run low, and matters would sometimes be rather serious for the tribes did not the mosquitoes fly to the rescue.

At this season these insects appear in countless hordes, clouds upon clouds, all ravenous for their first spring meal. Falling upon the. deer and even the bear, they so torment the poor animals that they rush to the rivers to rid themselves of the blood thirsty enemy, thus falling an easy prey to the watching Indians.

How long do mosquitoes live? With our present knowledge the answer to this question must needs be "Indefinite." For we know that adults of some species live all winter and a part of the preceding fall and succeeding spring. We know that the anopheles must live long enough to digest at least two feeds of blood, the malaria receiving and the distributing meal; and that the development of the plasmodium must take place between these two meals. We also know that the stegomia cannot transmit yellow fever until twelve days after it has bitten a yellow fever patient. We know that they live for months during the dry season.

Part II

It is said there are 5,000,000 deaths a year in India from malaria. It is sad to relate that, in spite of all that has been said and published on the subject of the transmission of malaria by mosquitoes, there still remains a deep-rooted prejudice in the minds of the populace against "night air." The tenacity of that idea amounts to superstition. There are some people who apparently cannot possibly apprehend the fact that, as long as they screen off the mosquitoes, they may sit on a porch or leave the widow open all night with impunity.

The connection of mosquitoes and malaria, however, it not a modern theory. Nuttall says that the Romans nearly 2000 years ago mentioned this connection. Dr. H. A. Veazie, goes farther back than that. He states that he once read somewhere that some ancient Egyptian physician named Mah said that "malaria was a disease produced by a parasite in the blood, but the organism was so small that the human eye was unable to see it."

How Mah, without a microscope, could evolve that notion is a mystery, and the tale smacks somewhat of the Sunday papers.

To come down to more recent times: In 1833 Dr. A. F. A. King discussed at length the etiological relationship of mosquitoes to malaria. In 1843 Dr. J. E. Nott published his opinion that the mosquitoes transmit the disease. Larwan, a French physician, in 1880, finally and conclusively proved the cause of malaria to be the parasite.

Flynge, Welch, Ross, Manson, and Koch and scores of others have toiled with infinite pains over the various phases of the problem.

In 1894 Manson took up the theory, and from this time may be said to date the present scientific interest on the subject. He supposed that man took in the parasite' from

water and dust, that the mosquitoes took theirs from man, that the flagellated forms developed in the stomach of the insect, that finally the flagellae broke loose and, after penetrating the tissues of the insect, proceeded with their extra corporeal development and reproductions, being returned to the dust and water.

Surgeon Major Ross, during his experiments in the hypothesis of Laurens and Manson in 1895 in India, proved that the parasites taken by the mosquitoes from infected patients developed in the stomach of the insect to the flagellated forms. In 1897 he finally discovered the parasite in the tissues of the anopheles. In 1898, after experimenting with the "bird malaria" due to proteosome, he found that a thread-like spora developed and made its way to the salivary glands of the mosquito, and demonstrated the whole life history of the bird malaria, even to the transmission of infection by bites of culex.

In 1898 also, Bijnami, Bastinelli, and Grassi of Rome, for the first time succeeded in producing malaria experimentally in man by bites of mosquitoes. Dr. Grassi, applying Dr. Ross's theories, also traced out the full cycle of the human malaria parasite. Ross's researches were confirmed and amplified by Koch and Daniels in 1898 and 1899. Since then many have worked with the disease and have thoroughly established the fact that malaria is due to a parasite taken from an infected patient by a mosquito, and that that mosquito must be an anopheles. With the protosome of birds, as well as with estivo-autumnal and tertian fever in man, every step in the chain of development has been demonstrated.

Many attempts have been made to transmit malaria by subcutaneous injection of dew and water from malarial regions, by infection through breathing the ground air, or by drinking the water from those regions, and have failed.

The experiments of Dr. Patrick Manson in 'London in 1900, served to confirm the theory. For those tests, Dr. T. Manson and Dr. R. Warren offered themselves as subjects. They permitted themselves to be bitten by anopheles infected in Italy, and in eighteen days both developed the fever, tertian parasites being found in their blood by experts.

In the same way Drs. Low, Sambose and two others spent the fever season in Ostio, Central Italy, right in the midst of the dreaded Roman Campagna. No quinine nor other drugs were used, but the men were careful to retire into a well screened hut an hour before sunset, going freely about all day. Not one of them contracted malaria.

The cause of malaria, as stated above, is a protozoan. Now, a protozoan is not a bacterian. It is an animal, a unicellular animal. They are microscopic in nearly all cases, but are sometimes two or three inches in length- They consist of a single nucleated cell. They are found almost everywhere, mostly in water, especially where it is stagnant, but a certain number, comparatively few, however, exist as parasites. They not only have caused terrific epidemics among fish, birds, domestic and other animals, but have also slain their tens of thousands among the human race.

The malaria protozoan belongs to the group of spore producers. And depends on a host for the life cycle. Without a host the sporanzoa will die-this not being the case with bacteria, which, with few exceptions, can be reared on nutrient media such as bouillon or gelatin. The protozoa can get out of the body of an animal, human or otherwise, in only one way, by the aid of the mosquito. Within this insect, they cornplete their. life cycle and by its aid they are again transmitted to the proper host.

In the case of bird malaria the carrier is a culex; in the case of human malaria an anopheles. No protozoan parasite can possibly pass from host to host of one species without the intervention of an animal of another species.

We make a great fuss about mosquitoes giving us malaria, but as a matter of fact it is the mosquito that has the malaria, and that is the "primary host," in which the spore matures, conjugates, and produces the

stage when it may be passed on to man; therefore we are the pests who give malaria to the mosquito.

In from seven to fourteen days after the unsuspecting creature has bitten a human being with blood full of crescents or pigmented spheres, it is able to retaliate, having a salivary gland full of parasites, so that the person bitten by that mosquito will develop his case of chills in anywhere from two days to three weeks, according to the dose of parasites received, their kind, and perhaps also the patient's natural resistance or vitality, as different people are more or less immune.

When your teeth are chattering, and all your bones are filled with a thousand aches, and your head feels like an over-ripe pumpkin in the sun, it is small comfort to meditate on the marvellous transformations going on within your blood.

The best place at which to start in following the life of the parasite is at the plasmodium stage. At this period the animal is a single cell, a shapeless, jelly-like lump appearing as a spot inside a red corpuscle; where it moves or flows about, with the streaming motion of an amebe, feeding on the corpuscle and destroying its red coloring matter (hemoglobin), until the corpuscle is all eaten up except its wall.

When this has come to pass, the parasite, having literally eaten itself out of house and home, finds it high time to be moving. It has devoured all there is to devour. The next stage is a nonsexual reproduction.

First the nucleus of the cell splits into several daughter nuclei (a nucleus is a sort of 'lump of specialized, dense protoplasm within the cell protoplasm, or jelly, and on it evidently depends the life of the cell.) Each of the daughter nuclei proceeds to take its equal share of the property-that is to say, the protoplasm of the mother cell. This done, they burst out through the membrane of the used-up corpuscle and go house-hunting, each locating in a new corpuscle.

There is probably a certain amount of poison set free from the broken corpuscle when the young amebulae, now called spores, when outside the corpuscle, break loose; the amebulae being supposed to produce a toxin while eating the contents of the corpuscle, this poison consisting of the waste products of the amebulae's digestion. This toxin, when set free in the blood, affects the temperature, the result being a chill. This is supposed to be the time for quinine. There being no corpuscle wall to protect the spores, they are free in the blood serum, and then the drug has the best effect.

If no medicine is given, the spores simply go on invading more corpuscles, the victim meanwhile becoming worse. The blood becoming more and more impoverished even to the malignant form of hemoglobinuria, both of which conditions were formerly combated with enormous doses of the alkaloid quinine ; now most physicians terminate ordinary malarial fevers with relatively small quantities of quinine, and eschew its use entirely in the treatment of hemoglobinuric fever, believing its action harmful rather than helpful. In their opinions they are sustained by high authority.

Wherever -the seasonal prevalence of mosquitoes has been made the subject of careful investigation the period of greatest intensity of malaria has been found to coincide with that of the greatest prevalence of mosquitoes of the genus anopheles. It is not a disease necessarily concomitant with a tropical climate.

Yellow Fever

Although the parasite of yellow fever has never been found, the chances are that, like malaria, it is a protozoan. There are striking resemblances between the two diseases. Both occur in low areas and are commonest in the situations where, and seasons when, mosquitoes are most abundant, disappearing after the severe frosts, which drive the insects into hibernation. Direct inoculation of the blood of a patient will convey either disease.

The shortest period of incubation within the insect is twelve days. The invalid usually manifests the first symptoms within five days after having been bitten, and the germ

is accessible to new mosquitoes only during the first three days of the fever.

To be on the safe side, however, the physician holds the patient as possibly infectious for four days, and the mosquito so on the tenth.

The shortest time in which the disease can' be transmitted from one patient to another is the sum of the two periods of incubation, that of the insect and of the human--fifteen days in all.

Yet, in spite of all the experiments of Reed, Carroll and Agamonte in Cuba (described at length in Dr. Howard's "Mosquitoes," and in other publications), which clearly demonstrated that supposedly infected clothing, belting, or other articles cannot possibly convey the disease, that only the bite of an infected mosquito or the subcutaneous injection of blood taken from the general circulation during the first and second days of the fever can possibly transmit the infection, and in the face of recent demonstrations of the facts in New Orleans and elsewhere, there actually remain physicians who still cling tenaciously to the notion that the disease may be carried otherwise than by the mosquito. Not long since, I talked with one who still insists, though he admits the mosquito theory, that it may also be conveyed after the manner of typhoid.

Yellow fever has never been contracted, so far as experiment goes, from air, soil, water, or any other infected media, nor even from dead bodies. This all agrees with the protozoan theory, and it is conclusively proved that yellow fever is not contagious.

The work of the French Commission at Patropolis, a town at an elevation of 3,000 feet at a distance of twenty-five miles from Rio de Janeiro, is a good illustration of the case. It is said nobody can find stegomyia in Patropolis, and nobody ever developed yellow fever there spontaneously. The French Commission produced it there, however, by the bites of infected insects brought by them from Rio. There is yellow fever continually in Rio, and also plenty of the mosquitoes. Non-immunes with business in Rio make it a habit to sleep at Patropolis.

The recent epidemic in New Orleans might have been easily prevented had the inhabitants listened a couple of years previously to the warnings, and followed the advice of Dr. Kohnke. He was unfortunate enough to be ahead of his time and to have to deal with a large number of illiterate foreigners, as well as with an unscientific and somewhat careless better class.

Dr.Kohnke prophesied-and had the reward of a prophet. He explained, he lectured, he tried to have the cisterns screened, he did everything that he could; some laughed openly, some listened and did not understand, others deliberately turned their backs. Most went on carelessly, thinking that there were a great many more vital questions than that of mosquitoes.. Then they woke up, after they had it. But, when they awakened, they fought, and the result was as great a victory as that won by any general or admiral of modem times.

Remedies may be treated under two heads, when in reference to a single house or a small number of dwellings: and general when in reference to a very large area.

If your house is infected, the best thing to do is to find out what sort of mosquitoes they are, then you will know where they are apt to be breeding. Next, if they are from' a distant salt marsh, you will have to screen. If not, find their breeding place. If it is water standing in a receptacle that can be dumped, dump it; if it is a puddle that can be filled by a few barrels or a carload of earth, fill it; if that chances to be impossible, oil it.

An ounce of cheap kerosene or fuel oil applied carefully with a spray or otherwise, will cover fifteen square feet of surface, and, if not in a place exposed to currents of wind, will last for several days, trapping the adults that come to deposit, as well as suffocating the larvae and pupae by entering their breathing tubes when they rise to the surface. All bodies of standing water which cannot be dranied, filled or screened, should be oiled at least once in three weeks.

It is suggested keeping a half tub with about six inches of water in the bottom for

the purpose of attracting stray insects to deposit eggs therein, and emptying it every day or so. This during early spring catches the species which hibernate in or around the house. It is an excellent way in which to control the breeding about a house, but needs careful attention.

Cellars should be fumigated, especially to kill hibernating specimens in the fall. Cisterns or rainbarrels should be screened, or, if this is not possible, oiled. Oil also keeps the dust out. All cesspool covers should be tight, and their ventilators screened. Manure pits should be covered or oiled with fuel oil-not with a germicide. Water in chicken coops, etc., should be changed regularly, and gutters, etc., should be systematically inspected at intervals of from three to five days. Plumbing and pipes should be kept in order. Nearby vacant lots should be visited, and cans and other collectors of water emptied and smashed or buried. Greenhouse tanks are a prolific source of mosquitoes. Oil will remedy this. Anopheles is apt to breed in the overflow of clear springs; this should be watched for and the overflow led in a clear drain. Postholes, cow tracks, and other small holes should be filed in with earth and ashes.

Lily ponds or watering troughs, where oil is undesirable, should be stocked with small fish.

As to chemical destroyers, if one does not object to the odor, kerosene or fuel oil are cheap and sufficient remedies, especially for sewer catch basins. Soluble crude petroleum or Phinotas oil, made by a company of that name; the last is quite expensive, but as it poisons the water thoroughly and becomes mixed through it, it continues effective against the larvae for some time, even when considerably diluted. It is the most effective of all larvicides, both suffocating by film and poisoning the larvae. It is good to use in places where oil would be found objectionable. It kills larvae and pupae in a very short time, but as it kills everything else, it is useful for only lot pools, cess-pools, sewers and the like.

Kerosene does not harm fish, or aquatic insects that do not breathe at the surface. It acts well in salt water, the chief trouble being that the wind drives off the film. This oil is not disinfecting, and, after a few days, may impart a slight taste to water in cisterns or barrels, unless the film is very thin. An ounce, sprayed on, covers fifteen square feet, and it kills not only the larvae and pupae but catches the adults; it is, therefore, by virtue of its simplicity, cheapness and efficiency, the best larvicide for many purposes, where the odor is not offensive nor disinfection desirable.

Nothing is eternal but that which is done for God and for others. That which is done for self, dies.-Aughey.

THE TREATMENT OF VARICOSE ULCERS

LOCKBURN B. SCOTT, M. D., WASKABA, MANITOBA

The editor's comment at the foot of Prof. Royce's article on treatment of varicose ulcers in the February number of THE THERAPEUTIST would lead one to suppose that the method advocated was considered a new departure. I had been of the impression that it was quite a common method, having seen it in hospital and private practice; but your note together with a somewhat recent experience, indicates that it is not as widely known or practised as its merits deserve.

A few months ago a patient came under my care who had a large ulceration of many years standing. She " had suffered many things of many physicians." The patient was a woman of 64 years, who had raised a family of 16 children. For upward of 30 years she had been troubled with varicose veins, and for over 25 years had had ulcers constantly. Strapping with adhesive straps and a whole regiment of salves, ointments and applications had been in use with, at most, slightly palliative effect.

When the case came into my hands the woman was in constant attendance, night and day, upon her husband who was suffering from severe prostatic disease and demanded incessant care from the wife, who was about the only one he would tolerate, being of an irascible temperament. The

poor woman was suffering torture only second to that her husband was enduring, and rest was out of the question. At night she would lie down in her dressing gown and catch a little sleep, rarely an hour at a time, and all day long she was kept in constant motion endeavoring to satisfy the real or imagined wants of her patient. So much fortitude did she display that it was not until I had been for several days attending the husband that she even mentioned her trouble, having concluded that it was one that could not be helped but must be endured.

When incidentally the matter was mentioned one day I asked to see the ulcer, and found a greatly irritated ulceration extending nearly all the way around the leg, and the whole skin from the ankle to the upper calf showed the signs of many similar conditions. At once I suggested the treatment which Prof. Royce outlined in the article alluded to. The disheartened reply was that it could hardly make matters worse and if it was likely to do any good I might try what I liked.

The leg had been kept carefully washed with creolin solution and cleanly bandaged, so was not in the usual foul condition of such sores. I removed all dead skin so far as possible and proceeded to follow the plan outlined by Dr. Royce but with an important modification. I freely applied an antiseptic dusting powder of which aristol was a chief ingredient; then I applied my bandage over the ulcer and all, bandaging from the toes to well above the highest point of the enlarged vein. I first applied the dry bandage, then a coating of the dressing followed by further alternate layers until I had some eight or ten thicknesses applied. This for the reason that as the patient was of necessity upon her feet a great deal of the time, I wanted as much immobility of the part as possible. The immediate application gave relief from the burning, throbbing pain that had been a long accompaniment.

This relief, however, was of short duration, for during the next 24 hours the pain of the part was acute and had I not encouraged her by the positive assurance that relief would follow, the dressing would have been removed during the night. However, she felt that some consideration was due me, and for that reason chiefly, she endured her sleepless and painful night and was rewarded towards noon by a cessation of the pain and in the afternoon assured me that she had not been so comfortable in months. I left the dressing in place for eight days, then removed it, to the patient's surprise with almost no irritation of the ulcer, and found a decided improvement in the condition in every way; washed and cleansed the part as before and reapplied the dressing, this time without the pain of the preceding' -application.

This treatment was continued for about a month, when the husband died, and the need for her keeping up was removed; in fact when the change came she was so generally worn out that she was compelled to spend a couple of weeks in bed for general recuperation. I took advantage of this, to treat the ulcer with moist boracic dressings until it was completely healed over; then, as moderation in exercise was possible, I applied bandages made of common grey flannel cut on the bias and 'washed daily to restore their elasticity, these bandages being applied over a gauze dressing.

It is now just a year since this latter treatment was begun, and my patient is today much more active in her movements than many young women, and has been entirely free from trouble, except for a brief time when she unwisely discarded the bandage and neglected to protect the new skin, which, of course, will never have the resistive powers of normal skin. An ulcer quickly developed; but with rest, boracic dressing and pressure it soon healed over and no trouble has since occurred, the flannel bandages being applied every morning before rising and kept in place until the patient is in bed again at night.

In this case, owing to the long standing and severity of the trouble, I have warned my patient that she will probably never be able to safely discard the bandages; but so immeasurable is her relief that she does not for a moment think of the inconvenience of

applying the bandage, but constantly rejoices in her release from the suffering of many years. This is not my only experience with this dressing; but being the most severe in my practice I quote it as an instance of what this method will accomplish. I am satisfied that an ordinary ulcer treated at an earlier period of its history can be completely and permanently cured by an intelligent adaptation of this means to the special condition.

EPILEPSY

DANIEL G. LASS, M. D., OCHEYEDAN, IA.

Epilepsy is a symptom. This is often declared. But of what? you ask. There is the rub. In organic cases it can be answered, since the lesion is demonstrable, but in the functional or idiopathic cases, there is no demonstrable lesion, and these comprise about (at least in my practice) 75 per cent of all cases of epilepsy. The latter class of cases has given me more hard study, in endeavoring to discover the etiology, than any other class of cases that has come under my observation as a general practitioner. My list of idiopathic cases, in which I have attempted to find the etiology, numbers only ten, and in only one case, the last one of these to treat, have I succeeded in diagnosing the exciting or determining cause, before instituting treatment. As a result I was able to remove the cause and I cured my first and only case of idiopathic epilepsy.

As a boy with a new pair of boots wants to show them to all the kids in the neighborhood, so is it my desire to tell the therapeutic family all about it. Of course one swallow doesn't make a summer, who said it did, but I am trying to discover the " Cause of any, given case of Epilepsy." The treatment in my successful case would be one of benefit to you; if you should be called upon to treat a case of Epilepsy, presenting the same symptoms, indications if you please, that my case presented. Now it begins to dawn upon you how fallacious it is to treat the name epilepsy, and irrational to give all cases the same prescription. My patient, Master D., age 9 years, came to nie six months ago, with the history of having had for the past three years epileptoid convulsions. The history given me was that he would be seized suddenly with an agonizing cry, would fall down and be in a convulsion lasting about five to ten minutes during which time he would have a rapid, feeble pulse; after restoration of consciousness he would get up and except for a soreness in his back, (lumbar region) which would last twenty-four to forty-eight hours, would be apparently well again. He averaged about two such seances per week. For the above he had been doped by other physicians with the everlasting bromides to such an extent, that when I stripped him in my office for an examination, the first thing diagnosed was bromide acne.

I found on deep pressure anteriorly and on ordinary pressure posteriorly over the right kidney considerable tenderness. That led me to look at once to the right testicle and the same was found retracted. The urine showed a little sand in its otherwise negative condition. When on questioning the father if the lad had ever passed a little blood (occasional hematuria) was answered in the affirmative. To make a long examination short for the printer, a diagnosis of nephrolithiasis as the exciting cause was made and announced to the parents. All former medicine stopped and treatment given with the result that in just twenty-four days be passed the stone. This happened four months ago, since which time the boy has had no more epilepsy and he was cured, simply because the cause was found and removed. Now some can't hardly wait for the prescription, but haven't I told you we have no cure for epilepsy, only as we can find the cause and remove that? I prescribed for this lad specifically, and as follows:

Sp. nux vomica	drops 10
Sp. podophyllum	drops 10
Leptandra	drops 15
Gravel root	drams 4
Water, q. s.	ounces 8

Mix. Sig. : Take a teaspoonful in a half of a glass of water, before meals and at bedtime.

Brief Contributed Articles

CRATAEGUS IN DIABETES INSIPIDUS

A. W. JERNIGAN, M. D., EVENING SHADE, ARK.

I give herewith to the readers of THE THERAPEUTIST the results of my experience with the use of Crataegus oxyacantha in the treatment of diabetes insipidus in children. This treatment is referred to in a paper of mine on Crataegus which was published in the March number of THE THERAPEUTIST.

About a year after I took up the study of this drug, I was called upon to treat a child, two years of age, who was suffering from one of the most severe cases of this disorder that I have ever seen. The child was passing a very large quantity of urine, the evaucations often at times occurred every fifteen minutes, during the day and every thirty minutes during the night. The little patient was greatly emaciated, and showed in every feature the ravages of the disease. It was so nervous and irritable that it was with difficulty that I was enabled to make an examination, and this was a very superficial one. The pulse was rapid and very feeble, and the extremities were cold. There was constant thirst and the patient slept but little.

The child had been treated by several physicians, in another locality, with little or no benefit,. and for two or three weeks I tried the remedies which are usually advised with no better results. In my study of the pathology of the disease and in my anxious effort to find a remedy which would meet the requirements of this particular case, I thought of crataegus. Previous to this time belladonna and passiflora had been given without results, but I combined it with crataegus as follows:

℞

Sp. Crataegus . . . . . .dr. 1
Sp. Passiflora . . . . . .drs. 2
Sp. Belladonna . . . . . drops 6
Aqua.q.s. . . . . .ozs. 4

Mix. Sig. : Give one teaspoonful every two hours.

At the expiration of twenty-four hours, the child seemed less irritable, and on the third day the evaucations were certainly less frequent and there was a marked improvement in the general condition of the patient. I then discontinued belladonna and gave crataegus and passiflora at longer intervals. I gave five drops of cataegus, every three hours, and continued this for two weeks, giving the passiflora as needed. At the end of this time the amount of urine evacuated seemed normal'in quantity. The passiflora was then omitted from the treatment, and crataegus was continued alone for more than a month. The child increased in weight and was soon fully restored to health. Of course, I gave careful attention to diet, clothing, bath, etc.

Since I treated the above case, I have had a number of cases of diabetes insipidus but presenting some variations from the above. These variations suggested variations in the auxiliary treatment, but crataegus was a remedy upon which I depended in all of them. The observation I made was that this remedy exercised its best influence when the fault seemed to be in the circulation and innervation. This improvement in the circulation and the tendency to congestion which was apparent by the dilated pupils and cold extremities and the enfeebled condition of the nervous system, I believe to be the underlying causes of this condition, and rather than the results of the disease, and these conditions have been permanently relieved by crataegus as set forth in this paper. Theoretically it seemed to me this drug should correct this condition and its practical use was demonstrated in every case in which I used it.

COMMENT.-I consider the above a very important observation. Both diabetes insipidus and diabetes mellitus in children have been most baffling conditions. Our resources in their treatment have been very limited. If we can find a place for crataegus in the treatment of either of these conditions it will be, indeed, a most important addition to our resources. I shall lose no opportunity to make thorough application of the remedy as suggested. I sincerely trust that others will do the same thing, and will report directly to me.

THE TREATMENT OF CANCER OF THE STOMACH

DR. E. D. JONES, M. D. BURLINGTON, N. J.

According to statistics in some states, there are more deaths from cancer of the stomach and liver than from any other form of cancer. I have in my time had the opportunity of seeing and examining over 500 cases of cancer of the stomach and from my experience with this disease, I have gleaned some facts that will be of interest to the profession. First as to the cause of this malady: I have found, as a rule, that it follows either neglected or badly treated indigestion or some form of dyspepsia. Our American people are tea drinkers. Tea weakens the nerves and coats of the stomach. As a result of this tea drinking, three out of five of our people have some form of indigestion or dyspepsia. A pound of tea contains 750 grains of theine, a toxin, also a certain proportion of caffeine, another toxin. These toxins not only weaken the stomach but the whole nervous system feels their weakening effect. I have found nearly all my cases of cancer of stomach were tea drinkers, and oftentimes they drank coffee also.

The coffee contains another toxin, caffeine. Please note the result of this tea and coffee drinking upon the human system. In thirty countries drinking much tea or coffee, twenty-five had a very high death rate from cancer, five had a moderate, and none had a low death rate. I find as a rule patients suffering from this disease are great meat eaters. In all countries where you find the people eat much meat there you will find cancer on the increase. Of twenty-five countries using the flesh of animals largely,. nineteen had a very high death rate from cancer, five had a moderate and one a low rate. In countries where the diet is purely vegetable cancer is almost unknown.

In the diagnosis of this disease rapid loss of strength with dyspeptic symptoms and emaciation make us think of cancer. Belching of gas after meals and pain is felt at pit of the stomach extending to the back. The pain comes one or two hours after meals, is either sharp and lancinating or a dull twisting pain, with vomiting. The contents of the stomach is frothy, then like coffeegrounds of a sour and fetid odor. Where the pylorus is mostly affected a tremor may be felt above the umbilicus.

Treatment.-In the text books we are told that nothing but an operation offers any hope of a cure, but as an actual fact operations don't cure. They only hasten the death of the sufferer. In 1883 much was claimed for condurango as a cure for this disease. It had a thorough test as a remedy in the hospitals of America and Germany, but the percentage of cures was so small it is hardly worth mentioning. I want to call your attention to certain remedies that have proved successful in my hands, and that have stood the test of forty years practice. If we have a case of this malady and the patient can retain any nourishment and medicine, there is hope of a cure no matter how bad the case seems to be, would at least try this treatment:

Internally, I give Lloyd's fluid hydrastis, (made without alcohol) 20 drops, once in four hours, in a little water, also acetic acid, No. 8, first decimal dilution, 5 drops in a little water once in four hours, alternating with the hydrastis. Then I would apply over the region of the stomach compresses wet with acetic acid, No. 8, first decimal dilution. Keep the compress constantly wet with it. So far as we know the acetic acid is the only remedy known that will dissolve the cancer cells. In the diet discard tea and coffee entirely. Cold drinks are borne better than warm, I want to impress on your minds the value of milk in such cases. Put some milk in a bottle, shake it up well; give a tablespoonful, then in an hour, if they retain that, give them more of it. Most patients like frozen milk the best. With the above remedies, I have cured cases of cancer of the stomach, and now after fifteen or twenty years there has been no return of the disease.

A physician had given his wife up to die of this disease. I recommended the above treatment to him, he tried it and his wife recovered her health.

Another case of a lady given up to die by five doctors with the above malady was cured by these remedies. I feel it my duty to let the profession know of the above treatment for cancer of the stomach, as I think it will prove a priceless boon to humanity.

As I was the first physician in this country to make an attempt to permanently cure this form of internal cancer, my success has made me feel confident that we have remedies for this malady that we can depend upon.

CYSTITIS

G. A. BUDD,M.D.,FRANKFORT,KY.

In the treatment of cystitis, while many specific conditions and specific indications are involved, there are general conditions underlying the whole, which are so important and so plain in each case, as to be in themselves quite specific. To two of these I have learned to give much attention; the first is local sepsis and the second is the voiding of conncentrated urine of an extreme reaction. The urine should be kept at a low specific gravity and should be neither markedly acid nor alkaline.

I have found that a majority of cases of this disease either acute or chronic in form will be benefited by the treatment which I shall name further on. During the past three years I have been acquiring a knowledge of specific medication, and in so doing I have learned to give a remedy for the condition that exists and not for the name of the disease.

In cystitis the inflammed bladder is irritable and usually will hold but a small quantity of urine. The irritation and inclination to evacuate is accompanied with tenesmus varying in degree in the cases under consideration. The urine produces a scalding sensation to the parts exposed in its passage, especially apparent in the urethra and in the neck of the bladder, with an uneasy feeling in the perineum. The bladder feels heavy and seems to drag in the pelvis. The urine may be either acid or alkaline and varies greatly in amount. At the same time there may be blood pus and other irritating sediments present. All of these conditions are induced by infection, and as an antiseptic, which covers almost this entire group of symptoms, I use the following prescription:

℞

Hexamethylene tetramine. . .drs. 4
Aqua q. s. . . . . .ozs. 3

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

No. 2.

℞

Specific gravel root . . . . . oz. 1
Specific epigea . . . . . .oz. 1
Specific chimaphilla. , ...oz. 1

Mix. Sig.: Take a teaspoonful in a glass of hot water every hour until the urine begins to flow freely.

I believe it to be very important that these patients drink a great deal of water. I often see to it that they take as much as a pint every two hours, in order that the quantity of urine is increased to at least a gallon in twenty-four hours. This will furnish an abundance of water to make a perfect solution of all the soluble constituents, and will reduce the specific gravity to a point below 1005. I expect to have an abatement of the aggravating symptoms in twenty-four hours, and much improvement in forty-eight hours. Prescription number two is given every hour in order to assist in producing this result.

You will be surprised to see how quickly the pain, tenesmus, mucus, blood and pus will disappear after diuresis begins. My opinion as to why this treatment is so effective is that the first prescription gives up its formaldehyde in the urine, which quickly renders the urine antiseptic. The second prescription stimulates the kidneys and produces a free flow of urine, which with a large quantity of water drunk, dilutes the urine and constantly irrigates the bladder with the formaldyhyde solution which contains a very small solution of the renal solids. By this means the urine does not remain in the bladder to become decomposed, and if there is any residual urine it is in the form of an active antiseptic fluid.

Furthermore, prescription No. 2 has a soothing effect upon the mucous membranes

of the bladder which driectly relieves the irritation. I believe the three drugs in prescription No. 2 act much better when given in combination, than either do when given alone.

A NUMBER OF PRACTICAL SUGGESTIONS

THAKTJR RAM DHARI SINHA, L. T. M. S.,
MOTAHARI, INDIA

Diabetes.-During fifteen years of my practice, I have reduced sugar and frequency of urination in diabetes with pills made from the following formula, giving a pill twice or thrice daily. The result has been for the most part satisfactory, both to myself and to my patients:

The prescription is as follows:

Pulv. opii. ..... .gr. ½
Ext. belladonna. ..... .gr. ¼
Iridinum ..... gr. ½
Extract nucis vomicæ ..... .gr. ¼
Extract gentianæ. ..... .gr. ½

Mix and make one pill.

Of course the bowels must have careful attention, and as far as practicable, the patient must have a starchless diet. I have treated about one hundred and forty cases with this formula and in at least95 per cent of the cases the results have been excellent.

Sweet Milk in Acute Disease.-In the July number of your THERAPEUTIST, on page 211, reference is made by Dr. H. R. Powell to the disadvantage of using sweet milk indiscriminately in acute disease. I fully concur in his remarks. During the first year of my practice I used milk in acute cases a great deal, but my experience has proven that sweet milk is not always suited to these cases. It is apt to decompose, producing typanites, anorexia, and sometimes diarrhea, attended with griping and uneasiness. Nitrogenous food, such as the casein of milk is not a suitable diet in these conditions, for the digestive power is certainly below par from diminished secretions, especially in febrile disease. The digestive organs in acute diseases cannot be expected to digest casein of milk, or meat, that especially. in oriental countries where the staple diet is boiled rice, pulse and vegetables. Milk may be a light diet for those who digest a pound of beef or mutton every day, but it cannot be a light diet for rice eaters.

Ricewater and certain soups are all that are suitable for such cases. It is not absolutely necessary that a patient should be fed in the acute stages, for one or two days, plenty of water (cold or tepid, medicated or plain) is what is required.

Since omitting sweet milk in acute diseases, I have not seen any complication, while with milk I frequently observe derangements of the liver and spleen.

Malaria.-In my country for those cases of malaria that are not benefited by quinine, or where quinine is contra indicated, I have found the following to accomplish excellent results:

℞

Tincture iodidi (B. P.). minims 2
Potassium iodide. ..... grains 2
Liquor arsenicalis. minims2
Glycerine ..... dram I
Aqua, q. s. ounce1

Mix for one dose. This quantity to be given every two hours, until from four to six doses are taken.

Spermatorrhea.-For several years I have treated obstinate cases of this disorder with a mixture consisting of the tincture of cannabis indica and tincture of belladonna, equal parts, two drops taken every three hours in water or milk. This acts as a true tonic to the sympathetic nervous system.

Orchitis.-I have found the followingcompound to give very good results in the treatment of orchitis:

℞

Tincture of aconite ..... minims 12
Tincture of apocynum. ..... minims 12
Tincture of phytolacca ..... minims 20
Tincture of iris ..... minims 30
Aqua, q. s. 6

I give this entire quantity in doses of one ounce each every three or fours hours.

Externally, I apply a saturated solution of the sulphate of magnesium with an equal quantity of glycerine, and a few drops of carbolic acid, generally making the quantity

of acid equal to about one-fortieth of the glycerine. Gauze is saturated with this and applied to the inflammed organ and renewed every eight hours.

COMMENT.-These suggestions of the doctor seem to be very good ones, and appeal to me as in advance of the ideas of many practitioners of his country whose writings have appeared in our current periodicals. The doctor has certainly made a study of direct remedies.

TYPHOID FEVER

DR. J. H. ROSENBERG, OMAHA, NEBRASKA

Being an old physician and having the confidence of my people, I usually get the case in its first stage; if the case has been badly managed the first week, I do not take it, because that is the time to do the work.

The inevitable sign of typhoid, is the great prostration of the nervous system. The first essential is: to free the alimentary canal of all morbid material, therefore my first dose is one dram of olive oil, or one-fourth grain of calomel. This is repeated in one, two or three hours until successful. Then I give podophyllin in one-sixth or one-fourth of a grain doses, every two to three hours, but never more than one half grain in twenty-four hours.

At the same time I prepare two glasses half full of water, in one I drop thirty drops of baptisia and thirty drops of echafolta, in the other glass, one dram of hydrochloric acid. A teaspoonful is to be taken alternately, every fifteen minutes for three or four hours, then lengthening to half hours and hours, until the tongue shows that the stomach is clear. If I am not successful in twelve hours, I add one-sixtieth to one-fortieth of a grain of asepsin to every dram of the fluid containing the baptisia. The patient's mouth must be rinsed with a mild solution of bicarbonate of soda, after each dose of the hydrochloric acid.

If, in twenty-four hours, the skin does not eliminate freely, I order a sponge bath, containing sulphate of magnesium, sodium chloride, a tablespoonful of each, and echinacea one ounce to the pint. This may be given every six to eight hours, for two or three days, alternated with a bath in which ten drops of hydrochloric acid is added to the pint of warm water. The muscles are to be massaged gently, to arouse the circulation in the cellular tissue, and to get the skin active.

At this time, I prepare a separate half-glass of water containing the following solution, varied according to indications: For the hot and dry skin thirty drops of asclepias; for the arterial circulation (small frequent pulse) three drops of aconite; for the inactive capillary circulation three drops of belladonna. Given one dram every hour.

This is my treatment for the first two or three days, by the fourth day I expect an entire change and drop the eliminatives.

The olive oil is stopped after twelve hours podophyllin after two or three days, aconite, after twenty-four hours use, belladonna in from one to two days, and probably asclepias in two or three days. I do not stop arbitrarily according to the number of days, but am governed by the condition of my patient. Should any of these remedies fail to respond I would give higher doses, or the same dose oftener until I had the desired effect.

On the third or fourth day, there will be indications for tonics. For the general tonic. I give eupatorium, sixteen drops to the half-glass of water, a dram every two hours; quinine, in the proportion of one-fourth grain twice a day. Quinine works best in fluid form.

Heart tonics are nearly always indicated at the same time and I alternate these with the eupatorium. If cactus is especially needed ten drops are added in a half-glass of water and a dram given every two hours. If crataegus, twenty-five drops; if convallaria, twenty-five drops; if strophanthus, three drops.

If the prodrome has been slow, the convalescence will be slow. The specific remedies are the best in the market to respond to careful treatment. I refer to these remedies only, when giving the dose. The indications given for them can be relied on.

With this mode of treatment; I conquer all my typhoid cases in from six to ten days and escape the death record entirely, not

having had a death in sixteen years; surely a good record for a physician in a large city. My people are usually business people and must get to their work as soon as possible. My aim is to act quickly and prevent the extreme prostration.

The greatest mistake that I find among the younger physicians is that they give an excessive dose at the first and thus get a condition which they can not control. They would succeed so much better, if they would give the smallest dose and gradually bring the system to the normal.

A CASE OF DROPSY WITH COMPLICATIONS

U. G. VANCE, SOMERSET, IND.

I desire to present to THE THERAPEUTIST the following interesting case. I give the facts just as I obtained them from the mother: The child, a girl aged four years, somewhat undersized for one of her age, of light complexion, when eighteen months old suffered from a severe attack of choIera infantum. The extreme diarrhea was checked very quickIy and there was no bowe1 movement for four days. Active physics were then given, and from that time on, the bowels were very irregular, and in a short time the abdomen began to increase in size until it became greatly enlarged. From this time until she was three years old, she was seen by a number of physicians, some of whom claimed that it was simply a case of dropsy, while others failed to make a diagnosis.

Coming under my observation, I found disorder, not only of the liver and spleen but also of the heart, certainly enough to result in a clear case of dropsy. Beside this, she was anemic in the extreme, and there was constant pain over the region of the kidneys and through either side. For the pain, I applied libradol, and removed the distress completely at the time, there being no return for three weeks. There. was no appetite, the bowels were sluggish, and the urine scanty. She drank but very little water, and desired all her food dry.

Up until very recently her Iegs and feet have been badly swollen. The effusion gravitating according to the position in which she lay. If she lay flat on her back at night, or on the right side, her breathing became very difficult. She was very quiet, sitting quietly in a chair all day. There was nearly always a little fever present. I made a careful observation of every apparent condition. I then put her on aconite for the fever, phytolacca for the glandular disorders; apocynum and convallaria, for their influence on the heart and especially on the dropsy. I advised a hot bath and when reaction would take place freely, I followed this with a cool shower bath, and then wrapped her in a very warm blanket until she perspired very freely about once each week, owing to her weakened condition. I expect to use these more frequently, as she increases in strength. She is now improving rapidly in every particular As the other doctors gave her up, I feel reasonably well pleased with the result, but I want to make a compIete cure, and if any reader of THE THERAPEUTIST can make any suggestions, I shall certainly appreciate them.

INTRAUTERINE MEDICATION

J. M. WATKINS, M. D., LULING, TEXAS

As the name indicates this is the application of a remedy or remedies within the cavity of the uterus.

The need or advisability of such a treatment was impressed very forcibly upon my mind in my early days in practice, and as days and years passed by, the more forcibly was I impressed with the need of some treatment that would offer greater relief to the suffering mothers and daughters of our country than internal medication could.

In one's early days in the practice of medicine he does not have the opportunity to examine his female patients he has after he has had some experience, and a young man in the country practising medicine has a very poor chance to practice gynecology, and what he does is from the poorest standpoint and as a rule with only a limited degree of success. He has to a great degree to console himself by only getting to examine that class of cases who have been the rounds, from doctor to doctor, and as a rule there is

no money in such cases, and the only good one can expect to receive from this class is experience, and by the way there 'is no gain for any young man starting out in the practice of medicine to turn down these cases, for it is on this class that we learn some of our most important lessons.

It was in treating these cases that I made the venture of applying medicine to the inner cavity of the uterus, and thus I learned a few lessons that I could not have learned from any other source and these lessons have been very profitable to me in the better treatment of a better class of cases. There was but little literature upon the subject of Inter-Uterine Medication a score of years ago. In 1904 Dr. Charles Woodward, of Chicago, wrote his book on intra-Uterine Medication for the treatment of various forms of uterine diseases.

It is he who has gone further into this subject than any other person and it is to him that I am indebted for this literature. I have followed closely the lines laid down by this author, varying of course as the individual case in charge might suggest, and my success has been greater since I began the use of intra-uterine medication than they were before with these chronics who are constantly going from one doctor to another with the same old story, ."I have been to all the doctors in town and have failed to receive the relief sought."

These chronics are in every town and community, and they will patronize the one who can offer them the greatest amount of relief, and there is no means by which one can promise more relief than by intra-uterine medication,. associated with the proper auxiliaries, internal medication and electricity, they both come in for their individual share of good in relieving these poor miserable sufferers.

Of all the cases that I have treated by the Woodward method I have only had one case of uterine colic, following this treatment, and that case I do not attribute to the treatment, but to a little negligence on my part, as I permitted the solution that I was using to get below the temperature required for such work, that about the temperature of the body.

I want to state here that the only dissatisfaction that has every occurred with me in this method of treatment was the patient referred to above, however she was cured of her ills and soon became pregnant, for which she gave me curses ever afterwards. In using this method the solution should never be used below 98 3-5°F. and not above 105°F., and another important feature in the treatment, the medicine as a rule should be alkaline in reaction and the same rule holds good for the treatment of an inflamed membrane within the uterus, as of the nose, throat or any other part of the body where there is inflamed mucous membrane.

There are many cases in every locality that the physician hates to see come to his office, for it is the same old story, "I am not any better, doctor, if anything I am worse." This individual may have all the reflex phenomena that follows a case of endometritis, either cervical or catharrhal. In this case dilate the cervix, if need be, wash the uterus out with an alkaline antiseptic, and thus get rid of all the mucus and exuda, then you have your field clear to use any other medication necessary.

Take a case of abortion of only a few weeks gestation, one in which the uterus cannot contract sufficiently to force out all of its contents, what are you going to do? Give medicine to try to assist Old "Mother Nature" to throw off the poison from the absorption of the remaining shreds that will decompose and will produce septic conditions if left to remain in the uterine cavity? No, use your curett, if need be, and intra-uterine medication, wash out the remaining debris, and she will make a good recovery and you will not have another chronic patient to add to your list.

Use intra-uterine medication judiciously, intelligently and persistently and thereby increase your practice, increase your bank account, and relieve suffering humanity.

ICHTHYOL

C. 0. COURTRIGHT, M. D., RUSHVILLE, ILL.

I have had some satisfactory experiences with the use of ichthyol which I trust may be the means of inducing others who may not have given this agent much thought to push their investigations further.

Ichthyol occurs as the ichthio-sulphate of sodium or ammonium. Both of these contain about ten per cent of sulphur. It is soluble in water. From one to ten minims is the dose laid down by Prof. Hare, but other writers put the dose much higher.

My own experience with the agent internally has not been very extensive, but since it contains sulphur I think it would prove a very potent auxiliary in the treatment of chronic dyscrasias of the blood. Reasoning from a physiological standpoint, sulphur may well be considered the king of remedies for conditions involving the blood and the secretions.

In the typical sulphur patient there is a positive dislike to water, and we know how indispensable water is to every tissue in the body. Medical literature teaches that where sulphur is indicated in children, we will find a well marked condition of malnutrition and the child will have the appearance of an old man or woman; that is, he will look haggard, with skin wrinkled and flabby, and there may be a desire or hankering after sweets, which craving, I think, ought to be appeased, since it is but a demand on the part of nature for a supply of a certain special element in the economy. I believe we can do much for such little subjects if we administer sulphur in a suitable form.

My experience with ichthyol as a local application has been most gratifying. In eczemas and erysiplas, it seems to meet the indications remarkably well, and to quite deserve the name of a specific. One patient, Mr. T., aged 66, who had the worst form of weeping eczema that I ever saw in thirty years practice, the entire body and limbs being completely involved-a typical case-was relieved of the severe irritation and finally radically cured by the local application of an ichthyol solution. In an obstinate case of scrotal eczema it proved the most efficacious of anything tried.

I have given it internally for cough and bronchial troubles with throat complications with splendid results, and have great confidence in its therapeutic virtues when the indications are well met, I have used it with good results in specific infection of the urethral tract.

ABORTION (?)

M. E. ROSENBERG, OMAHA, NEBRASKA

(That Cat in a Strange Garret Again)

Having escaped safely, at my previous call to the sanctum of Ye Editor, I will try again.

Just inside the door seems a safe place, this office chair will prevent its being closed too quickly. They are all so quiet and seem so busy, I wonder if I will he heard if I speak clearly.

When may we resort to abortion?

I had better get out of sight until that recent graduate lays down that ponderous volume on Medical Jurisprudence. That is right, put it way until I get through with my remarks. It is not so many decades since I heard those lectures, from the grandest of men, Judge K.

But, is it never right to cut short the existence?. Where shall I hide? I fear my poor head. Will the door be closed before I can finish my sentence? I hear a voice from somewhere saying,

"Do you not know that it is against the Code ?' The fossilized code.

" That, it is ruinous to cut off one's supply of bread and butter ?" I want milk too.

"That the family will never call you after ?." Your true physician uses his own judgment, regardless.

" That, he loses caste, who indulges in such nefarious business ?"

"Well then, does not Death come boldly for his prey in just such cases?" Yes, yes; but, have you not noticed, that he who loses the most patients, is held the highest in the esteem of the community?

"Your own conscience should teach you-better." My conscience says *abortion is always right when possible.*

Slam! Bang! Whoop! Whiz!

Not very good marksmen; I will proceed. To be clear perhaps we are not thinking of the-same kind of abortion. I am writing of the abortion of disease. There is no disease that can not be eradicated if taken in time, in my opinion. It is only our limited knowledge that prevents us from doing so.

When the people learn to call the physician at the first symptoms of disease then will we be able to *abort* disease.

When once this stage is conquered, we will advance another step' and with our good Editor in the lead, we will prevent disease.

Instead of being called after the greatest damage has been done by disease let run, patients will learn to come for preventive remedies.

We are starting with a fine list of remedies for this purpose. I will mention only. a part of these.

Asclepias to prevent scarlet fever.

Belladonna to prevent measles.

Echinacea to prevent diphtheria.

Belladonna and capsicum for pertussis, that horror of childhood.

Podophyllum and echafolta to destroy carbuncles.

Quinine for malarial germs.

Calcium hydrate for furuncles.

Podophyllum, thuja and chelidonium to dissolve cancerous nodules and to eliminate through the circulation the waste products.

Quinine in the fluid form acts more quickly and better than in the commercial form.

Freshly made tablets of podophyllin eliminate more thoroughly than those long prepared. One-fourth to one-third of a grain per dose and a few drops of anise oil to the hundred tablets, gives better results than the crude drug, or the pill of commerce.

REMEDIES FOR PAINFUL URINATION

JOSEPH S.NIEDERKORN,VERSAILLES,OHIO

In the physician's daily work he frequently comes across some acute painful "urinary cases." They're in a " sure enough" distress and they tell you about their painful urination, the straining, the burning, whilst passing urine. I've had a large experience in handling such cases, and I find in cantharis and gelsemium two of the grandest remedies for such afflictions that one could well wish. And I'll tell you when I use cantharis and when gelsemium.

Cantharis will not cure all of them, but it will relieve every case of frequent and painful micturition where there is *also* an intense burning, cutting, scalding sensation in the urethra or bladder during urination-the parts feel "like they're all on fire." But the dose *must* be small; I never think of giving more than one-third drop doses, and never need to.

Gelsemium will relieve the cases where there is frequent and painful urination which is accompanied with much straining but not much burning, and the straining continues even after urine has been voided, which is scarcely more than a teaspoonful; or there is a feeling of constriction of the urethra or neck of the bladder and the urine escapes mostly in drops. Give one drop doses, frequently repeated.

No need of combining the two remedies, and you will not do this if you know your business. Either one will do its work alone, if you will give it the opportunity, and do it well.

The intense burning sensation is characteristic of cantharis, and the spasmodic, straining and constrictive sensations call for the gelsemium.

HOW I CURED A CANCER.

J. D. MCCANN, MONTICELLO, IND.

A few years ago an elderly man came to the office with a highly inflamed and suspicious looking sore on the right cheek below the eye.

He had just been to two regular physicians who pronounced it cancer and advised an operation at once. One of them insisted that he should not go home, he living five miles in the country, but should take the first train for Chicago.

The sore had been of several months standing and by reason of his having driven in from his home against a strong wind the inflammation was excessive.

I advised him to go home, stay in doors for a time, apply an elm poultice to relieve the inflamed condition and then report for further advice.

Complying with my suggestion he succeeded in drawing from the sore a lump the size of a small grain of 'wheat, which on opening he found to contain the point of a brier. The sore healed quickly and there has never been any return of the trouble.

After the above results he related the following facts: " One day a few weeks before I noticed the trouble on my face I was driving through the woods sitting on the running gear of the wagon, a brier bush flew up and hit me on the face. I knew the brier pricked me but thought it all came out."

It seemed that the brier joint penetrated the covering of the bone resulting in what appeared to be a typical cancer. I write this to show how easily we may be mistaken and how important it is to obtain all the facts in making our diagnosis. Had Mr. G. gone to Chicago the removal of the small lump would have cured him, also separated him from a bunch of money. I was not in possession of the above facts and can take no credit for the cure only as the diseased spot appealed to me in its highly inflamed state. I say again get the facts, a specific diagnosis, a clear idea, and our treatment will give results.

THE TINCTURE OF COPPER

C. WESTON EDWARDS, M. D.

Copper as a medicine, has been brought forward a number of times in the consideration of its various forms, and usually with considerable enthusiasm, but no form has had general adoption. The arsenite is quite commonly used but copper itself has been given no specific place.

The late Prof. W. H. Davis, Professor of Materia Medica and Therapeutics in Bennett College from 1875 to 1885, was an enthusiastic advocate of the tonic influence of the tincture of copper. He occasionally advocated an acetic tincture which he believed especially valuable. He taught that in chlorotic cases and cases of general enfeeblement where the blood was impaired, it stimulated the restoration of the blood cells, and where there was glandular enlargements with the blood dyscrasia, it would produce gratifying results.

A number of cases were reported by his students which proved that there must have been some influence from this remedy in overcoming the excretion of albumin in albuminuria. One case was treated with this remedy alone. The patient was greatly emaciated and of cachectic appearance. The pulse was weak and irregular. There was weight and uneasiness in the region of the heart. There were night sweats and some dropsy. The urine was loaded with albumin and occasionally blood was present.

This patient was given two drops of the tincture of copper, three times a day before meals. The quantity of blood excreted diminished slowly. There was no perceptible difference in the albumin for three weeks time, but from that time on, there was a general improvement, until the patient recovered completely.

This might have been a case of hematuria, only I have had a number of cases of this disease brought to me, which had been positively pronounced to be parenchymatous nephritis, which when treated for the hemorrhage alone, with remedies that would restore the blood and soothe the action of the kidneys, were quite readily cured.

If any of the readers of **THE THERAPEUTIST** have had experience with the tincture of copper, as a blood restorative or as a remedy for albuminuria, let us have the benefit of those experiences.

TONGUE INDICATIONS

A white coated tongue denotes a febrile disturbance; a brown moist tongue indigestion, a brown dry tongue depression and deficient secretion, also blood changes, typhoid fever; a red moist tongue inflammatory fever; a red glazed tongue, general fever, loss of digestion; a tremulous moist and flabby tongue, feebleness, nervousness; a glazed tongue with blue appearance, tertiary syphilis.

A LIST OF REMEDIES

Editor Ellingwood's Therapeutist:

I have been again looking through THE THERAPEUTIST for November, 1908, which contains the article entitled " Representative Remedies." You surely flattered me by quoting so much from my remarks and you ask us to criticize the list. For my part I do not feel competent to do so on all the remedies you mention, as some of them I have seldom used, and do not know how to use them well, but others are mainstays in my armamentarium.

I use quite a number of the alkaloids and I find them excellent. If we were to have only one drug of a class to select from, one would have no chance to take into consideration temperment, idiosyncrasy, or the mental disgust of some remedies that. we meet in patients quite often. For instance, I now never give morphine to certainneurasthenics, but use either codeine or hyoscyamus, or some drug to remove the cause of the pain instead of narcotizing the patient.

For my own benefit in diagnosing conditions, I divide disorders into two classes. Simple congestive and compound congestive derangements. The simple congestive disorders are all those in which the vasomotor nerves are acted upon by cold, heat, emotion, auto intoxication, etc., to produce localized congestion in some one or more of the organs, and which may be aggravated into a 'benign or nonseptic inflammation of any organ or organs. The compound congestive disorders are those in which the principal etiological factor is some germ, that added to the simple congestive disorders produces much greater disturbance and danger to the case; specific infection.

With this idea in mind, elimination and change of the action of the vasomotors will cure the first class quickly and pleasantly. The same treatment plus antiseptics, will cure the second class in most cases just the same. If I study disease from this view point, I find it much simplified and I find the treatment also easier to understand.

A word now concerning the list: I am constantly using aconitine, atropine, gelsemium, cactin, hyoscyamine and codein ; occasionally digataline, strychnine, copper arsenate, ergot, caffeine and podophyllum; also morphine, aloin, capsicum, cocaine externally, quinine and veratrine.

Bryonin and helenin I use very seldom. But I am using bryonia this year more than ever before and I find it very useful when plainly indicated. Of your other thirty remedies I use nearly all of them constantly. I am shy of avena, calibar bean, and nitroglycerine, probably because I don't know how to use them. Gallic acid seems to me to be useless or dangerous internally. For antiseptics I use formalin, which is my first choice, then carbolic and boric acids. As this list rules out calomel I would be badly handicapped by it.

If the list were revised, to suit me, it would stand about as follows: Calomel, gelsemine, hyoscyamus, opium, epsom salts, aconite, atropine, cactin, ergot, strychnin, macrotys, chloroform, phytolacca, chionanthus, echinacea, ipecac, jaborandi, (pilocarpine) apomorphine, ammonium chloride, (instead of sanguinaria), hydrastis, iron (any form indicated) (Blaud's pill is excellent), hydrochloric acid, sodium bicarbonate, sodium sulphate, cascara, viburnum, aromatic sulphuric acid, formalin, bismuth, buchu and saw plametto. I would like to add eleven. more remedies, making forty-one in all. These are codein, copper arsenate, podophyllin, passiflora, cocaine, digitalis, apocynum, thuja, lobelia, mitchella, triticum repens.

I could do pretty well with the thirty first named, but I would not feel sure if I could not get any more. I am sure I could select one hundred more that would give very good results.. It is satisfactory to know, that the logic of events in therapeutics brings so many thinking men to almost the same practical rules of prescribing. When one thousand

doctors are sure that gelsemium is the first drug to think of, as a sedative, it is a pretty well demonstrated fact, that this conclusion is correct.

If it was possible, I should like to know how many of those who sent in lists aregradates of Eclectic schools, how many of Regular schools and how many of Homeopathic.

I am greatly pleased with THE THERAPEUTIST. I do not expect to do without it, until I or it is defunct. I hope the editor is well and prosperous, for his work is certainly greatly needed to place therapeutics on a more solid basis. A combination of alkaloids and of specific medicines, will to my mind make an ideal Materia Medica. I use both freely.

Yours for success in prescribing,

THOMAS W. MUSGROVE.

Sultan, Wash.

TOO MUCH VERATRUM

Editor Ellingwood's Therapeutist:

I notice in your February number, page 59, Dr. Jernigan's report of his case of eclampsia. I would like to ask if forty minums of specific veratrum or of any other good preparation of veratrum is not a reckless dose to give any patient. Why would not half that amount be just as good, and very much safer. Your comment, I think gives him good advice. He should have had a little more patience, and not have rushed matters so fast. He should have given nature a chance. He might have given a few drops of mitchella with good results, instead of so much quinine.

I would hesitate a long time before giving forty minums of any preparation of veratrum at a single dose either by mouth or hypodermically.

L. G. WALKER, M. D.

Pound, Wis.

COMMENT.-usually speaking from ten to fifteen minims of veratrum is sufficient for even an extreme case of eclampsia, for the beginning dose. It is much safer to begin with a smaller dose and increase until effects are observed. There is no doubt, however, that the system will stand more veratrum during a profound convulsive paroxysm, and while the high nervous tension is present from which such a condition occurs than at any other time. One physician in Indiana told me at one time of a desperate case to which he was called which had been deserted by other physicians as absolutely beyond help. He began by the use of a little less than a dram of veratrum, and repeated the dose without careful measurement, at irregular intervals as convulsions seemed to be threatened, or actually occurred, for a period of twenty-four hours, when the convulsive tendency abated and the patient recovered; but he had used nearly an ounce of specific veratrum. On the other hand I have seen, within a month, a patient with severe eclampsia so thoroughly poisoned with three ten-drop doses of veratrum twenty minutes apart that the vomiting was extreme; the pulse disappeared from the wrist; and extreme promptness only saved the life.

WEEPING ECZEMA

Editor Ellingwood's Therapeutist :

I would like to ask through the next issue of your journal for advice in the treatment of eczema of the weeping form. I have had a patient under my care now for two years. A woman thirty-five years of age, well nourished, and apparently in good health, in every other way. The eczema first covered the hands, arms and the face. It now covers one foot, and has just begun on the breast. At times it looks very angry and now and then there are stinging pains in the parts affected. During the last two weeks the patient has had an attack of gastritis, from which she is now recovering.

I have prescribed during the last two years, echinacea, iris, berberis, phytolacca, all in small and in frequent doses, and rhus tox and iron, as from time to time these drugs were indicated. Locally I have prescribed boric acid, bismuth subgallate, aconite, thuja, and lastly lignol.

In May, 1908, the condition cleared up nicely, but broke out again in October worse than ever. After I had continued several months treatment with berberis, iris, phytolacca and off and on with echinacea. I trust someone can give me specific suggestions that will cure this case.

J. B. EATON, M. D.

MACROTYS IN CHOREA

Editor Ellingwood's Therapeutist:

I desire to say a word in appreciation of the benefit that I derive from the articles

that were published in your journal during the past year suggesting the use of macrotys in chorea. This expression is called out by my reading the article on the use of Fowler's solution for this condition, and your foot note to the same. In the first place I am a regular graduate of Harvard Medical School, a member of the Massachusetts Medical Society, but with all, a firm believer in drug therapy, and I feel the same catholicity in the exercise of my judgment.

Without being egotistical, I have practised over twenty-one years. For twelve years I was visiting physician for the Brockton Hospital. My practice has certainly been large enough to give me full opportunity to make observations in this disease. I was brought up in medicine to use Fowler's solution in Chorea, not in such large doses as suggested in the article referred to, but doses pushed to evidence of saturation. The results in the end were usually good, but they were a long time arriving in many cases. Since reading the suggestions for the use of macrotys in chorea, I have had three cases to treat, all of these were benefited by arsenic, but on stopping that remedy they quickly went back to their first condition. In each of these cases, I then began macrotys. The results were speedy, happy and permanent. Hereafter macrotys will be my remedy in these cases every time.

A. V. LYON, M. D.

Brockton, Mass.

"THE BRAND OF THE BEAST"

Editor Ellingwood's Therapeutist:

Although a homeopath and at that one converted from allopathy-I am broad enough to accept the favors of Eclectic experience and to some purpose-I think you have one of the best journals. 1st, because terse and to the point; and, because your contributors give practical information and in *plain, simple language;* 3rd, because you advocate the use of anything good irrespective of *the brand of the beast.* Is it not almost. come to the fulfillment of the scriptures. "And they shall neither buy nor sell except under the brand of the beast." Allopathy stands aloof from Homeo-Eclectic-Osteo-and each ism has a conniption fit if their conceit is assailed. What between the A. M. A. trust steel trust, lumber, sugar, coffee, labor or medicine trusts. Lo! behold the brand of the beast. Sufficient; there's a feather of the truth in Christian science even though auto-suggestion a form of hypnotism is branded Mrs. Dr. Mary Baker Eddy. What's in a brand?-the beast, if I am not to use it because it's not admissible in my school. In spite of opposition I use H-M-C and satisfactorily so. Therefore for the benefit of all: phaseolusnana is a grand remedy for heart troubles, but be a homeo in its use, not under 6x or you may have trouble. Nothing better than bryonia in the early stages of pneumonia. Again be homeopathic; 3x is sufficiently low.

J. L. MEYER.

Hiawatha, Kansas.

CHOLERA INFANTUM

For several years past I have employed Lloyd's trituration of podophyllum, 1-100th, in diarrhea and dysentery of infants, with very gratifying results. As I have not yet seen this to fail if no complications exist I am very confident in its employment. For nursing infants from a few days to a few months old, I give from one-half to one grain of the triturate every three hours, and sometimes 1-70th or the 1-50th of a grain of ipecac is added and given at the same time.

The closest of attention to the feeding of the infant is observed. If fever is present I give specific aconite in very small doses. Occasionally there are indications for hydrochloric acid. If this occurs during the course of the fever, which is often the case, I alternate it with the aconite, and if there is low fever I alternate the acid in from half a drop to a drop at a dose, with the podophyllum triturate. This treatment I consider much superior to that usually employed, such as pepsin, lacto-peptine, bismuth, calcium, magnesium, calomel with Dover's powder, or mercury with chalk, which is so much used by the general practitioner.

T. JENSEN, M. D.

Therapeutic Facts

A Treatment for Backache

I have been reading in THE THERAPEUTIST some suggestions for the treatment of backache, and although good, I am confident they will not cover all cases. I have a method of treatment which I have depended upon for many years. I have found it to relieve many of these cases very promptly. It is prepared as follows:

℞

Balsam of copaiba-. . . . . .drs. 2
Sweet spirits of nitre. . . . . .ozs. 2
Fluid extract of black cherry. oz. I

Mix. Sig. : Shake well and take a teaspoonful at nine o'clock a. m. and at three o'clock p. m. each day in sweetened water. In light cases or cases not at all persistent, a dose taken at bedtime each evening will be sufficient.

H. K. WHITFORD, M. D.

Chronic Arthritis

I have treated successfully my cases of chronic arthritis of a non tubercular character, but of rheumatic origin, those of even several years standing, with specific bryonia and colchicum.

For a child ten years old, I add eight or ten drops of bryonia and from fifteen to twenty drops of colchicum, to thirty teaspoonfuls of water, and give persistently, a teaspoonful four times a day. The character of the pulse and of the heart will guide the physician who is familiar with these remedies, enabling him to increase or decrease the bryonia required in each particular case. In some of these cases, cactus is often indicated and in others veratrum, but the less complication there is in the prescription the better will be the results.

I have treated chronic swelling of the joints of the hands, of the knees and feet, with bryonia alone, with good results, but colchicum will enhance the effect of bryonia by its influence upon the elimination of uric acid. The urine must be examined in most cases so as to determine the correct treatment of that particular case.

One of my cases made a satisfactory recovery from the inflamed condition of the joints, under the above treatment, but developed a vertigo, and was unable to sit up from the persistent dizziness. I prescribed

Ammonium, mur.. . . . . grs. 15
Tincture of iodine. . . . . drops 7
Aqua . . . . . oz. 2
Elix simplex, q. s . . . . . .ozs. 4

Mix. Sig.: Give a teaspoonful from two to four hours as indicated. The recovery was complete and satisfactory.

O. NOBELL, M. D.
Woodward, Oklahoma.

Exactness

I like your journal because you are right after the weak points in the medical profession branch or rather the most neglected and important branch of our studies. I have for some time past been studying therapeutics and I find the field very large and most interesting. Writers on drug action frequently state that they have found a certain drug useful in a certain disease. This is a poor way to call attention to a drug. If writers would state that they had found the tincture or the fluid extract of a certain quantity, given in a specific time, useful in relieving certain exact conditions, the readers will not be at loss to give it a trial. While I believe in single remedies to relieve certain conditions, I also believe in combinations of drugs to meet certain conditions.

F. W. OWEN, M. D.
Lamasco, Texas.

Urinary Irritation

About a year ago, I wrote for THE THERAPEUTIST that cannabis indica was a specific remedy for urinary irritation with proper indications. So also is specific eryngium to quite an extent, but I have found that their combination will prove almost infallible in overcoming that condition and will give relief even in conditions of organic disease requir-

ing other treatment to cure, and in such cases will add greatly to the patient's comfort, have used this combination many times, and it has not failed me yet.

The following is about my formula:

℞

Specific eryngium. . . . . dram ½ to 1
Specific cannabis. . . . . .drops 30
Aqua dist. ad. qs. . . . . .ounces 3

Mix. Sig. : Teaspoonful every two to three hours.

W. C. **QUINCEY, M. D.**

Morning Sickness

A patient in the early stage of pregnancy suffered greatly with morning sickness. It was an extreme and persistent case. She had consulted many doctors but without relief. Finding indications for stomach remedies principally, I prescribed simply, as follows:

℞

Sp. hydrastis. . . . . .dram 1
Specific nux vomica . . . minims 10
Aquaq. s.. . . . . .ounces 4

Mix. Sig.: Take a tablespoonful before each meal.

She was immediately relieved and ultimately cured. I have noted that the majority of blondes in pregnancy do not suffer with vomiting as frequently as brunettes do, but that brunettes are not so liable to miscarriage as blondes.

A. **PINELES-MONTAGU, M. D.**

Unguentine

This is the first proprietary remedy I ever used or recommended. But having gotten such satisfactory results from this ointment in treating an extensive burn I felt it my duty to call the attention of the profession to its use for this purpose. The case in which I employed it was one of scald from steam. The denudation extended from the occipital protuberance to the buttocks, involving one-half of the back.

When I saw the case it had been in the hands of another physician for a week and anodynes were being used to control the pain. I first resorted to the usual eclectic treatment in such cases but with little relief or benefit. I then, through the suggestion of my druggist, prescribed ungentine. The relief was so quick and the improvement so rapid that no change was made in the treatment and in ten days the wound was healed.

About this time a colored woman came to me with the most extensive tibia1 ulcer I have ever seen. While my treatment of such troubles as a rule has been very satisfactory, I concluded to try the ointment. I first cleansed the ulcer with hydrogen peroxide and then brushed it over with a 15 per cent solution of nitrate of silver, after which the ointment was applied, covered by a flannel bandage to the knee. This treatment was repeated every other day and in just three weeks the leg was well.

L. S. **DOWNS, M. D.**

Persistent Vomiting

In persistent vomiting with headache, whether the patient be a child or an adult, I find potassium sulphate, 3 x, to succeed in curing the larger proportion of cases. I add twenty grains to four ounces of water and give a teaspoonful every hour until the cure is effected.

F. H. **WILLIAMS, M. D.**

For Powder Marks

I noticed in the January number of_ **THE THERAPEUTIST** a request for a remedy with which to remove powder marks. The late Dr. Wrightsman, my husband, had very excellent success with a simple preparation which I have thought would be well to pass along to other readers of the journal. He made a simple paste of flour and the white of an egg, which he would apply thickly over the parts discolored, allowing it to remain on for hours at a time, and repeating it until the stains were removed.

MRS. WRIGHTSMAN.

Burning Feet

When a patient, past middle age, most commonly women, complains of burning of the feet with the strong inclination to keep them from under the covers at night, or com-

plains of the feet giving out, and paining, especially toward night, when not contra-indicated, and it rarely is, give podophyllum in sufficient doses to moderately influence the bowels by the second or third day, keeping the condition up for about a week. This with my patients has been curative.

N. M. DEWEES, M. D.

Asarum Canadense as an Emmenagogue

This remedy commonly called coltsfoot, wild ginger, or Canada snake root, is one of the best emmenagogues, in my judgment, in the materia medica and is perfectly safe. It is antispasmodic, aromatic, stimulant and carminative: does not require any of the sedatives, or relaxants. It is all that is needed in an emmenagogue. Podophyllin and aloin, have special action on the intestinal canal, asarum has a special action on the uterine system. For young girls, with their first menstruation, or any case of painful menstruation, this is the remedy, I use an infusion of the fresh root, if I can get it. I prepare it by taking one ounce of the root to one pint of boiling water, let steep slowly for one hour, strain, sweeten to suit the taste, and give one or two drams every half hour, hour or two hours. Of the fluid extract, from five to ten drops, in hot sweetened water, every half to one or two hours, is the dose. There is no other remedy that has given me the success, in the last forty years, as an emmenagogue, that has asarum canadense.

0. W. HOUTS, M. D.

Ringworm-Sycosis

In the treatment of ringworm (tenea circinata) and barber's itch (sycosis mentagra) apply the commercial forty per cent solution of formaldehyde to the affected area with a brush, once daily. One or two applications will usually cure.

A. SCHRIEBER, M. D.

Pneumonia

My treatment for pneumonia is as follows: I make two prescriptions usually, and give these alternately in dram doses every two hours, alternating every hour. For the first prescription, I drop fifteen drops each of specific aconite and bryonia, in four ounces of simple elixir. In the second prescription I drop ten drops each of specific veratrum and asclepias in two ounces of simple elixir. These are given as above specified. To sustain the heart when necessary,1 give arsenate of strychnine one one-hundredth of a grain every two hours.

E. S. JONES, M. D.

COMMENT.-According to our specific method of determining the exact conditions, while the above prescriptions will cover many cases the doctor does not tell us exactly which train of symptoms to make the combination in. There are some cases in which the first formula will meet every indication. There are other cases in which the latter formula will meet every indication. Here are three special sedatives to fever all prescribed together. Judging from my own experience the dose of specificveratrum is large except in strong men at the onset of the disease, and the dose of asclepias is very small. I make these comments in order to help the doctors get at the exact conditions. We must be exact, Complaints are coming in altogether too frequently against general statements. We must try and make every statement specific..

An Insufflation for Sore Throats

In the treatment of diphtheria and in sore throats in which there is an exudate, for a long time past I have been using the formula which I give below as a local application. This formula quickly removes the exudate, whether in the throat or in the trachea, as it is readiIy inhaIed. I have had excellent results from its use.

Take of tannic acid, made from the inner bark of the oak tree, pulverized alum, and pulverized sugar, each equal parts. These should be thoroughly triturated in a mortar. This fine powder, after compressing the tongue, is blown into the throat so as to have it come in contact with all the diseased parts, using from one-fourth to one-third of a teaspoonful at a time. This should be repeated after four or five hours, several times in succession.

Where there is an inclination for the membranes to re-form, the powder should be. used persistently on successive days. I use a purgative to thoroughly cleanse the intestinal tract, usually. This is made from podo-

phyllum, one part; leptandra, two parts; powdered capsicum, one part, thoroughly triturated. Fill a No. 4 capsule, and give one every two hours, until three or four are given, or according to the age of the patient. This is auxilliary to indicated remedies.

JAMES YATES, M. D.

Gelsemium in Childhood

In the treatment of any disease common to childhood, when the nervous system becomes markedly involved, especially where the nervous irritation and nervous excitability present prominent symptoms, I find gelsemium a reliable remedy. I do not hesitate to give it in conjunction with other indicated sedatives for febrile conditions. I find they work in perfect harmony.

H. W. POWERS, M. D.

Stubborn Ulcers

In the treatment of stubborn ulcers, those that are persistently open and that resist other remedies, I apply specific baptisia in full strength. In a number of cases this has produced satisfactory results for me.

Since 1896 when I read in Goodno's Materia Medica that morphine and hyoscine given together would produce anesthesia, I have used these remedies in tablets. I now use the H-M-C tablets but the effect seems to be about the same as that obtained from the Goodno combination.

S. H. STARBUCK, M. D.

Essential Co=operation

Dr. Thomas W. Leming, Secretary of the League of Drug Research for the State of Kentucky, in a note to the editor, asks, would it not be a glorious thing if every Eclectic physician in the United States would report his successes and failures with the use of remedies in specific lines. It would be but a short time, he says, until the specific field for our remedies would be absolutely defined: It can be done, if all will but work together.

This is the doctrine that I am preaching all the time. I am declaring to every reader that he is personally responsible for a certain amount of this work. We must co-operate constantly, persistently, with the closest of observation of exact detail.

This work is being taken up slowly by other physicians. Some of our physicians have thought we were the "whole thing." This co-operative work is absolutely imperative. If we do not do it, others will do it before a great while, and our work will be forgotten because absorbed in the total perfected work. It is impossible for me to say enough to fully emphasize this fact.

Scabies

In the treatment of scabies there is nothing that I find acts more satisfactorily than a simple solution of the bichloride of mercury in the proportion of one to two thousand. The patient should have a thorough bath, should change his underwear and the bedding and should apply the solution every other night, applying it only over the diseased surfaces. L. R. EMERICK, M. D.

Wintergreen in Asthma

A patient who at one time suffered for years with asthma, at the suggestion of an Indian began to take wintergreen regularly. Finally he took fifteen drops of the essence, three or four times a day, continuously. While the cure was not complete the relief was extremely satisfactory.

The paroxysms at one time would cause him to sit for days and nights together, leaning his head on the back of a chair, with great difficulty of breathing and cyanosis. A characteristic of this case was that it was accompanied-with profuse bronchial catarrh. While continuing the use of the wintergreen, there was no difficulty of breathing except on violent exertion or after exposure to cold there was a slight wheezy respiration, There was no return of the paroxysms.

Dissolve twenty grains of potassium nitrate in six ounces of water, add to this two tablespoonfuls of oatmeal, shake thoroughly and scrub the face with it, once or twice a day to remove freckles and pimples.

Ellingwood's Therapeutist

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ACT IN THE LIVING PRESENT

Are you one of the few, Doctor, who have not yet sent us word to "Let her come" for 1909. Don't delay a moment longer. We need you and you need us. Send us word today. The family cannot lose you. "Better than Ever" is our motto for this year.

TWO IMPORTANT PAPERS

The two leading articles in this issue are indeed important papers. The one by Prof. Lloyd on Chlorophyl answers a most common query. With some of the specific medicines, and other of our preparations, the original green color changes after a time, and to one not familiar with them, the question arises, is there a change in the medicinal properties of the substances. With inorganic compounds a change in color usually means a change in chemical character also. In organic substances the original green color may change as this paper explains with no change in the medicinal character of the preparation.

The second paper by Dr. J. P. Rice of Texas, the article on The Mosquito, contains such an enormous array of facts of so much importance, arranged in such an interesting and valuable manner, that I take great pleasure in publishing it. The article is not strictly within the field of therapeutics but its relation to the causation of the diseases of the south especially and of malaria is now of vital importance. Furthermore I have yet to see an article of this length, which so completely covers the entire field.

I have known Dr. Rice, the writer, for many years and have realized that if circumstances had thrown him into close relationship with the leaders in the profession, his name would long ago have been widely known. As a close observer, as an investigator, as a most deeply interesting writer, as a thoroughly qualified man, he should occupy a high place.

DEATH OF DR. WILEY OF DES MOINES

Many of our readers will be pained to learn of the death of Dr. E. D. Wiley of Des Mioncs. Dr. Wiley has been connected with the development of specific medicine for more than thirty years. He has occupied prominent positions in his State Society, for many years its secretary, and has always been conspicuous in the National Association. About ten years ago he discovered that he was afflicted] with diabetes. A few years later his heart showed the evidences of disease and for four years he has lived in expectation of a momentary call. Late in the evening of Saturday, February 27th, he was called to attend a lady in confinement and worked very hard several hours. When through, he complained of feeling ill. He laid down in an adjoining room, and in ten minutes was dead. The doctor had long expected just such a call, and had made every provision for it.

Dr. Wiley leaves a host of friends. Much could be said for him, and nothing against him. His life has been an exemplary one in every particular. Many will mourn his loss. We extend our sincerest sympathy to his family and friends.

WORDS WITHOUT KNOWLEDGE

The Druggist Circular for February, 1909. reproduces from *The Standard Dispensatory*,, the statement that scutellaria is devoid of properties which entitled it to be classed among official drugs, and that passiflora is but little used in medicine. We get weary of the so-called " authoritative " statements that are made by individuals who are conspicuous for their ignorance on certain remedies that possess valuable therapeutic prop-

erties. Even passiflora has an important place in medicine, although nearly all agree that too much was claimed for it at first, But to say that scutellaria is devoid of properties is an exposition of ignorance, that any one should dread to make. Although a mild remedy, so efficient and reliable are the properties of scutellaria when thoroughly understood and correctly administered, that it cannot be well dispensed with. We would advise those who condemn this remedy without a trial, to inform themselves concerning its reliable properties.

The present action against cactus is unauthorized and unjustified. It is taken by parties who have seldom if ever prescribed it, and if they have ever done so have had their opinions biased by deep-seated prejudice, or have not prescribed it in correctly selected cases.

MACROTYS AS A PARTURIENT

Our observers are not the only ones who have claimed that macrotys is a valuable remedy with which to prepare a woman for labor. An article appeared in the ***Journal of the American Medical Association*** twenty years ago, which made claims in every way similar to those of our own writers. The author had used the remedy in 160 cases, and from his observations he had come to the conclusion that macrotys had a positive sedative effect upon the parturient woman, quieting reflex irritability, nausea, pruritis, and insomnia, so common in the last six weeks of pregnancy. It always rendered these symptoms much less distressing, and they ofter disappeared under its administration.

Cimicifuga, he said, "has a positive antispasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first state of labor are ameliorated, and often altogether abolished, In fact during my first indiscriminate use of the drug, in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

'Cimicifuga relaxes uterine muscular fibre, and the soft parts of the parturient canal, by controlling muscular irritability, thus facilitating labor, and diminishing risks of laceration. It increases the energy and rhythm of the pains in the second stage of labor.

"It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery."

It was his habit, however, to administer fifteen to thirty minims of the fluid extract of ergot after the birth of the fetal head, and he had thus few opportunities of testing this effect of the cohosh.

His method of administration was to give fifteen minims of the fluid extract of cimicifuga in compound syrup of sarsaparilla each night for four weeks, before the expected confinement. One fluid ounce of the fluid extract of cimicifuga to three ounces of compound syrup of sarsaparilla; One teaspoonful makes just the required quantity.

CHLOROFORM EXTERNALLY

Proper application of chloroform over the seat of an acute pain, will in many cases, if properly applied, give instantaneous relief. In some cases the relief is permanent. Of course, in others, it would be only temporary, but nevertheless, very desirable, as during its suspension measures may be taken for the permanent removal of the cause of the pain.

In my early practice, I invariably combined equal parts of the tincture of aconite with chloroform, and pouring a few drops of it in the palm of my hand, I held it firmly over the seat of the pain, pressing the hand flat against the surface. So applied it will be found that it requires about one minute to produce a burning sensation. This increases rapidly, and on sensitive skins quickly becomes unbearable. If left on to this point, it will frequently produce a severe blister. This is not necessary, the pain being relieved usually with the first sensation of burning and always while yet bearable.

The application can be made at different times in different places over a large area.

This measure is applicable in pain from injury, in gastric or intestinal pain, and often in renal pain, in hepatic colic, and especially in intestinal colic. The measure is so prompt that it should not be neglected.

A German writer at one time claimed that he obtained just as good results, with no danger whatever, from the use of chloroform externally, in labor, as he did from its inhalation. He made a mixture of equal parts of sweet oil and chloroform. He saturated a piece of flannel with that and applied it between the umbilicus and symphysis pubes, pressing it firmly and smoothly against the skin. Five minutes he claimed is sufficient to modify the most erratic and severe pain.

TREATMENT OF ALOPECIA

Dr. John M. Scudder always claimed that uvedalia was the best remedy known with which to stimulate the growth of the hair. It is seldom that it is advised, but once in a while a writer presents a short, but very enthusiastic article on its action.

Let an ointment be made of uvedalia and lanolin and some simple perfume and let this be used persistently in cases of baldness, or where the hair is falling out, and let some observations be made that can be relied upon. I believe that in cases where the hair is turning rapidly gray that jaborandi could be given internally and incorporated also in the above ointment, and the whole used externally with good results.

If this is not satisfactory a little of the tincture of cantharides, or quinine could be also incorporated in it. I have demonstrated several times, that lanolin alone stimulates the growth of the hair. I have applied lanolin ointments to boils when there was successive boils in crops, and afterwards found that on every spot to which the lanolin had been applied for a considerable period the growth of hair was very pronounced. In one case where a lanolin ointment was applied for a long time on a young girl's face for eczema, the fine hair all took on an excessive growth, and when she became a woman she had quite a strong beard.

A CURE FOR STAMMERING

It is claimed that any one can cure stammering-stuttering, by suggesting to the afflicted person that he make a habit of pronouncing some simple syllable, always using the same just before he pronounce the word. Stammerers usually sing without any difficulty, because the tones are all measured. Any simple word of one syllable can be used and if the method be rigidly carried out the habit will be ultimately broken. A gentleman who had stuttered from childhood cured himself completely by reading aloud from a book when entirely alone, keeping his teeth tightly closed. At first he read for two hours each day, later it was on alternate days and still later once each week. From the very first improvement was noticed, and the habit was entirely broken in a short time.

OCCIPITAL PAIN

Occasionally in cases of severe or protracted acute disease in childhood, the little patient will throw its head backward, crowd the occiput into the pillow, and move the the head slowly from side to side. This is premonitory of involvement of the brain or its meninges, and must be avoided. There is undoubtedly pain in the back part of the head. I have frequently relieved this condition temporarily while waiting for the effect of specific medicines, by pouring a few drops of equal parts of the tincture of aconite and chloroform into the palm of my hand, and holding it against the nape of the neck as high up as possible, or over the mastoid bones; not too long.

DIAGNOSIS OF VALVULAR LESIONS

Some simple suggestions in examinations of the heart, which though probably well known will do to repeat, are the following:

The aortic sounds can be heard beneath the sternum, opposite the costal cartilage of the third rib. The pulmonary valves are heard one-half inch to the left of the sternum, between the second and third ribs. The mitral sounds are heard three inches to the left of the sternum at the lower border of the third rib.

A line drawn from the upper border of the costal cartilage of the third rib to the lower border of the costal cartilage of the fifth rib, passes over the tricuspid valves.

MUSCULAR CRAMPS

From ten to twenty drops of viburnum prunifolium, given three or four times a day, has controlled that condition which induces cramps in the muscles of the legs and feet which come on at night and with some patients is very persistent. This remedy is an antispasmodic where involuntary muscles are involved. It is probably equally beneficial in its influence upon muscular spasms where the voluntary muscles are involved, and should be faithfully tried.

DIAGNOSIS OF LEAD POISON

In the diagnosis of lead poisoning a French writer claims that with the other symptoms usually known, if a small portion of the surface of the skin be painted with a solution of the monosulphide of sodium or in fact with a solution of any alkaline sulphide, it will immediately turn black because of the presence of the lead which is being eliminated He claims that this symptom will appear before any other, even before the characteristic blue line on the gums appears, and that there is no mistaking the diagnosis.

It seems reasonable that the taking of alkaline sulphides should be excluded when this test is made.

DIAGNOSIS OF THE ORIGIN OF DROPSY

As diagnostic points in the determination of the cause of dropsy, it should be remembered that ordinarily dropsy of the feet shows itself first, when there is disease of the heart; that when there is renal disease the first symptoms appear under the eyes and in the face; that when the liver is affected the dropsy appears in the abdomen. As a rule where the effusion appears only in the abdomen the kidneys can be excluded. These are Tyson's statements, and he was once an authority on this subject.

Gleanings

THE HUMAN TONGUE IN SPECIFIC DIAGNOSIS

H. W. FELTER, M. D., CINCINNATI, O.

The modern aids to precision in diagnosis have rendered incalculable service to medicine. Nevertheless they have also contributed, in no small degree, to the relegation of some very valuable clinical aids to a subordinate position in our methods of diagnosis. One of these latter aids-which with some practitioners threatens to become a lost art --is that of diagnosis by means of the tongue.

Those of the ancients who based their medical knowledge upon observed phenomena justly laid great stress upon the appearance of the tongue in health and disease. Such diagnostic indicators as the tongue, the pulse, palpable heat and cold, lack or perversion of secretion, position and attitude of the patients, were the best aid they possessed, and they worked them to the fullest advantage. With these they were remarkably acute in their diagnosis, despite their lack of a knowIedge of normal and pathologic anatomy, with no biology, no chemistry, and with the microscope many centuries yet ahead of them. Very expert they became in such aids as they had, and today we carry upon the pages of our working literature many facts of diagnostic and prognostic character handed down by Hippocrates, Aretæeus, Celsus, and others that are of incalculable service to the observing physician. Upon these observations rests the imperishable fame of those writers of antiquity.

Not the least of the transmitted knowledge that has come down through time to us is that which pertains to the human tongue in diagnosis. The tongue may aid us in diagnosis of two kinds-nosological diagnosis to a limited extent, and specific diagnosis to a very large extent. In both forms it is first necessary to know the normal tongue. This can be best learned from repeated observation of healthy individuals, and

ticularly in children. The peculiarities of age must also be considered, for the child's tongue may differ in some respects, and the tongue of the young and middle adult life is not always the counterpart of that in the aged.

We learn from the tongue for diagnostic purposes, its form, its color, size, degree of dryness or moisture, its mobility, its ability to recognize taste, and its lesions. Ruling out such conditions as may occur in an old glossitis (purplish or blackish pigmentary deposits), or nigrities (black tongue), or in xanthelasma (yellow spots along the edge), or the effects of corrosive poisons or medicines and food that stain the epithelial coat of the organ, we shall briefly recall a few characteristic diagnostic appearances that have aided in the selection of appropriate remedial agents.

Perhaps more than any other part we may learn from the tongue the condition of the gastrointestinal canal. We may also learn whether excretion is being properly carried on, or whether the processes of nutrition are impaired or suspended. We may learn, too, of the state of the blood, and of the nervous system in particular.

Most valuable may this knowledge become in point of prognosis and treatment. What practitioner has not felt uneasiness at the persistence of a dry, bone-like tongue, with absolutely no secretion from the buccal and salivary glands-a tongue suggestive of a piece of hard, fried, salt meat, and tremulously and hesitatingly protruded? This danger sign of the extreme exhaustion of the nervous and secretory functions and herald of the typhoid status means much to the observing eye of the experienced physician; no test tube nor microscope slide could reveal to him more unwelcome truths than he can see for himself in this withered and dry semblance of an organ that once performed the office of the tongue. Let that tongue gradually soften and become moist and velvety and the coating disappear, and he knows at once that resolution has begun and restitution to health is on the way.

In examining the tongue as to its form, let us premise by saying that an elongated and pointed tongue is evidence of nervous excitation, with special reference to irritation and determination of blood to the gastro-intestinal tube. Going still farther, we have the pinched, shrunken tongue, denoting an absolute or partial suspension of the functional activities of the gastro-intestinal tube, with, of course, a thorough lack of innervation.

Let the tongue be cracked or fissured, and if not due to syphilitic taint, we recognize in it a chronic, inflammatory state, or at least a chronic irritation most likely of the renal organs, It should at least direct our attention to those glands and lead to an analysis of the urine. A fissured condition of the tongue may supervene in prolonged attacks of fever, showing involvement of the renal functions and a cerebra-spinal irritation.

Without doubt the dryness of skin that usually accompanies such a febrile state contributes to placing this burden upon the kidneys, and will need therapeutic rectification in order to relieve the urinary disturbance. If there are persistent and intractable deep fissures and whitish patches (plaques), syphilis is in all probability the cause, and will suggest appropriate medication.

A broad tongue at once conveys to our minds the evidence of a state of weakness -of atony of the mucous tract, more especially of the digestive tube. Who has not noted the flabby, swollen tongue, pitted by contact with the teeth, in those suffering from a catarrhal condition of the stomach or bowels? After a drunken debauch the flabby tongue, coated with a whitish, sour-smelling paste, is not unfamiliar to those who have had experience in treatment of the beer-drinking class.

The excessive use of coffee, tobacco, and sweets will show this kind of a tongue, and the remedies are at once apparent-cleanse the parts and avoid the cause. Dryness of the tongue, whether it be merely "beefy," glazed, or covered with sordes, is evidence of extreme prostration and adynamia. Sepsis plays a large part in such a condition, and

unless moisture speedily returns the case is one of extreme gravity.

Color of the tongue and of its coatings has much to do with leading us to select the specific remedy. Eclectics have been accustomed to declare a condition of excessive acidity and alkalinity of the blood, as the tongue shows. respectively an excess of pallor or an excess of redness. Whether this theory (which has been criticized much) is true or not, it is true that the successful and specific remedies are, in the first instance, the alkalies; in the last, the acids.

Nothing in specific medication is better substantiated from the experience of practitioners than the success attending such medication. But in making such a specific diagnosis the color of the organ itself, and not that of the coating, must be our guide. This has been a rock upon which many have therapeutically shipwrecked.

The coating of the tongue is of importance, being composed of detritus of food, epithelial waste, and micro-organisms. From it we usually obtain a rough index to the condition of the gastro-intestinal canal or of sepsis. Most normal tongues in adults have a thin, whitish coating, which becomes intensified during a mild febrile state, or an overloaded stomach with faulty digestion. A more vivid whiteness accompanies a febrile state of moderate duration.

A heavily loaded tongue is evidence of intestinal accumulations and suggests a mild cathartic. One heavily coated at the base, with a sluggish circulation, gastric and intestinal accumulations, requires the use of emetics. The mucoid, transparent coating shows enfeebled digestive powers, and if foul, a possible condition of putrefaction of the stomach contents.

A yellow coating upon the tongue suggests hepatic torpor. The red tongue is usually one of irritation. If brown or blackish, sepsis is at fault and typhoid conditions threaten.

Contraction of the tongue shows the extent of excitation of the nervous system, while fulness shows lack of innervation. The small tongue, full in the center, with sticky, mucoid coating, indicates disturbance at the base of the brain or in the cranial fossæ and cells. Patches of red showing upon a uniformly yellow or whitish coating is evidence of cutaneous capillary involvement, and we associate the so-called "strawberry tongue" with scarlet fever.

The geographic tongue, appearing like a leaf gnawed by worms, points to a long-standing gastro-intestinal catarrh or to intestinal parasites. The ability to protrude the tongue promptly shows a good condition of the brain. A hesitating and tremulous protrusion of the organ is a grave indication of typhoid invasion, while the hemiphlegic is inclined to veer his tongue to one side even when no attempt is made to protrude the member.

Thus may we think of the shape, the size, the coatings, the movements, etc., of the tongue analytically. Many of the conditions alluded to above point to well-known specific indications for remedies as established by long experience. Some of the more important we list below, that we may review our past studies in specific diagnosis by means of the tongue.

REMEDIES FOR TONGUE INDICATIONS

Let us preface this list of tongue indications for remedies by two general measures of importance, one of which at least is not resorted to as frequently as it should be, while the other is too often overworked. The first is the emetic; the second, the cathartic-both invaluable when indicated:

THE EMETIC. -When the tongue is broad and heavily coated at the base, there is nausea, and other remedies can not be made to act and food is repugnant, then is the emetic of great value. Ipecac, lobelia, the compound emetic powder, or common salt with sodium bicarbonate are to be preferred.

THE CATHARTIC. -The tongue is full, coated as with grease or cheese, the teeth indent the organ, and the odor is foul. Here the tendency to nausea is less marked than when the emetic is needed, and sometimes both are valuable. The antibilious

physic, epsom salts, sodium sulphate, and castor oil are to be preferred. The cathartic should be avoided when the tongue is contracted and irritation is marked.

The specific indications for the disorders as revealed by the tongue are partially represented by the following:

Acids Excessive redness of tongue and membranes.

Acid, Acetic (Vinegar, preferably) .-Red, dry tongue.

Acid, Citric (Lemon or orange juice preferred).-Tongue and membranes deep red and urine alkaline.

Acid, Hydrochloric - Deep redness of tongue with inclination to brown coating and with sordes on lips and teeth.

Acid, Hydrocyanic (Cold infusion of peach twigs or wild cherry bark preferred). -Long, pointed tongue, with tip and edges markedly reddened and associated with nausea, vomiting, and gastric tenderness and irritation; sometimes with irritative cough.

Acid, Lactic (In solution or in form of buttermilk or clabbered milk) .-Tongue deep red, with thirst and gastric irritation.

Acid, Nitric.-Tongue red, with translucent violaceous filmy coating.

Acid, Phosphoric-Tongue dry, red, thick, and fissured.

Acid, Sulphurous.-Red, dirty, full tongue, resembling spoiled beef. The coating is moist, offensive in odor, and of a brownish tint,.

Aconite.-Broad tongue, red around the border and tip; associated with disorders of the lower bowel.

Amygdalus.-(See Hydrocyanic Acid.)

Arsenic (Fowler's Solution) .-Large tongue, thick in the center, with incurved edges.

Arsenic (Donovan's Solution) .-In syphilitic conditions with increased redness of tongue, the organ being small and contrac ted.

Baptisia.-Tongue purplish, with moist, pasty coating and offensive mawkish odor. The general appearance of the patient is purplish, like one who has been long exposed to severe cold. Sepsis and typhoid condition marked. Also, a thick tongue, with smooth, grayish-white coating and purplish edges.

Bismuth, Liquor -Red tongue, with prominent papillæ ; associated with gastric uneasiness some time after eating and terminating in a watery or lienteric diarrhea.

Bismuth Subnitrate. - Long, pointed tongue, with red tip and edges, nausea and vomiting, gastro-intestinal tenderness and irritation, and irritative diarrhea.

Capsicum.-Weak, broad tongue and general condition of atony. A dry, hard, contracted tongue, coated brownish or black, with absolute lack of salivary and buccal secretions-evidence of marked prostration.

Carbo- Vegetabilis.-Pallid tongue, with coating lifting in patches-the geographic tongue-associated with gastro-intestinal fermentation and sour eructations; sometimes a tendency to hemorrhage.

Chelidonium.-Pallid, full, sallow tongue and membranes, and dull, leaden, yellow fur, with pallid or icteric skin and hepatic torpor.

Chionanthus.-Yellow-furred tongue or pasty, white coating, with yellowness of skin and conjunctiva, and hepatic tenderness.

Cuprum.-Clean tongue, with sweet breath and yellowish-green, pallid, or dirty, waxy skin.

Echinacea (or Echafolta) .-Tongue brownish, or dirty, or black, with purplish membranes and strong tendency to sepsis or typhoid conditions.

Epilobium.-Tongue red and dry, with tendency to typhoid conditions, with painful diarrhea ; also non-typhoidal, painful diarrhea.

Euphorbia. - Long, pointed tongue, with prominent papillæ and gastro-intestinal irritation, with urging to stool. Often indicated in the summer bowel disorders of children.

Gold and Sodium Chloride.-Abnormally red and contracted tongue in syphilis and chronic nephritis.

Ipecac.-Tip of tongue red, pointed, and contracted, with nausea and vomiting, and

tendency to diarrhea or dysentery prominent.

Iron (Scaled Salts).-Tongue and membranes deep, solid blue in color, associated with anemic pallor of skin and faulty digestion and assimilation.

Iron, Acid Solution of.-Deep redness of tongue, with glistening, deep cherry-red membranes and lips; associated with anemic pallor of skin.

Iron, Tincture of Chloride of.-Deep redness of tongue, with glistening membranes associated with anemic pallor of skin and often accompanied by severe headache at the vertex.

Leptandra. -White-coated tongue, with nausea, bitter taste, dizziness, dull headaches, pain in right hypochondrium and yellowish or jaundiced skin.

Neutralizing Cordial (or Glyconda).- White-coated tongue, with sour stomach, flatulence and diarrhea; also in red, elongated tongue with gastric irritation.

Nux Vomica.-Yellowish-white, creamy coating upon a soft, moist, or sallow and expressionless tongue. There is sallowness about the mouth and tendency to nausea and vomiting.

Opium (Diaphoretic powder or Dover's powder, sometimes with quinine and capsicum).-Pale, relaxed tongue, with hypersecretion from pale membranes, particularly after mercurialization..

Podophyllin (or Podophyllum) .-Tongue yellow-coated at base, pasty, dirty, with yellowish secretion from the mouth. Usually associated with venous fulness, deep-seated pain in the loins, slow liver action, constipation, and with general apathy and dizziness.

Phytolacca.--Full, expressionless tongue, sometimes puffy, divided near base by a single fissure into two lobes; also dry tongue, with impairment of buccal glands.

Potassium Acetate.-Full, pallid, lilac-colored tongue or slightly lead-colored,. with a pasty fur. There is usually renal inactivity and the skin is dirty and expressionless., Such a condition frequently precedes, accompanies, or follows rheumatism.

Potassium Carbonate. -Pale, expressionless tongue, with marked weakness of the muscular tissues.

Potassium Chlorate.—Pale tongue, with cadaverous odor and unpleasant or fetid taste. Mucous membranes and tissues of throat and mouth show a tendency to aphthous ulceration, and in many cases severe dyspeptic symptoms may also be present.

Potassium Iodide.—Chiefly in syphilis and chronic arthritis, with pale, leaden-hued tongue and blueness of the buccal membranes.

Pulsatilla.-Tremulous, pallid tongue, with or without yellow-white coating and greasy taste.

Quinine.-Moist, pale, relaxed tongue, with hypersecretion from pallid mucous membranes, particularly after mercurialization, Generally best in combination with opium, which see.

Rhus.-Tongue with sharp tip and edges and prominent papillæ; dry, red tongue, with prominent papillæ and sordes upon lips and teeth, and associated with great nervous unrest and tympanites ; also a narrow tongue, with papillæ protruding prominently through a yellowish or white coating-commonly called the " strawberry tongue."

Rhubarb.--Long, pointed, red tongue, with gastric irritation and diarrhea.

Santonin.-Tongue appears as if coating were eaten off by moths; child passes intestinal worms.

Sodium Bicarbonute.-Pale tongue, with filmy white coating often associated with gastric pain and sour eructati ons.

Sodium Nitrate.-A pallid tongue, showing a violaceous, translucent coating; also, a full or swollen, pale tongue coated with yellow or white mucus.

Sodium Phosphate.-Pale tongue and membranes, with thin, whitish fur, as if coated with buttermilk. Usually associated with hepatic torpor, sour eructations, and constipation.

Sodium Salicylate.-Full, leaden-colored, or pale, bluish tongue, variously coated, and

usually associated with acute rheumatism or tonsillitis.

Sodium Sulphite. -The pale, broad, dirty tongue, with heavy, whitish grease-like or cheesy coating with mawkish odor. Often found in the heavy beer-drinker, and the excessive coffee and tobacco habitues.

Veratrum.-Deep red stripe through center of the tongue.

-Eclectic Medical Gleaner.

BUCKWHEAT FLOUR IN DIABETES

In the treatment of diabetes, a number of physicians have found patients who could subsist on pure buckwheat flour with very good results. The claims are that the sugar will disappear and the nutrition of the patient will be sustained. The pain in the, stomach and in the eyes will disappear, and the patient usually enjoys the diet, and improves in strength and vigor.

DIFFERENTIAL DIAGNOSIS

JOHN V. SHOEMAKER, M. D., PHILADELPHIA

Typhoid Fever

1. Disease is endemic.
2. Onset slow.
3. Eruption of roseate spots appears from 7th to 10th day.
4. Eruption disappears on pressure.
5. Temperature characteristic for each week of disease.
6. Course longer.
7. No crisis.
8. Diarrhea.
9. Gives Widal reaction.

Typhoid Fever.

1. Onset slow with chilly sensation.
2. Temperature rises slowly and gradually.
3. Characteristic eruption.
4. Diarrhea characteristic.
5. Presence of typhoid organisms.
6. Gives Widal reaction.

Typhoid Fever

1. Temperature characteristic.
2. Characteristic eruption.
3. History of exposure to typhoid poison.
4. Presence of Widal reaction.

Typhoid Fever

1. Disease is endemic.
2. No leucocytosis.
3. Peculiar temperature curve.
4. Presence of lenticular spots and abdominal symptoms.
5. Presence of typhoid bacilli.
6. Gives Widal reaction.
7. Countenance flushed.
8. Choroid normal.

Typhoid Fever

1. Onset slow.
2. Duration longer.
3. No crisis.
4. Characteristic eruption.
5. Gives sero-reaction.
6. No relapse at end of week.
7. Presence of typhoid bacilli.

Typhus Fever.

1. Disease is epidemic.
2. Onset sudden.
3. Appearance of maculæ which are transformed into petechia on the 4th day.
4. Does not disappear on pressure.
5. Temperature high from the first and remains so until the crisis.
6. Course shorter.
   Abrupt termination by crisis.
8. Constipation.
9. Does not give Widal reaction.

Typho-Malarial Fever

1. Onset sudden with a marked chill.
2. Temperature rises suddenly and is periodical in character.
3. No characteristic eruption.
4. Diarrhea not characteristic.
5. Not present.
6. Absence of Widal reaction.

Septicemia.

1. Temperature very high and irregular from first
2. No eruption.
3. History of injury or infectious disease.
4. Absence of Widal reaction.

Acute Tuberculosis.

1. Disease is hereditary or secondary.
2. Leucocytosis
3. No peculiar temperature curve.
4. Absent.
5. Presence of tubercle bacilli.
6. Does not give Widal reaction.
7. Countenance no flushed.
8. Tubercular ulceration of the choroid.

Relapsing Fever

1. Abrupt onset, rigor, high temperature.
2. Duration brief.
3. Termination bv crisis.
4. No characteristic eruption.
5. Does not give sero-reaction.
6. Occurrence of relapse at end of week.
7. Finding of spirilli.

BRUCINE

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

This alkaloid is found in varying proportions in nux vomica, ignatia amara, angustura, and in general throughout the family of Loganiaceæ. The process for its extraction is simple and well known. It is more soluble in hot than in cold water. It forms crystallizable, soluble salts. The brucine of the shops is almost always mixed with strychnine, and the variations in relative strength assigned to brucine may be attributed to this fact.

The physiologic action of brucine resembles that of strychnine, but the former is much less powerful. Various writers have pronounced the difference as great as 1 to 6, or even 20. Bouchardat denied that any such difference existed, and in America brucine is considered equal to one-half or one-quarter the strength of strychnine.

The therapeutic effects of the two are closely analogous, both being applicable to the whole line of paretic maladies, torpidity, and atony of the whole body or of any special member or organ. In such conditions as occurring in young children, brucine is preferable to strychnine. Laura counsels the milder remedy in atony of the gastro-intestinal musculature, in tympanites disordering digestion and giving rise to diarrhea or to constipation, or to an alternation of the two. This is a common and at times a perilous condition with infants. Tympanites sometimes embarrasses both respiration and circulation.

Laura found brucine especially effective in the treatment of the paralyses of infancy as manifested among the poor children of the Children's Hospital. The cures thus obtained, he adds, were no secret among the physicians and the benefactors of this institution.

Brucine suits the young and the feeble. It increases the force of expectoration, facilitates respiration, digestion, and defecation; it aids in the generative act without endangering collapse and syncope by the direct aphrodisiacs (Burggraeve). It is preferable to the latter also, as it has not their well-known (to the laity) reputation, a source of the gravest peril and occasionally a cause of death when these drugs are taken ignorantly or injudiciously.

Laura, who had a large and happy experience with brucine, placed the dose at two to three times that of strychnine. Something is to be credited to individual susceptibility also. Taking the granule of 1-134 grain, he advises as a mean daily dose 12 to 20 granules for adults, 5 to 10 for children, in acute cases. In chronic maladies adults may take 6 to 10 granules daily, children 2 to 4. The remedy should be suspended occasionally for a week out of each month, or for every sixth day: In cases of long standing it is well to begin with one granule four times a day for adults, adding one daily dose every alternate day until some effect is evident. Those who employ this method of dosage soon learn that comparatively feeble doses often suffice to restore normal equilibrium and the control of the nerve centers, and apparently serious pertubations subside.

Brucine has been insufficiently studied. Murrell says it is merely "a little strychnine," and codeine likewise "a little morphine," but neither assertion is correct. Codeine exercises a control over the vagus superior to that of morphine, and is consequently a better remedy against cough or pain and excited peristalsis in the stomach and bowels. Brucine differs from strychnine principally so far as is known, by the possession of very decided local anesthetic powers. This renders the milder alkaloid preferable whenever there is debility with irritation or erethism in the gastro-intestinal tract.

If strychnine seems to be indicated, but the stomach resents it, substitute brucine.

The writer has had a series of cases in which the local application of cocaine solutions as local anesthetics was followed by a serious failure of the circulation, threatening collapse. In these, when another application was required, brucine was added to the cocaine solution sufficient to make the dose of brucine injected from 1-40 to

1-20 grain. In every instance the anesthetic effect was enhanced and the depression did not follow.

Sometimes the nerves become accustomed to the stimulus of strychnine, so that they no longer respond to it, as in the case of old paralytics. If we change to another of the strychnine group we may find that a gratifying response will follow. I have found this to be the case when brucine or thebaine was substituted, and I believe that experience along this line with the other members of the strychnine group would afford valuable results.

Bricheteau, commencing with small doses, gradually increased until he reached the huge dose of three grains a day. Evidently the brucine could not have been of the quality supplied by American pharmaceutical chemists. I have never had occasion to exceed 1-3 grain in twenty-four hours, and rarely reached one-half this dose.

--*Medical Summary*

FRAXINUS AMERICANUS

Burnett seems to have made much use of fraxinus, and gave it a prominent place among his "organ remedies," his sole indication being, as far as I can see, uterine hypertrophy.

With me fraxinus Americanus stands as one of a group, the other members of which are belladonna, lilium tigrinum, aurum muriaticum natronatum and hydrastis canadensis. Belladonna seems preferable when there is considerable pain, tenderness and vascular engorgement with bright red, warm, profuse menstrual flow and but little intermenstrual catarrhal discharge. For the choice of lilium tigrinum I rely especially on the peculiar headache as well as on the eye and heart symptoms. Lilium also has a profuse menstrual flow and an intermenstrual discharge that is often brownish. Both this remedy and belladonna have marked ovarian symptoms and well defined mental states. The hydrastis patient is usually sluggish, with evidences of deficient biliary action, obstinate constipation, free menstruation and a profuse, tenacious, usually yellow, leucorrhea. The objective uterine condition that leads me to think of aurum muriaticum natronatum is one of local indurations rather than general and uniform hyperplasia and leucorrhea is not marked. The general symptoms are debility and lowness of spirits. The co-existence of sigmoid disease also leads me to think of this remedy.

The indications upon which I prescribe fraxinus americanus seem to be summed up in the objective and subjective symptoms of uterine hypertrophy without definite indications for another remedy, but those are precisely the cases in which I need it. No helpful proving of this remedy has been made, and it would appear to be highly desirable that provings be made by members of the sex that derive most benefit from its use, that we may know definitely when to administer it. As is usually the case with remedies for which there are no clear cut indications, it is given in material doses. I usually order five drops of the mother tincture two to four times a day and continue its use for a considerable period.-Dr. J. J. Davis, Racine, Wis., in the *Clinique.*

Have you stopped to think that during the last twenty years so large a proportion of the teachings of all the prominent medical colleges has been towards surgery and mechanical methods rather than towards medical methods; that the schools should really be classed as surgical schools. Stop and think how much of the teachings leans towards surgical measures, and how greatly these are enlarged upon, rather than the expectant and direct therapeutic measures. The profession must be congratulated upon the fact that while the matter is not strongly advertised there is strong pressure being made towards the placing of surgical methods where they belong, and of enlarging much more fully on those methods which conduce directly to the cure of disease with specific remedies.

Joy is more divine than sorrow; for joy is bread and sorrow medicine.-Beecher.

ELLINGWOOD'S THERAPEUTIST

We have been surprised at the extensive circulation of Dr. Ellingwood's THERAPEUTIST, which we have found through replies to our advertisement in it, many replies coming from foreign countries. It's a good journal and we are happy to recommend it.

-Physician's Drug News.

The Abbott Alkaloidal Company need no commendation from us to Eclectic physicians. Their single remedies are advised after our method in the line of their specific indications, and their persistent teachings in this line are having a steady and potent influence in converting the working portion of the profession to this method of drug application. Our readers should send for their " Digest of Positive Therapeutics." It is a valuable little work. They have done a marvellous work in developing a knowledge of that important class of remedies, the alkaloids.

An ointment made of the subnitrate of bismuth, 'zinc oxide, carbolic acid and lanolin, will be found of great benefit in eczema. The proportion should be adapted to the case. The addition of glycerin to the lanolin makes a smooth, and softer ointment, one more readily applied.

LOCATIONS

Dr. W. C. Ray, of Nicollet, Minn., has an excellent proposition to make to a physician who desires to take his practice. He has been there many years, and has established an excellent practice. He is forced to make a change because of the climate.

Dr. J. L. Shilt of Verona, Ohio, desires to place a good physician in the heart of the tobacco belt where practice is good, collections are excellent, and the opportunity an unusual one. Write directly to the above address.

-There is a good location open for a competent physician about 35 miles from Detroit. Self-addressed and stamped envelope will bring particulars. W. J. Donaldson, M, D., Commerce, Mich. (Nothing to sell.)

BACKBONE

The above is the suggestive title of a little book of selections and original thoughts, to encourage energy, push, zeal and perseverance in any department of life and especially in business. It is written by S. De Witt Clough, advertising manager for *The American Journal of Clinical Medicine*. The book not only contains some rare selections, but has quite an array of little poems, epigrams, aphorisms, etc., of the author's own, which certainly exhibit a rare intellectual ability on his part. It is an exceedingly attractive little book. It is bound in artistic paper cover and sells for fifty cents. As a developer of push, energy and everlasting go, it is certainly a concentrated motor. I wish every reader of THE THERAPEUTIST had a copy.

PRACTICAL DIETETICS, with reference to diet in disease. By Alida Frances Pattee.

This practical little work on diet impressed me as of unusual value when I first reviewed it in the first edition in 1903, Since that time five large editions have been issued. It is written by a practical nurse, who has taught dietetics in many of the best hospitals in the United States.

The first half of the book is devoted to foods and their preparation, and to nourishment and its importance in disease. The second part of the book to separate diseases and the methods of feeding patients suffering from these diseases. In addition there are dietaries for hospital patients, for infancy, for the aged, and for various conditions of life.

The presentation of each topic is in a simple, plain and most practical manner, and withal, very readable. The facts presented are so accessible I cannot well see how any practical physician can be with out this little book.