

Ellingwood's Therapeutist

FINLEY ELLINGWOOD M.D.

EDITOR AND PUBLISHER

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(Editorial)

Ellingwood's Therapist

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Finley Ellingwood, M. D., Editor and Business Manager.

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Leading Articles

THE HORMONES—THEIR ACTION AND THEIR INTERRELATION

FINLEY ELLINGWOOD, M. D., CHICAGO, ILL.

I have endeavored to give my readers always the essential facts in the latest observations made, concerning the action of the hormones, as well also as their physiological action, because they are consistent organic remedies, with a definite field, and they act rationally, each in its own field when correctly prescribed. The Monthly Cyclopedia and Medical Bulletin has summarized the reports from a large amount of recent literature on the action of these glands and brings out some very important facts from which the following statements are deduced and commented upon.

The removal of the supra-renal glands in animals have permitted observations to be made on the action of the stomach. In their absence this organ suffers from circulatory disturbances, edema, hemorrhage, and necrotic conditions which heal very slowly and imperfectly. The conditions are much worse if both are removed, than if only one is removed. When removed, the administration of the gland or its extract will prevent the occurrence of these

conditions. Five cases of marked gastric ulcer were examined post-mortem and severe structural changes were found to have occurred in these glands. In disease of the perenial gland, there has been some observations to prove that the amount of uric acid is persistently much greater than normal.

A patient suffering with typhoid fever had a long train of symptoms; subsequently headache, asthenia, anemia, pains in the lumbar region, intellectual dullness, poor appetite, delirium in the night, inequality of pupils, hopelessness, despondency, serious digestive troubles and vomiting, cold skin, low temperature. This pointed so strongly to imperfect action of the sub-renal glands that he was given thirty drops of adrenalin solution one to one thousand every day. This was later increased to forty drops. With this he recovered entirely.

In an article from the New Orleans Medical Journal, Jones treated more than ninety cases of exophthalmic goitre medically. The first fifty cases progressed to recovery. The rest are still under treatment. In the entire number less than ten per cent had been operated on. He employs hydrobromide of neutral camphor, salicylates, and drugs of this

character with a proper thyroid extract. For nervousness, bromides and cannabis indica, stimulants veronal or trional. For laxatives podophyllin, cascara, and black pepper oil. The food is adjusted according to the protein need.

A patient is reported, 34 years of age, where pains failed to occur in delivery although the os was widely dilated. She was given an ordinary dose of an extract of the pituitary gland. In an hour and a half there was no increase of pain. After the second dose, the patient became restless and excited, very severe and quick pains followed, the patient screamed suddenly, the pulse became feeble, and cold perspiration appeared on the forehead. The uterus was ruptured, the cervix torn on both sides; the organs removed, both child and mother died. It is really a matter of surprise how favorable some reports on this extract are and how exceedingly dangerous its use seems to be in other cases equally promising. It seems to be more erratic than the other extracts.

A woman of 32, losing strength, had palpitation, dizziness, sudden sweating on slight exertion. When seen, skin was pale and clammy, the pulse scarcely perceptible; 52 beats only. All these symptoms overcome temporarily by a single dose of epinephrine. Two pregnant women in the early months of their pregnancy, treated with epinephrine, aborted. The tendency in later months does not seem so great. A young man suffered from hydrarthrosis periodically, following rheumatism. There was painless swelling of the knees without fever coming on every four or six days. He was neurasthenic and impotent, and the thyroid gland was small. He was given the powdered extract. There was gradual abatement of the symptoms and he was ultimately cured. Observations of the

action of the corpus luteum are giving interesting results. Two French writers have been endeavoring to determine its influence upon the mammary gland. This influence causes enlargement of the breasts during pregnancy and later influences the secretion of milk in an important manner. There may be other secretory influence which, however, is not exercised without the influence of the corpus luteum first. In exophthalmic goitre, Ebstein finds that the frequent diarrheas which are difficult to cure yield readily to an enema of a large quantity of oil. He thinks great importance should be placed upon the constant regulation of the bowels. This condition overcome the other symptoms are controlled much more readily. Three other cases are reported in which these symptoms disappeared entirely with proper treatment of the bowels. Those who have treated exophthalmic goitre have observed the rapidity with which all the symptoms increase by irritation of the intestinal tract. Several foreign authorities agree that we do not lay stress upon correct regulation of the action of the intestines in this disease.

Ebstein goes so far as to believe that many cases can be prevented and some readily cured, if the intestinal tract is constantly kept in an absolutely normal condition.

If these facts be true, this suggestion is of enormous value in the treatment of this disease, and it is up to us to prove in our own cases how much influence abnormal intestinal conditions exercise. This must not be forgotten. A suggestion is made in the California State Journal of Medicine that there are cases in which a surgical operation is demanded, where from hyperthyroidism the patient suddenly died within a short time after the operation. The author suggests that the

superior thyroid arteries should be ligated before the main surgical operation. This prevents an excessive blood supply and removes a certain amount of dangerous toxemia.

Years ago I realized that delayed labors in nearly all cases were increasingly severe, usually from over growth of the child. I can remember well when no attention was paid whatever in the general medical press to this condition. The profession did not seem to realize that they had anything to do with regulating the time of labor, or the size of the child.

Now both these conditions are having much more consideration, and the time will come when a fair sized child will be the results of the intrauterine growth, and to save distress. Premature delivery will not be counted as advisable.

I doubt, however, if so severe and erratic an agent as pituitia should be used in these cases to bring on the labor. Ergot was long ago laid aside because of the injury it induced when the cervix was not dilated. This agent is much more harmful than ergot. One writer advised it after two favorable experiences, but it should be tried in hundreds of cases before it is given with any degree of freedom.

A series of experiments were reported in the Journal of Biological Chemistry to determine whether the thyroid gland in all animals contained iodine. The conclusions are from experiments on both land and water animals and birds that this is true. A writer in a Russian journal experimented to determine the effect on the muscles of the extracts of the different ductless glands. He found a stimulant and a sedative effect from these glands. The thyroid, testicles, pituitary body, and adrenals exercised a stimulating influence, increasing muscular activity, while the

thymus, pancreas, and parathyroids, all exercised a depressing or sedative effect. A study of these glands with reference to this influence may evolve some important facts. Early in pregnancy, it has been found that the pituitary gland undergoes histological changes which consist of an enlargement of the cell structure and also of the columns with an increase of certain cells. This condition is not progressive, and its influence is not yet determined. Anaphylaxis has followed the injection of extract of the sub-renal gland. So severe was this in some experiments that the animals died in from ten to twenty days after the injection. Much has been said concerning the action of the extract of the ovaries upon blood pressure. The effect of the testicles and their extracts upon the sympathetic nervous system is not so well known. When dogs are castrated, there is a marked lowering of the irritability of the sympathetic nervous system, but if the testicular juices or testicular substance be transplanted in these animals, there is an increase in this irritability. again. This would seem to prove that proper balance in the action of the sympathetic nervous system was due to a normal condition in part of the testicular secretions.

MISTLETOE AND EPILEPSY

A. DAWES, M. H., ENGLAND.

Mistletoe, which belongs to the Natural Order of Loranthaceae, is found growing upon many kinds of trees, such as willows, thorns, limes, elms, oaks, firs, and especially upon apple trees. The fruit is said to be poisonous, and to produce effects like alcoholic intoxication.

The bark generally has astringent properties, and it is highly probable that its properties (owing to its parasitic life) vary according to the tree upon which it grows. This idea is supported by the

properties of one of the members of this order (*Viscum Monoicum*) which is parasitic upon *Strychnos Nux Vomica*, and which has poisonous properties similar to those of the *Nux Vomica*, and is used for like purposes in medicine.

Mistletoe has an antiquity, so far as English history goes, of probably greater extent than any other plant. Mistletoe we read of in the very earliest English history as being the object of great veneration by the Druids, and its gathering was attended by much ceremonial and religious rites invoking blessings on its usefulness as a medicine.

It was used by the Druidical priests (who were the doctors of that day) for epilepsy, and it is an interesting point to note that with all the advance of science its power to cure epilepsy remains undisputed. True it is, however, that the doctors of today, in one of their latest works (the "Pharmacopœal Codex"), do not ascribe to it any such properties, nor even mention that it has ever been used in such cases, but simply ignore the whole matter and ascribe to it only other properties.

Yet I feel sure that there is hardly any Herbalist worthy of the name who knows not the principal use of mistletoe, and it would probably be a difficult matter for one to name any Herbal, ancient or modern, which does not give it a place and also ascribe to it the power to cure epilepsy.

Now, why this omission from the allopathic works of reference? Is it that mistletoe has been proved by the doctors to be of no value, or have Herbalists been relying during the hundreds of years that have gone simply upon the reputation of its properties, as known to the Druids, Without making any effort to thoroughly establish that reputation?

The only method of establishing the reliability of any remedy is by keeping exact records of the cases it is used upon, and for several practitioners to then compare these records.

This is a method I strongly recommend. I suggest it be tried with remedies of repute in cases of cancer, consumption, or epilepsy. It but requires, say, half-a-dozen intelligent men determined to get at the truth, and for them to systematically prescribe and accurately record the results. Such records I myself have kept, and I am proud of the fact that every bottle of mixture which I have prescribed during my twelve years in practice can be traced and each case quickly referred to; and it is from these records I shall take cases as examples of the power possessed by mistletoe.

If we exclude the doctors and their bromides, mistletoe will readily be admitted to be the best known remedy for the treatment of epilepsy. It is highly necessary, however, to impress upon you the importance of diagnosing the primary cause of fits, for it is a wise saying "Remove the cause and the effect ceases," and my contention is that unless particular attention is given to this matter no permanent cure can be effected.

Hence the entire failure of the doctors to cure epilepsy with bromides, which act only as a sedative to the nervous system and leave the patient just as liable to fits when the use of the remedy is discontinued. Keep in mind that herbal remedies act as indirect tonics in addition to their specific actions, and it will be seen that mistletoe not only subdues epilepsy, but tones up the nervous system as well. Now, when you get a case of epilepsy, look out for other systemic and constitutional troubles, such as constipation, ovarian troubles, worms,

indigestion, etc. Let it be noted also if the patient is weak in intellect, or, as is often the case, of a very excitable nature. Let your treatment be strictly in accordance with the result of your diagnosis, and you may then be sure of success.

Whilst removing the cause one must at the same time endeavor to check the attacks themselves, seeing that the removal of the cause in some cases will take months of patient hard work; therefore a combined treatment is necessary.

The first remedy for fits which I invariably give is mistletoe in the form of a Green Tincture, which I prepare from my own formulæ with the green herb collected at a certain season of the year, the dose of which is 3 to 5 minims in a little water every two hours, forming a very highly valuable remedy, either alone or combined with Scullcap, Valerian, Black Horehound, etc.

Here is an instance which came to my notice some years ago:—Mr. B., a blacksmith, for many years had suffered with fits, which occurred with great frequency, caused by chronic dyspepsia. A combined treatment was given—Mistletoe Tea with Stomach Mixture. After a few months' treatment the result was a complete recovery, and upon inquiry I find that for ten years there has been no recurrence of the fits. This inquiry was made some years ago, since when I have no further knowledge of the case.

I will give you three cases out of my own practice:—

I. —A youth aged 20, robust and of strong constitution, had suffered for five years, the fits recurring regularly every week. Cause—strong indication of tape worms. Treatment—20 mins. Extract Filis Mas, given in capsules each morning an hour before breakfast. A mixture as

follows was given for the fits:

Green Tr. Mistletoe...1 dr.
Tr. Valerian2 drs.
F. E. Scullcap.....2 drs.
Aqua to 8 oz.

One tablespoonful every two hours.

On the second day a worm 10 yards long was passed. With the removal of the worm the patient was put on a stomach mixture as follows:

F. E. Gentian, F. E. Columba,
Tr. Rhei Co., aa., 2 drs.
Aq. to 8 oz.

One tablespoonful to be taken three times a day after food, in conjunction with the Mistletoe Mixture.

On commencing the treatment he had no more fits, and after four years still maintained the cure. Total length of time under treatment, 3 months.

II.—A man aged 30 had had fits for 10 years. He had taken the bromides of the allopath without any result; constitution a mere wreck; nerves shattered; no appetite; very excitable; fits recurring every night; waking in the mornings with the tongue raw and stains of blood on the pillow; always bad headaches; morbid and fanciful. Precipitating cause—apparently constipation.

Treatment—An injection of warm water, to be used each morning on rising, using about a pint and a half; the Mistletoe Mixture as above, with Valerian and Scullcap for the fits; and a teaspoonful of antispasmodic tincture at bedtime, in sweetened water. The fits at once became less frequent, ceasing altogether at the end of three weeks. He was now put on to a tonic mixture as follows:

Tr. Cinchonæ Co.....4 drs.
Tr. Aurantii1 dr.
Tr. Card. Co.....2 drs.
Aq. to 8 oz.

One tablespoonful three times a

day, to be taken in conjunction with the Mistletoe Mixture.

Three months' treatment was taken, and at the end of six months he had had no more fits,

III.—A woman aged 23, had had fits from birth; had always been delicate, and of an extremely nervous disposition; later the fits recurring at the menstrual periods, which were very irregular. Treatment—Mistletoe Mixture as before for the fits. For the imperfect menstruation the following was given:

F. E. Senecio Aur.....4 drs.

Aq. to 8 oz.

One tablespoonful three times a day.

This treatment was continued for six months, with the best of results, the fits soon becoming less frequent and the periods regular. She is now in the best of health and continues to maintain the benefit derived.

The following remedies I have found to be of great value, as no doubt is the experience of many of my confreres:—Avena Sativa, Scullcap, Valerian Offic., Caulophyllum Thalictroides, Lobelia In flata, and Passiflora Incar.

The method of using Scullcap, Valerian, and Mistletoe I have already shown. The Caulophyllum I have found to be of great service in cases where there is any menstrual irregularity that is thought to be the primary or partial cause, in which case I give the Caulophyllum with mistletoe, and find that they work well together. This remedy has, in my cases, obviated the need of giving two separate mixtures.

Lobelia alone, or combined with caenne, or given in antispasmodic tr., should be resorted to when there are any premonitory signs. Given in full doses upon the first sign of a fit, it will most certainly reduce the length of the attack, if

not altogether prevent it.

In any case where there is thought to be any mental weakness (hereditary or otherwise) I prescribe Avena, sometimes with Passiflora. Other agents besides those I have mentioned I have found of no avail; but it will be an interesting matter to have the opinions of others on their favorite mixtures. I again impress the importance of attending to any other symptoms of ill health, and of the thorough consideration of the case in relation to its own characteristics.

In many cases, I advise the cold sponge bath in the mornings, with a brisk rub down, which seems to have a strong tonic action on cases of epilepsy.

Diet advised is always one free from meat and with plenty of fresh fruits and vegetables, milk, and whole meal bread. If the treatment of epilepsy be carried out on these lines no one need fear but that success will be the outcome of their efforts.

COMMENT: As the doctor prescribes valerian and scullcap with the mistletoe in nearly every case, it is difficult to say how much influence the mistletoe has, as both other remedies are valuable.

REMEDIES from my MEDICINE CASE

W. W. MARTIN, PH. D., M. D., KIRKSVILLE, MO.

Bryonia

Regulars class this drug as a hydragogue cathartic, too depressing for general use. This is true when administered in poisonous doses, but when given in medicinal doses according to the specific indication, no such effect is experienced. The usual dose is a teaspoonful of a solution composed of ten to fifteen drops of the specific medicine, to four ounces of water. This is to be given every hour or two, as needed.

Bryonia is the remedy for inflammations of serous membranes in

any locality in the body, and it is to be prescribed according to the following indications:

Acute inflammation in the chest with a hard, rapid pulse; short catchy respiration; pain over the orbit; red spot on the right cheek, with a dusky red appearance of the face; pain increased upon motion; painful swelling in the joints; harsh rasping cough, with a frothy blood streaked sputum; a bloated, tender, painful abdomen, due to peritonitis.

The following are some of the applications I have made of this remedy according to the above indication: Bronchitis associated with a harsh cough and little expectoration is best treated with Bryonia. If there is fever, Aconite or Veratrum is added as indicated. If there is soreness in the chest, I have found that Cimicifuga is a good remedy to prescribe with Bryonia.

Inflammation of the pleural membrane, whether a pleuritis or associated with pneumonia, calls for Bryonia. Other conditions sometimes found in pneumonia also call for this agent. Another direct indication is the red spot on the cheek and the dusky hue of the face. Other remedies, of course, are added as indicated, such as Veratrum, Gelsemium, Asclepias, or Aconite. I have frequently found a combination of Veratrum, Bryonia, and Gelsemium to give very good results in the acute stage of pneumonia.

Rheumatism affecting the joints, especially the smaller joints, calls for Bryonia. A synovitis from any cause is a good indication for its use. I remember a case of typhoid I once treated, which during the course of the disease developed a synovitis of the wrist joint. I did not know whether caused by the typhoid infection or not, but I gave Bryonia and the

result was all that could be desired. Pericarditis or endocarditis, whether accompanying rheumatism or not, call for this remedy and so far as I know, it is the only drug that will do this condition any good, I would not know how to treat a case of this kind without it.

In typhoid with high temperature and tender abdomen, Bryonia sometimes works well. I have found use for it in a few of these cases. Peritonitis from pelvic infection, as from other causes, calls for Bryonia as well. I mean when I mention pelvic infection, those following the puerperal state. In perimetritis and cellulitis, this remedy and Cimicifuga work well together. In these states, we generally have that dusky red facial expression. Here Echinacea added to the above remedies complete a good prescription.

All cases of meningeal trouble at some stage need Bryonia. I have many times prescribed it in those cases of meningitis following other troubles, especially in children who have had a bowel trouble, which wound up with meningitis. Here I give it with Gelsemium, Avena, or other indicated remedy with good results. Many of these cases die, but Bryonia offers the best to be had for them.

Menstrual troubles of girls due to cold, are benefited by giving Bryonia, if there is local tenderness on pressure. Its action is sometimes enhanced by combining with Cimicifuga, Caulophyllum, or Pulsatilla, according to the condition. This drug certainly fills a place in our medicine cases that cannot be substituted by any other where it is indicated, it does work well.

The differential diagnosis between the pathological conditions calling for these different remedies is sometimes very

close and must be studied closely and then we sometimes make mistakes. If I fail to get results, I always think I have made a mistake in my application of the proper remedy for a given pathological condition will pass away under the influence of the indicated remedy.

MEDICAL TREATMENT OF CANCER

CHARLES W. WYMAN, M. D., MAITLAND, MO.

I wrote to the editor of this journal one year ago in August regarding the treatment of a case of cancer that had just been operated on a second time. Both breasts had been amputated in about one year. The first one in September, 1912, the second in July, 1913.

The woman lives in Paragould, Arkansas, but was raised here. Her folks all live here. About one year before the first operation, she noticed a lump in the left breast. They consulted a physician who told them it was harmless and advised them to leave it alone. It pained her more after this, so they consulted another physician who pronounced it malignant, and operated and amputated that breast.

She had a very severe hemorrhage at the time of operation and came near bleeding to death. Her health got some better for a while, then the scar became nodular. Also, the right breast began to show signs of malignancy. Then she went to Kansas City, where she and her brother consulted several surgeons, who pronounced the case post-operative. They then went on to St. Louis, where they consulted Dr. Amick, first. He would not give any decision until they consulted a skin specialist. He called in the man of his choice, and they made an examination. They decided that it would not do at all to operate on the side that was first operated on, and did not think that an operation on the other side would be justifiable. They

left him and consulted Dr. McCandlish. Dr. McCandlish examined the case and asked for council. After the consultation, they decided also that it would not do to operate on the left side, but said that an operation on the other side would save an early ugly sore, and prolong life a few months. He operated on the right breast in July, 1913, but did not touch the left breast.

After leaving the hospital, she came here with her brother and consulted me. She was certainly gloomy and despondent, and while willing to try anything, that promised any relief, was very skeptical.

The surgeons had told her that nothing more could be done and what had been done was only palliative. I told her of Dr. Ellingwood's recommendations some months before which were successful in another case of mine near here, and that the case was operated on several years ago for a similar trouble. I had followed the doctor's suggestions closely, with no return of the trouble. She had been offered nothing else so they thought it best to take up the treatment. I put her on Echinacea and Thuja, 30 drops every two hours.

I wrote Dr. Ellingwood right away and asked his advice in the treatment of the case. He recommended the addition of F. E. Yellow, Dock in the proportions of one ounce of Thuja, two ounces of Echinacea, and three ounces of Yellow Dock, a teaspoonful every two hours. He also recommended that the scars be painted three or four times daily with echafolta. This treatment has been carried out along this line ever since, now about 15 months, except after eight months I had the directions changed to every three hours.

When the above treatment was

begun, the breast that was operated on first had 6 or 7 nodules on it of different sizes, the largest about the size of a hulled walnut, down to about the size of the end of a person's thumb. Now those smaller ones have disappeared entirely and the larger ones continue to get smaller. Nothing has developed on the side that was operated on last. Her general health is excellent at this time.

The surgeons who operated on the first breast called to see her a short time ago. He expressed surprise at her state of health. He wanted to know what she was doing. He said a few things that had some tendency to discourage her. You know the qualifications of most surgeons, when it comes to recommending any therapeutic agent. I wish to reassure her because anyone with a malignant trouble has enough to burden them with out having an unfavorable prognosis continually held out before them.

COMMENT: With this paper, the doctor asked me whether I would advise treatment to be continued and if so, whether it should be the same treatment or something new. I have suggested that it will not be safe to discontinue some kind of treatment; that for a few months longer the same course above be continued, but the medicine be given only once in six hours.

Alternating with these doses, every three hours, she should take a combination of Geranium, Hydrastis and Phytolacca, with perhaps just enough Podophyllum to keep a mild laxative effect upon the bowels. The above in syrup of Stillingia compound, sufficient of each to be given in dram doses. Every one of these cases is a law unto itself in a general sense, and the adaptation of the active vegetable alteratives should be made with reference to that patient. The success in this case has come from persistence. The failure in perhaps 60 percent of the cases is due to a lack of persistence in treatment from lack of faith. The dosage of the nontoxic vegetable remedies should usually be the maximum dose in cancer, watching closely for untoward effects and modifying the dose to suit the patient.

SUBCULOYD Lobelia VS. CAMPHO-PHENIQUE

J. S. NILES, M. D., POWNAL, VT.

A girl two years of age drank from a small vial of campho-phenique. I don't know how much she swallowed. Within about three minutes she sank to the floor unconscious, and was at once seized with convulsions of the most terrific kind. The muscles of face, neck, arms, legs, abdomen, fingers, and toes seemed to be running a race with each other, such a clonic spasm of muscles I never beheld and never want to see again. The contractions and relaxations were too fast to count.

A full half hour afterward a neighbor gave her some mustard water, and succeeded in vomiting her a little. I arrived on the scene about an hour after the drinking of the mixture. The smell of acid was very strong in the vomit. The breath smelled strong of carbolic acid. Not having any alcohol, I gave her a cup (common size tea-cup) two-thirds full of strong vinegar in doses of one half to a teaspoonful at a time (Probably diluted —*Ed.*) as fast as she could swallow it, until the smell of the acid was entirely gone. In the meantime I was giving hypodermically a syringe full forty drops of Subculoyd Lobelia every twenty minutes. There was no improvement over the spasm until after the third dose, then very slight. The Lobelia was continued as the emergency was great and danger immediate.

After two and three-fourths hours from the commencement of Lobelia, of which she received eight doses, 320 drops, there was a very sudden relaxation of the whole body. The spasmodic action which was very rapid ceased instantly. Her head fell back over the nurse's arm. Her arms and legs were limp and a cold sweat broke

out over the whole body. I pronounced her dead. Raising her arm by taking hold of wrist what was my surprise and joy to find the pulse beating full and regular. We put her to bed and let her sleep. She woke up a little at 11 o'clock P. M., vomited a little mucus and drank a little milk. Then slept until morning. On awakening she called for milk, which was given. She laid quiet that (lay, after which she was about the house, feeling well, but somewhat weak. The strength of the mixture was nine parts camphor gum and three parts of pure carbolic acid crystals. The urine smelled slightly of the acid the next morning or I imagined so, and was quite dark.

This was the first of my using Subculoyd Lobelia, but I have used a lot of it since, never less than thirty drops and at other times eighty drops at one dose, always with the happiest result. Often when I use an H. M. C. tablet, I dissolve the tablet in a few drops of subculoyd and in a nervous hypo subject it certainly works fine.

I have given you a few facts or one rather about Lobelia. Make such use of it as you can, but I truly hope no one else will ever have the trying experience that I had, as the little girl was my own grand child.

COMMENT: Such extreme cases as this are exceedingly valuable. The excessive dosage was warranted by the danger which justified using the remedy to such an extent. There is no doubt that the quantity saved the patient. The fact that the heart was full and strong in the presence of such complete relaxation proves two things for the physiological action of the remedy. First, it sustains the heart—there is no depression and it is a complete antispasmodic without depression.

DELPHINUM STAPHISAGRIA

W. LEMING, TUCUMCARI, NEW MEXICO.

Specific Indication: *Chronic irritation or inflammation of the genito-urinary organs,*

with anaemia and mental and physical hypersensitiveness.

Staphisagria in large doses affects the system as an emeto-cathartic depressing the spinal cord, and producing asphyxia. It somewhat resembles Aconite, lessening sensation and motion. Three to five grains of the powdered drug acts as a vermifuge, but there are safer remedies. Staphisagria is poisonous to all animal life. A fifty per cent solution of the tincture has long been known to kill pediculus capitis and pubis. Too strong solutions will produce dermatitis. It should be applied for three or four consecutive nights until all the eggs have matured.

Staphisagria properly used in the small dose is a valuable remedy. The primary indication for it is chronic wrongs of the prostatic mucous membrane and adjacent canals, following gonorrhœa, masturbation, etc, therefore, useful in spermatorrhea, gleet, seminal emissions, etc., especially when associated with nervous despondency and anaemia.

Uterine wrongs with these same general symptoms are also corrected by it. Amenorrhœa, dysmenorrhœa, with uterine and ovarian irritation, come within this sphere, also hysteria, and hypochondriasis. When the menses appear at long intervals and are prolonged in duration, it is to be considered.

The eyes are also affected by this drug, both the lids and the optic nerve, as it relieves burning and itching, blepharitis, styes, etc., while correcting certain evidences of wrong in the other. Locke recommended it when spots appear before the eyes, and in amaurotic conditions; also when the lids are glued to gether of a morning, or in scrofulous states.

Staphisagria has proven useful in certain neuralgias, especially of the facial nerve, and superficial nerves of the neck.

That it also affects other nerves of the body is shown by its power to produce shifting pains in the arms and legs, and tingling in various toothaches from carious teeth, especially when the gums are pale and retracted. Its action might be advantageously studied here.

One of the most certain indications for its employment in diseases of the urinary organs, is the sensation as if drops of urine were continuously rolling along the channel, dribbling. Thus it has proven of great use in the incontinence of old men with frequent calls to urinate.

On account of its effect on the central nervous system, Staphisagria has been advanced as a remedy for vertigo with nausea, and in seasickness, but without much success. It must be given previous to the expected attack.

Ellingwood recommends it in night sweats given in doses of one-sixth drop and warns that this dose must be decreased should the trouble be worse.

Staphisagria is a stimulant, although it has been employed as a febrile sedative, and in material dosage is contraindicated in active inflammatory troubles. Its whole sphere is one of depression, defect of innervation, and circulation. A prominent indication, long known, is violent outbursts of passion, showing the nervous erethism which is corrected by stimulants. Keeping in mind this hypersensitiveness with atony the drug will prove worthy of use.

The dose varies with the effect to be gained and decreases in direct proportion to the increase of inflammation. The usual range is one-sixth to three drops of Specific Medicine.

OIL OF MULLEIN

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

I have for a number of years been in

the habit of using the oil of Mullein, so called, with excellent results in certain cases of deafness and earache, and believe that it may be worth while to call the attention of your readers to the matter. Especially is this true because there is but little to be found in current medical literature on the subject, and the most of what there is, is due to the researches of our eclectic and homeopathic confreres.

The plant from which this is prepared is known as *Verbascum thapsus* the Mullein weed, a plant of the natural order Scrophulariaceae, having large woolen leaves and yellow flowers in dense spikes. It is these parts, the leaves and flowers which are used in medicine. The chief constituents of the leaves is mucilage, but the flowers contain an oil in very small quantity.

Verbascum thapsus is emollient, demulcent, diuretic, anodyne, and antispasmodic. It exerts a mild influence on the nervous system, quieting irritation and promoting sleep. It also allays bronchial irritation and lessens cough.

An aromatic liquid, prepared from the bloom of Mullein, and usually called Mullein oil, is an efficient preparation, and the only one which I have personally employed. It is beneficial in cases of difficult hearing, especially where there is a feeling of fullness in the ears. In these cases, three or four drops of the oil should be placed in the ear morning and night, and perhaps oftener. Well packed in the ear on a pledget of cotton, it relieves earache in children, and often in adults as well. Otorrhea is benefited by the same treatment. It is also useful in irritable and catarrhal conditions of the genito-urinary mucous membranes, such as nocturnal enuresis and subcute cavities.—*Medical Standard*.

ASSOCIATION OF UTERINE GROWTHS WITH GOITER: TYPICAL AND ATYPICAL EXOPHTHALMIC GOITER

BY HENRY L. ELSNER, M. D., SYRACUSE, N. Y.
Summarized from American Journal of Medical Science.

The unusual frequency of uterine growths with thyroid abnormalities, more particularly with the various forms of goiter, typical and atypical exophthalmic goiter, is pointed out by the author. Among the case histories presented to support his contentions is one including sensory symptoms, analgesia, thermo-anesthesia, the typical picture of syringomyelia, cystic ovary, uterine fibromyoma, goiter, acromegaly, granuloma, trophic changes, invasion of the sympathetic system, multiple cutaneous pigment deposits, fibroid growths, and urinary anomalies.

The patient was a housewife aged 52 years; weight, 242 pounds; normal weight, 150 pounds. Twenty-one years before, she had noticed a peculiar sensation in the index and middle finger of the right hand, later extending into both arms, so that finally both hands were more or less numb, and there was occasionally cramping. Twelve years before, the diagnosis of uterine fibroid had been made; later it was found that she had a large ovarian cyst, with a fibroid uterus.

Five years before, the cyst, weighing 28 pounds, had been removed, and also the fibroid uterus. She menstruated but once after the operation. One year after the operation her hands became analgesic and thermoanesthetic. Three years before she was seen, the characteristic growth of acromegaly had become noticeable. The greater changes were in the small bones of the face, including the jaw; also in the hands and feet. The tongue was enormously

thickened, broadened, and when protruded covered an unusually large area, and was 3 1/2 inches broad. Just back of the upper teeth, springing from the buccal mucosa, was a large granuloma.

Almost immediately after the operation a double goiter developed, larger on the right side than on the left, both lobes presenting a prominence about the size of a grapefruit. Perspiration was excessive and erratic. She was very much depressed, pulse, 88; respirations, 18; temperature, 98.2°; blood-pressure between 90 and 100 mm. Hg (systolic). The prompt development of the goiter after the surgical operation in this case was stimulated unquestionably by the removal of the organs of generation. There was also noted invasion of the kidneys, probably as a limited parenchymatous nephritis, with an unusually high uric acid content of the urine, while the urea was comparatively low. With these conditions there was a gradually increasing arteriosclerosis.

There is a decided tendency to disregard atypical cases of exophthalmic goiter, and they often remain unrecognized. Cautious clinical study proves the frequency of what Stern has called Base-dowoid cases. These are atypical, but they include a sufficient number of typical symptoms to justify the diagnosis of thyroid perversion. There are a large number of cases associated with distant changes in which there are but one or two symptoms of thyroid disturbance.

These cases justify the conclusion that much of the ill health of the patient is due to perverted secretion. A study of thyroid disease emphasizes the fact that there are periods of latency during which there are practically no symptoms save a goiter, large or small. These periods are followed by exacerbations, including

positive symptoms of hyperthyroidia and, in some, marked changes in the arterial tree. The author has seen a number of cases of suddenly developing thyroid perversion, with associated uterine growths, in patients who had gone to middle life and far beyond without subjective disturbances, and in which the sudden onset of symptoms entirely ungeared the patient.

It may be positively assumed that in the presence of goiter, whatever the previous history may have been, symptoms may suddenly develop referable to such growth; some of these cases may lead to acute and serious cardiac insufficiency, in others to paroxysmal seizures, and in the third class of cases to continuous symptoms of thyroid perversion.

The hereditary tendency in goiter and the uterine myomas is often striking. The author has two sets of cases of this combination of lesions. One series was found in a family of seven daughters, in which a number of aunts and cousins on the father's side had goiter. The mother of the seven daughters presented a negative history so far as goiter and uterine growth were concerned. Of the seven daughters, six had palpable uterine myomas, and five had hysterectomies performed. Four of the six sisters had palpable and prominent goiters; one required thyroidectomy after hysterectomy.

In the second series of cases there were two sisters, daughters of a mother who had a large goiter, both suffering from typical exophthalmic goiter. In both the uterus was the size of a large grapefruit, and was fibromyomatous.

The influence of the removal of the goiter upon the uterine mass is practically negative. In none of the cases seen did thyroidectomy or ligation of the thyroid

artery show the slightest influence on the size of the uterine growth or the symptoms dependent upon its presence.

In some cases there were found multiple fibroid growths in various organs of the body. In one there were multiple pigment deposits in the skin covering the thorax and abdomen, and a large crop of pedunculated cutaneous fibroids.

The symptoms dependent upon the uterine growth with thyroid enlargement are variable, and not materially different from those associated with the uncomplicated cases. In the presence of thyroid enlargement and uterine growths operation on one of these organs does not materially influence the progress of the growth in the other, nor the associated symptoms, save as the general condition of the patient is improved by the removal of an impediment and the source of toxemia.

A large number of uterine growths are associated with tachycardia and other circulatory anomalies. In some of these cases there is a palpable thyroid; in others no evident enlargement of the gland. In some an apparently normal thyroid may become tender and slightly enlarged during the presence of tachycardia.

There may be localized tenderness, with slight enlargement of one lobe of the thyroid. In all of these cases one must investigate cautiously to determine the factor which has ungeared the circulatory system. In the presence of several of the symptoms of hyperthyroidia or perverted functions and the absence of other causes, though there is no evident goiter, the author would favor strongly the thyrogenous origin of the tachycardia.

CHOREA: ITS DIRECT TREATMENT

A. S. TUCHLER, M. D., SAN FRANCISCO, CAL.

Read before the California Eclectic Medical Society

This disease is characterized by involuntary movements of the organs of volition, or some portion thereof, due to irritation of the cerebrospinal nervous system, may be reflex or otherwise; also debility, low blood pressure, and a general devitalized condition of the system, but no pain.

In childhood the cause is usually due to some reflex irritation, to overstudy, or otherwise overtaxing the vital forces, also an improper diet. Mimicry is a great factor in spreading this disease among the little ones.

The cause in adults will usually be found in whom too much pressure has been applied in meeting the exigencies of social functions or of business demands, and a neglect of the laws of health in reference to diet and rest.

In the treatment of this disease two factors must be observed—that of atony and irritation.

Atony is usually found in those of a bilious or phlegmatic temperament. In these cases one will note a lethargic condition of the body and an indifferent state of the mind of the individual. The tongue is broad and puffy and usually coated with a thick yellow fur. Irritation is characteristic of the nervous temperament. The tongue is usually red and pointed, with a slight coating upon its surface. In this condition the alkalinity of the secretions of the system is characteristic, while in the former (atony) the acidity of the secretions prevails, and this state of affairs must be corrected before well-tried remedies will exert their benign influence.

There is one remedy which stands forth above all others in controlling the involuntary convulsive movements of this

disease, and that is known in medical parlance as Solanum, or horse nettle.

Specific medicine Solanum in five to ten-drop doses four times a day will soon bring comfort to your patient.

Specific medicine Gelsemium in one drop doses every two or three hours or oftener will be called for when the spasmodic movements are pronounced with congestion of nerve centers, shown by the flushed face, bright eyes with contracted pupils.

Specific medicine Scutellaria from five to ten-drop doses every half hour, or every hour, will allay nervous tremors and excitability and in connection with Gelsemium is the ideal sedative in these cases.

Specific medicine Cypripedium in from ten to thirty drops every three hours or oftener will be indicated in atonic states and will procure rest and sleep, and if persisted in will be curative in a few weeks.

Specific medicine Cimicifuga in three drop doses every three hours will be called for when this condition is due to uterine or sexual irritation.

Fluid extract *Viscum album* in five to ten-drop doses every three hours is indicated in those cases due to menopause disorders, according to the late Dr. Laws.

Strychnine and nuclein must not be overlooked, as these vital incitors will be found of the utmost importance in restoring the patient to a normal condition. The high-frequency current also adds much to the improvement of the nutrition of the nerve centers.

I wish to impress upon you this fact, that when your remedy or remedies have been decided upon as indicated do not change then unless the condition of the patient calls for other remedies, for it is by this direct treatment as heretofore

outlined, that success will crown your efforts in treating this disease in the space of two or three weeks.—*Cal. Ec. Med. Jour.*

COLLINSONIA CANADENSIS

Specific Indications: *Passive venous engorgement and relaxation: Sense of constriction, with irritation and pain in the orifices of the body.*

Collinsonia is one of the purely eclectic drugs, having been introduced and largely used by these physicians. Its constituents are a resin and a volatile oil. No active concentrated representative has ever been defined.

It has been variously described as an astringent, alterative, diuretic, stimulant, tonic, etc., all of which little describes the drug. Its effect, whether on the rectum, pharynx, or other vascular area, is to overcome undue congestion with the accompanying irritation, pain and fullness, and bring about a natural action.

Dr. E. Mather, Detroit, says that it acts similarly to penthorum on the pharynx; on the urinary organs, relaxing the ureters, increasing urinary excretion, diminishing irritability of the bladder and facilitating passage of calculi.

Dr. Scudder claimed that it was excreted by the kidney, lessening irritation, and bringing about a normal tonicity. Through this action, Shoemaker claimed it a good remedy in urinary incontinence (when due to fullness, relaxation, atonicity),

Collinsonia seems to act both as a tonic and antispasmodic, the first use being frequently exemplified. It shows its power as an antispasmodic in the painful constrictions and spasms of the sphincter accompanying hemorrhoids, fistulas, ulcers, fissures, etc., about the rectum, even in operations in this region; also in

gastralgia and vesical tenesmus. It quiets irritation of the pneumogastric and of parts supplied by it. In pulmonary tuberculosis it is often very comforting, especially assisting in allaying the congestion superinduced by the coughing.

On the muscular structures of the heart it acts beneficially, resting in its action somewhat between lycopus and Cactus, assisting both in their action. A relaxed muscular system with capillary fullness points to its use. It has been recommended in the over-worked heart of the athlete. The two great uses to which it has been put in the past, are chronic pharyngitis and laryngitis—minister's sore throat—and hemorrhoids. Limiting the remedy to these diseases alone, will give it sufficient honors. In the first it is given in doses of ten to twenty drops in syrup; in the latter, slightly smaller doses combined with Hamamelis, also applying it locally using a solution of persulphate of iron in badly relaxed cases.

The remedy nearly always cures if administered sufficiently long, and in recent cases but a few days are needed. If given in conjunction with operations for hemorrhoids, it materially assists in relieving the pain and hastening the cure.

It has also been found useful in prostatitis, dropsy, nurse's sore mouth, and various diseases of the uterine organs with heaviness, especially when accompanied by hemorrhoids. This latter condition I have seen cured many times. The green plant even in small doses is said to be emetic.

Dr. Foltz recommended the preparation of the green tops, named Aromatic Collinsonia. He claimed that it acted better than the root and recommended it in ear diseases with increased non-purulent secretion; also in follicular pharyngitis and hypertrophy of

Luschka's gland.

Collinsonia acts as a kindly, soothing tonic to the stomach and portal circulation. It is highly recommended in catarrhal gastritis. It is also said to lessen the appetite for alcoholic drinks.

Dr. Mundy gives as indications: Arterial excitement and cardiac irritation. Remember it in any wrong of the venous capillary system.—Lloyd's Bulletin.

DEEP SEA WATER

It was Quinton who first introduced, some ten years ago, the so-called deep sea plasma as a remedial agent; since then, however, a number of French investigators have found that, by proper dilution of it, a solution is obtained which is isotonic with blood-plasma and that when kept at blood temperature the leukocytes will continue their ameboid movements in it. This solution contains the mineral salts necessary to the growth and development of the cells of the body and these are present in almost the same relative proportions as obtaining in the blood-plasma.

Le Boutillier has stated that this factitious blood-plasma, according to Robert Simon, is prepared by diluting 83 parts of sea-water with 190 parts of pure spring-water; and this then is filtered, cold, through a germ-proof Berkefeld filter and preserved in sterile bottles. A number of French firms are putting this product up in sealed glass half-liter tubes.

In the case of infants and children, Le Boutillier injects from 10 to 60 Cc., the ordinary dose being from 15 to 30. The treatment extends over a period of from two or three weeks to as long as four to six months. His experience is that in some infants the condition has improved so much after only four or six injections that they were discharged, while in others the

treatment had to be continued for four or five months. Quoting the same author:

"This treatment seems to be of most value in cases in which nutrition is at fault; in other words, in cases of inanition, malnutrition, marasmus, and chronic indigestion. During the past six months, the writer has made a study of this class of cases and, with a few exceptions, the results have been exceedingly gratifying."

In the discussion following the reading of this paper, Dr. George Scott, of New York, said that he has obtained very good results from this therapy, however, being still in the experimental stage, it should be used only as an adjuvant.

The Practitioner (1911, p. 604) mentions sea-water-plasma as being put up by Oppenheimer, Son & Co., Ltd., of London, E. C. They collect the water from the deep parts of the North Sea, while the ship is stationary, about 200 miles from the shore. The water is treated and filtered according to the directions of Robert-Simon, and put in "aseptules" (ampules) holding 30, 50, and 100 Cc. It is also supplied undiluted in sterilized bottles of 8 ounces.

You may have seen the article by Park in *The Medical Council* for July, in which reference was made to his experience with deep-sea-plasma. His first experience, he tells us, was so gratifying that he was led to resort to the sea-water very extensively and in a great variety of cases, and now after two years' trial he "feels constrained to raise his voice in praise of what to his [my] mind is one of the greatest medical discoveries of the century." He feels certain that wherever the patient's vitality is lowered sea-water treatment is indicated.

Park has derived the greatest benefit in surgical cases in which the subjects had a low vitality, in eczema,

psoriasis, gastrointestinal derangement, neurasthenia, and in convalescence from the severe acute diseases (pneumonia), simple anemia, after-treatment, in one case of true pernicious anemia, and the like.

On the other hand, Merrick, in *The Archives of Pediatrics*, 1910, declares, that it cannot be claimed that the subcutaneous use of sea-water has in general any remarkable effects, or any effects that cannot be obtained from normal salt solution. He quotes White, of Boston, who reports rather unfavorably upon its use in skin diseases, and several European clinicians who failed to get the results claimed by Simon.

The foregoing extracts may, possibly, enable you to form some sort of a tentative opinion. We are not prepared to say that the use of deep-sea-plasma is superior to the use of an isotonic physiologic salt solution. Please, note that we do not say "normal" salt solution, but "physiologic"; that is, a solution in which all the different-mineral salts are contained in the proportion in which they are normally present in the blood-serum. We doubt whether the other constituents of sea-water are present in sufficient amounts to do any good; unless, indeed, we have to do with the ions in the latter.

One or two firms now prepare and furnish this deep-sea-plasma; however, it is not at the present time employed very extensively.—*Ed. Am. Jour. Clin. Med.*

HEMORRHOIDS-THEIR TREATMENT

Dr. J. Rawson Pennington, of Chicago, Ill., in a paper read at the late meeting of the American Proctologic Society, says: Clinically hemorrhoids should be classified—

- (1) According to their location.
- (2) According to their structure.

According to their structure they are divided into (a) those containing fluid blood; (b) those containing clotted blood; (c) those containing both fluid and clotted blood, and (d) those consisting of "skin tabs" or folds of skin.

Most hemorrhoidal cases can be operated on under some form of local anesthesia. He operates on 90 per cent of his cases by blocking the field of operation. The cocaine is usually employed in the strength of from 1/4 to 1/2 of 1 per cent. The quinine and urea in from 1/4 of 1 per cent to 1 per cent solution. Sometimes he combines the solutions, the cocaine being used for its immediate effect and the quinine and urea for prolonging the anesthesia.

During the last twenty years he has given a fair trial to a number of methods advocated which promised a reasonably good result, including the ligature, the clamp and cautery, Whitehead injection, suturing and other methods which unite tissue in mass, and has come very definitely to the conclusion that by far the best way of treating this condition is by the excision or enucleation method.—*Med. Summary.*

THE ABDERHALDEN TEST FOR PREGNANCY

WILLARD C. STONER, M. D., and A.J. SKEEL,
M. D., CLEVELAND, OHIO.

The serological test for the presence of pregnancy as suggested and established by Abderhalden has received world-wide recognition. It is not the purpose of this paper to discuss the details of the theory of the test nor to draw absolute conclusions as to its diagnostic value but to briefly give points on technique, call attention to possible sources of error and report observations made on the blood-

sera of 150 cases.

It has long been known that when a foreign substance such as a protein is introduced directly into the blood stream the organism reacts by introducing a ferment which causes a cleavage or breaking down of the foreign substance.

During pregnancy we have introduced directly into the blood-stream the syncytium which is the outer covering of the chorionic villi and it is supposed that against this substance a ferment is produced which digests intravascular the syncytium, thereby reducing it to a simple albumin molecule with which the blood is familiar.

It is with this ferment that we have to deal in Abderhalden's serological test. The specificity of this ferment is not definitely established, for it has been found that blood-sera from malignancy, fibroid tumor and pelvic inflammatory cases may give the reaction. This ferment is destroyed by heat at a temperature of 56 degrees C.

The technique of the test is as follows:

1 Antigen, which in this case is placental tissue, is prepared by taking a fresh placenta and completely freeing it of blood by repeated washing in water and finally in physiological salt solution.

It is then boiled in distilled water for one hour, drained and again boiled in distilled water for five minutes after which it is tested for the presence of free protein in the water and if no reaction is shown the placental tissue is preserved by placing in a solution of equal parts of water and chloroform and overlaid with toluene. This preparation may be kept indefinitely but must be tested from time to time to determine whether a dialyzable protein has developed. If it reacts to a protein then it must be reprepared.

The apparatus necessary for the test consists of dialyzers which are impermeable to serum albumin but permeable to a lower type of protein such as peptones and amino acids. The dialyzers of Schleicher and Schull, No. 579-A, are the most satisfactory.

Other apparatus consists of glass containers for dialyzers, glassware for handling bloods such as capillary pipette, graduated pipettes, test tubes and ninhydrin, which is used as indicator to determine the presence of a protein in the dialyzate. Blood is secured in the same manner as for the Wassermann reaction or other complement fixation tests by placing a tourniquet above elbow (a towel is as good as any), scrubbing the arm at bend of elbow with alcohol and inserting needle into vein, allowing 10 to 15 c.c. of blood to flow into a sterile test tube. This blood is left to stand for a few hours, during which time the clot forms and the clear serum separates. This serum, which must be free from hemoglobin and blood-cells, is lifted from clot with a capillary pipette.

In dialyzer No. 1 is placed a piece of placental tissue and 1 1/2 c.c. of blood-serum. In dialyzer No. 2 is placed the same factors, but blood serum is first inactivated to destroy the ferment—that is, subjected to a temperature of 56 degrees C. for one half hour in water bath. These dialyzers are placed in glass containers in which is placed 20 c.c. of distilled water.

Both blood and water are overlaid with toluene to prevent contamination and placed in incubator for 16 to 20 hours at 37 degrees C. At the end of this time the water, which is now the dialyzate, is tested for the presence of a protein. To 5 c.c. of the dialyzate is added 0.2 c.c. of 1 per cent solution of ninhydrin and boiled for one minute; if positive a lavender to deep blue is obtained, while if negative no color

change takes place. The central tube must always react negatively and if positive show either faulty technique in the performance of the test or a blood that has a dialyzable protein, which is very exceptional.

In view of the many difficulties reported by various workers we had anticipated failures, but were gratified with our results; however, we learned early the importance of absolute cleanliness of glassware and the careful handling of bloods, even more careful than necessitated in Wassermann and other serological work.

Our difficulties consisted of positive reactions in non-pregnant conditions and were largely due to use of old bloods, glassware that was not absolutely free from foreign substance, and failure to use toluene in a few tests. We did not find faulty dialyzers. Of 78 cases in which a clinical diagnosis of pregnancy was established, only one reacted negatively. The bloods were obtained throughout the pregnant period from one month up to full term. Observation has shown that positive reactions may be found as early as two weeks in the pregnant state and not later than three weeks subsequent to delivery.

Of eight post-partum cases in which the bloods were obtained from one day to three weeks subsequent to delivery, all reacted positively. Of 68 nonpregnant cases, eight were clinically diagnosed cancer, six of which gave a positive reaction to both placental and cancer tissue and two gave a negative reaction to both. Two cases of fibroid tumor of the uterus were positive and one was negative.

The non-pregnant cases included a variety of clinical conditions aside from cancer, fibroid tumor and pelvic

inflammatory cases, all of which gave negative reactions, save four cases in which the central tube gave a reaction also, showing faulty technique in the way of old bloods, unclean glassware and failure to use toluene.

Four urines of pregnant cases gave reaction in No. 1 and 2 tubes, but No. 1 tube was much more intense, showing the presence of a normal dialyzable protein in urine and probably a ferment due to pregnancy. Pregnant rabbit blood on both human and rabbit placenta was positive and non pregnant rabbit blood on human placenta was negative.

Eleven cases were syphilitic and gave a positive Wassermann, but the Abderhalden was negative. Eclampsia and threatened eclampsia cases showed positive reactions with usual intensity.

Conclusions

1. That the test is delicate and will require the skill of one especially acquainted with serological work and great care in ruling out possible sources of error.

2. That, barring a few clinical conditions that may give the reaction such as malignancy, fibroid tumors and inflammatory processes, the test is as reliable as the Wassermann reaction for the determination of syphilis.

3. That the greatest diagnostic value will be in that type of case where clinically it is difficult to differentiate between a pregnant and non pregnant condition and in which the test reacts negatively, barring out the likelihood of pregnancy.

We wish to thank Dr. A. E. Robertson and Dr. C. T. Hemmings for the help given in carrying on the work, as well as a number of physicians who have furnished us with material.— *Cleveland Medical Journal*.

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	<h1 style="margin: 0;">THERAPEUTIC FACTS</h1> <p style="margin: 0;">SINGLE TRUTHS FROM MANY DOCTORS AND MANY TRUTHS FOR EACH DOCTOR</p>	
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For the Menses

All physicians have difficulty in *restoring the menses* readily without complications, for *young girls* who are irregular about getting started with their menstruation. For these and for other cases of amenorrhea, not depending upon pregnancy, Coltsfoot, Canada Snakeroot, and Asarum canadense in the form of an infusion is a very excellent assistance.

Some of our doctors think it covers the whole ground. If severe pain is present preceding the menstruation, this remedy is especially valuable, as it controls pain as well as starting the menstrual flow. If it is possible get the fresh root and make an infusion of one ounce to the pint of boiling water, and give this in dram doses every half hour or hour. Good results can be secured by using 10 drops of the fluid extract in hot water every half hour, or hour.

MAX WEXTROM, M. D. New York.

An Asthma Cure

There are certain cases of asthma that will yield very readily to the oil of wintergreen. One, two or three drops may be dropped on a square of loaf sugar and dissolved slowly on the tongue. This may be repeated after a short period or if taken regularly about four times a day. Fifteen drops of the essence of winter green will answer the same purpose.

GEORGE A. WRIGHT, M. D.
St. Augustine, Fla.

Lycopus

The remarks on Lycopus in your Journal for the past two months are very interesting. In hemoptysis I have never found anything to equal it if given in frequent and moderate doses. It will be made more certain still if small doses of Crotalus horridus be added.

D. G. KAY, M. D. London, S. E., England.

Lobelia - Crataegus

My experience with subculoyd Lobelia has been confined to its use in diphtheria about 50 cases, and in asthma about 20 cases. In diphtheria I usually give it together with antitoxin. But in a number of cases, especially if the case is still doubtful or if I see a case and have no antitoxin at hand, I have used Lobelia alone with remarkably good results. Twice I lost my case, having used both antitoxin and Lobelia.

In asthma I deem Lobelia the equal of morphine, if not its superior. I would urge all to forcibly concuss the spine over the seventh cervical vertebra, and to dilate the sphincter of the rectum; if they would see rapid and remarkable relief from an acute attack of asthma. Then give the subculoyd Lobelia.

A. F. BURKARD, M. D.,
Omaha, Nebraska

P. S.—Have used Crataegus for five years, and like it very much. Usually use it where Digitalis is indicated, and often like it better than that drug.

Neuritis

I have been treating some bad cases of neuritis with hypodermic injections of subculoyd Lobelia. In one case three injections alone were sufficient to put the patient into fine condition. While I can not say from this brief experience what this remedy would do in all cases, I am more than pleased with the promise I get from its action so far, that I can rely upon it to a very important extent in a class of cases that are ordinarily very hard to treat.

E.E.GADD, M.D. Des Moines, Iowa.

Hematemesis

I have been using chromium sulphate in four-grain doses in hematemesis with remarkable results. I have never tried it in other kinds of vomiting, but I shall certainly use it until I have determined its action in this class of cases. I give four-grain doses every one, two, or three hours according to the demands of the case.

T. C. SMITH, M. D Geridge, Arkansas.

Good Indeed for Rheumatism

I give at some time in most of my cases of rheumatism, lemonade as a drink, because most of such cases call for an acid which is in part supplied by lemons. While writing about rheumatism, I will state that for all of those who have a full tongue, with white or any shade of white coating, the following, which has been prescribed for thousands of cases, has never failed to give more or less relief, one prescription of four ounces is often sufficient for a cure:

Lloyds Cimicifuga.

Lloyds manaca (or F. E.)

Salicylate of soda, aa. 2 drams.

Water, qs. 4 oz.

A teaspoonful every two hours, until relieved, then less often. Of course, other remedies as indicated, should be added.

The above has cured several cases of appendicitis. The remedy was first given for rheumatism of the bowels, but further on it was found that the case was one of appendicitis.

C. D. R. KIRK, M. D. Shuqulak, Miss.

Rattlesnake Master

Will you kindly give this short note a place in the THERAPEUTIST? I sent you a short article and it was published, I believe, in the June number of the THERAPEUTIST, in regard to the Solidago Cassia, or Blue Stemmed Goldenrod, or Rattlesnake's Master. The first day of July I was stricken down with typhoid fever and am just able to attend to a part of my practice. During the time of my bad illness I received several dozens of letters from physicians all over the country, asking for information and samples of the tincture. My son answered all of them, I believe, and assured them that I would write them on my recovery. But as all of them seem to want samples of the tincture,

I have decided to gather about ten pounds of the herb, or rather the root, and have Lloyd Bros. to prepare some of the tincture and send two-ounce samples to the various doctors who have written me. I have their letters on file and will have samples sent them first, and any of the medicine that is left, Lloyd Bros. can do as they like with it. They have kindly offered to prepare tincture from the roots if I would send it to them and have samples sent to the doctors that I might name. Trusting that this will be satisfactory, and assuring those who have written me that they will receive samples of the drug, I am, Very truly,

J. P. HUFF, M. D. Plummers Landing, Ky.

P. S.—I would send samples of the herb to all who have written me, but the flowers have been frosted and have about fallen off, so I will have to delay this till next year, but will retain the letters and send each doctor who has written me a sample of the herb next year, provided I am alive and able to do so. J. P. H.

Crataegus

I am convinced that Crataegus is even a more important medicine than we have thought it to be. I have reports from a few doctors who claim even better results from Crataegus than from Cactus, and all who are using them in combination, claim a very harmonious action, and a considerable and important broadening of the field of their action. This remedy can also be combined with Convalaria and Apocynum with excellent results. It has been used for rheumatic endocarditis.

Calcium Phos. in Albuminia

In a case of albuminuria in a young man less than 35, who had long complained of lassitude, weariness, persistent backache, and indisposition to physical effort, calcium phosphate three was given four or five times a day persistently for three months, when the albuminuria was gone from the urine and the patient made a satisfactory recovery with no appearance of the disease five years later.

Ellingwood's Therapist

EDITORIALS

THE USE OF THE PLANT DRUGS

It is a really astonishing matter in the light of the advancement of therapeutics, in preventive medicine, and in all other branches for the cure of disease, that the entire profession seems to so studiously and persistently avoid any reference, in much of our literature, to the use of the vegetable remedies. A number of the regular journals publish monthly summaries, covering almost the entire literature of the world, that if all these summaries be taken together and carefully scrutinized to find any suggestion of treatment, they will not include any vegetable remedy, other than a few alkaloids and Digitalis. They will not find one remedy mentioned, in perhaps two or three hundred other suggestions for treatment.

This is especially astonishing as it is very true, that in conversation or in correspondence, or in the discussions of papers read at any and all medical meetings, it will be found that the rank and file of the busy doctor outside of the city specialists are very deeply interested in acquiring some knowledge of the vegetable remedies. He is thirsty for it. In some cases they act as if they were starving for it, and yet the medical journals over and above a half a dozen independent journals, avoid the

preparation of an article on a vegetable remedy, as they would any obnoxious thing.

It would be a splendid plan if these doctors everywhere would write a letter to one or two of so-called scientific journals' editors and ask them to present to the profession more direct therapeutics, especially of the vegetable remedies.

There are in this field almost enough remedies to cover the entire demand of the profession. Not to cover them in an indifferent way, but to equal the action of any other known drug and at least in many cases, it be far superior. The natural, mineral, earthy or material remedies must be supplied elsewhere, but the artificial chemical remedies can be fully and more satisfactorily replaced by the vegetable remedies.

A SURGEON OR A PHYSICIAN

At the last meeting of the American Medical Association, there were 24 registered in the department of Pharmacy and Materia Medica, as having presented themselves at that section. Considering the many thousand members of this association, it would look as if this department was having absolutely no attention. The registration for the Practice of Medicine was in no way proportionate with the other registrations, the department of surgery covering the larger

portion of the ground.

If the regular profession is a surgical profession and has no use for pharmacy, materia medica, or therapeutics, why do they class themselves as physicians and surgeons and collect a physicians' fee? In a large percentage of cases a medical man is fully as competent to practice surgery as these men are to practice medicine.

As I have said before several times, if we medical men undertake to practice surgery, we would not only be censured by the profession, but the results would make us amendable to law, and so it is with the surgeon, but the proofs are buried with the patient. The truth is that in no case would the results be more serious than they are constantly being, because surgical men practice medicine in the guise of medical men, and for the sake of the extra fee insist upon their patients believing that they are medical men. If the mass of the people had their eyes open to the truth in the matter, laws would be made demanding that a medical man practice medicine, and a surgeon practice surgery alone.

CORN AND RYE ERGOT

Much observation was made 20 years ago, concerning the action of ergot of corn, as compared with the ergot of rye. It was found that the former would produce increased action of uterine muscular fibers, but that like *Cimicifuga* it would increase the pains when they would naturally appear, increasing the force and power of the expulsive action, but would permit a rest between, where as ergot and pituitrin force muscular irritability to induce contraction continuously without regard to the essential intermittence.

Furthermore, outside of the labor pains the ergot of corn has something of

an action also like *Cimicifuga*. It seems to increase the expulsive character of the muscular contractions while it reduces irritability. It exercises an actual tonic influence on the muscular fibers of the womb.

Acting upon the circulation of the brain and cord, its influence is the same as that of ergot of rye. It produces contraction of capillaries, increases the action of the circulation, and it produces a tonic influence antagonistic to any tendency to congestion.

Another action of the remedy is upon the bladder. Combined with *Triticum* and *Mitchella*, one writer found it very satisfactory in treating chronic cystitis of a persistent form. He made a mixture of equal parts of corn ergot and *Mitchella*, one ounce of each in six ounces of a decoction of *Triticum* and gave that in tablespoonful doses every three hours.

The method of injecting hypodermics of ergot of rye directly into the muscular structure of the womb to control uterine hemorrhage has been occasionally adopted with success, but very little has been written about it. Many cases of severe hemorrhage have been controlled by this when the injection elsewhere was without effect.

If possible, a finger should be introduced well within the womb or against this should the needle be pressed until its proper position in the muscular structure of the womb is assured. This produces immediate contractions, which are more permanent, and so far we have not seen any adverse reports.

COLD AS A CAUSE

So strong has been the objection to considering acute cold as a cause of disease that there are many young physicians that never heard of this as a

serious etiological factor. These have recently been very much surprised when a prominent experienced New York physician brought out a treatise on the action of cold or "catching cold" as a cause of disease in very many, each in the proportion of cases according to his belief. A writer in the Monthly Cyclopaedia says that this theory will be regarded as original and picturesque, and would have many dissenters. He seems to have forgotten entirely if he ever knew, that a few decades ago, catching cold was accounted not only by the grandmother and in every home as the commonest cause of disease, but so considered by the authorities in the profession and so considered in our literature and in professional ad vice.

Time passes so rapidly that very old theories may become new again, and successful measures once commonly used long relegated to darkness, may be reproduced and found superior to many now called scientific measures. A very wise king said, "There is nothing new under the sun."

HEART SOUNDS FROM THE ESOPHAGUS

An Amsterdam physician has been experimenting with the examination of heart sounds, through the esophagus, comparing them with external and with other findings. He ties a finger condom on the tip of rubber tube, introducing that into the esophagus, sufficiently far to obtain the best heart sound. This is then inflated and the whole is connected with a recording drum; the registration is compared with external findings, and important conclusions not otherwise obtained have been drawn. The method promises well, although not a simple one.

PHOSPHORUS WASTE

The loss of phosphorus from the system is becoming more common with our patients I think than previously, especially in the cities. It is only in rare cases in examining the urine of a business man we do not find an excess of the phosphates in the urine. The influence of this loss is not properly considered.

In the examination of many thousand specimens of urine I have never met a case of genuine occipital headache, persistent and racking, but that I found that that patient was passing a very great excess of the phosphates in the urine.

On the other hand I have found many patients who would not exercise the mind to any degree, who were mentally sluggish and somewhat dull naturally with out disease of the nervous system, who passed but a small quantity of the phosphates in the urine.

For years I have been impressed with the importance of the phosphorus content of the urine, and have realized that by making a study of the existing conditions, and an exact estimate of the amount of phosphorus that was present or absent in these conditions, much could be determined as to the character of the disease, and to its method of cure.

It has been easy to see in my cases that when the phosphates increased, the disease increased, and when the phosphates diminished the condition of the patient improved. This can also be observed in acute disease, as in many cases it is very conspicuous.

A German writer claims that in diseases of children the quantity of phosphorus in the urine is an excellent indication as to the nutrition, growth and proper development of the infant and is an index to conditions of disease.

The tolerance for food can be

determined from the urine phosphorus findings which are thus a reliable index for the diet. As the proportion of phosphates declines, the clinical picture improves.

In acute gastroenteritis if the proportion of phosphates in the urine is not materially reduced by a day or two of fasting, the prognosis is bad. He is convinced that the presence of organic phosphorus in the urine of breast-fed children must be regarded as a pathognomonic sign. In his six cases of acute gastroenteritis with fatal outcome, the proportion of phosphates showed no decline during from two to five days of fasting or merely weak tea diet.

The proportion of phosphorus in the urine should be determined frequently, and at different hours in the day and night, estimating it in relation to the amount of urine, obtaining a total oversight by comparing the various findings. They will reveal sometimes a rise or fall in the proportion of phosphorus indicating that something is wrong before it is suggested by any other sign.

NEURASTHENIA

There are three classes of symptoms to be observed in every case of neurasthenia. The first are those that are psychic; the second are the subjective disturbances; the third are the objective manifestations which are found in the pulse, in blood pressure, in the disturbances of the various reflexes, in the secretory and excretory functions, and in certain other nervous phenomena.

In the treatment, the first thing is to impress on the patient's mind the fact that he will fully recover; the second, that all the symptoms are dependent upon the same difficulty, and that there are not separate entities; third, simple and persistent nutrition.

If the stomach is in a reasonably fair condition, the patient should take a glass of milk once in two hours, and nibble a little nutritious dry food between times, very frequently. I have found the thorough chewing of dried beef, the eating of dry graham crackers with a little milk, preferably hot, of wonderful benefit, to those suffering from acute sudden attacks of weakness. For medicine to these I give 10 drops of tr. cinchona compound in a teaspoonful of bromine.

CHRONIC ARTHRITIS

An unpromising chronic difficulty is chronic arthritis where there is no tuberculosis. One of our subscribers suggested three or four years ago that these cases should be treated with a mixture of Bryonia and Colchicum; for adults, 15 drops of Bryonia and 30 drops of Colchicum in four ounces of water, a teaspoonful from four to six times a day. Watching the case carefully, the dosage can be changed as needed.

If the pulse is strong and fast, give Veratrum; if it is sharp and hard with some temperature, give Aconite; if it is weak, give Cactus in proper doses. Where the joints are swelled and red, Bryonia must be persisted in. If there is vertigo as there is in some cases, chloride of ammonium in small doses will overcome.

For an external application I have used a mixture of sulphur, five parts, salicylic acid, two parts, turpentine one part, and lanolin six or eight parts thoroughly rubbed together with very good results.

There are a number of cases of urinary irritation and frequency of urination which are met by a mixture of Cannabis indica 30 drops, specific Eryngium 30 drops, water two ounces, teaspoonful every two, three or four hours.

BRIEF EDITORIALS

ALUM FOR RHUS POISONING

A very simple application for rhus poisoning is alum. A small cake moistened and rubbed thoroughly over the diseased part will relieve pain very quickly, and will cause the redness to disappear in two or three days. If the skin is washed with strong alum water before any necessary exposure to rhus poisoning, this will be prevented.

* *

BURDOCK FOR CHLOROSIS

A tea made of burdock seeds has been frequently recommended for the treatment of chlorosis in young girls, and also for amenorrhoea. In some cases, it will benefit dysmenorrhoea. Another writer used for the same purpose the fluid extract or the specific medicine, but some writers claim that the hot tea produces a wider and more satisfactory effect on these conditions dependent upon uterine irregularities. Any observer should report.

* *

ERGOT AND THE VEINS

Ergot seems to have a direct effect not only upon circulation of the venous capillaries, but upon the muscular coats of the entire venous system. Ergot has been deeply injected into the muscles, preferably in the gluteal region, to improve the condition of the coats of the veins. It has a positive effect in varicose veins wherever there is sluggish circulation in the veins, and it has in a number of cases produced excellent results in stubborn cases of acne, by improving the venous circulation.

INFANTILE ECCHYMOSIS & SCURVY

There is a rare form of ecchymosis around the eye of infants which should be viewed with suspicion. This form of "black eye" develops without injury, but it is an unmistakable sign of scurvy. There is a lack of swelling, an absence of bruises or redness of the lids, and inclination for the discoloration to settle down into the lower lid and cheek. In some cases there is hemorrhage within the orbit of the other eye. Positive internal treatment is essential from the first.

* *

OUR UTERINE REMEDIES

Four drams of cramp bark, two drams of black haw, two drams of skunk cabbage, four drams of simple syrup, and tincture of cinnamon to make four ounces was the original formula, we are told, of Hayden's viburnum compound. Those of our physicians that are familiar with these drugs as well as with others that act upon the reproductive system, have no need to purchase a proprietary medicine. They can make one correctly adapted to each patient in a highly satisfactory manner. The above can be made from the normal tinctures, the specific medicine, or first-class fluid extracts.

* *

COMBINATIONS WITH MORPHINE

Those who are reporting to us concerning the action of our special sedatives, occasionally report the combination of Lobelia with morphine or Gelsemium with morphine. If this catches

the eye of any doctor who has used morphine, with either of these sedatives with any results that would enhance the influence of either of these important remedies, I wish they would advise us at once. I am anxious also to know how hypodermics of Lobelia act in conjunction with Dr. Abbott's H. M. C. I am inclined to think that the field of both of these agents should be widened by such a combination, but their action must be studied carefully.

* *

KAVA KAVA IN PRURITUS

A case of intolerable itching of the vulva, which accompanied incontinence of urine, was cured by the external application of one part of specific Kava Kava with two parts of glycerin, freely applied externally and applied also on a pledget of cotton into the vulva. This gave immediate relief and a quick cure. In other cases of itching of these parts, these applications have been made with the same results. It probably will work well in itching piles.

In some cases of ovarian disease, the patient will experience pain in the heels. This may be the only sign, or there may be swelling in the breast on the diseased side.

* *

ALUM IN PLACENTA PREVIA

An English writer reported satisfactory results in the early stage of placenta previa, by the use of alum. He would select a properly formed solid piece and introduce it firmly into the os uteri, holding it in place with correctly adjusted tampons. The action of this was upon the uterine sinuses. It hardened the muscular fibers in this segment of the cervix, but better yet produced a tenacious clot which properly filled all the space above the

tampon and acted itself as a positive preventive of free hemorrhage. In all cases the dilatation went on satisfactorily and a successful termination was the result.

* *

XANTHOXYLUM

We are omitting the use of Xanthoxylum as one of the best stimulants known to the gastric mucous membrane. Its early use, fifty years ago, made many enthusiastic advocates. Other newer preparations less efficient have taken its place. It is very prompt in its action on pyrosis of elderly people and in dilatation of the stomach, given in twenty drop doses of the specific, three or four times a day. It improves functional activity and conduces to a normal condition.

* *

INHALATION of HOT AIR in PNEUMONIA

In the treatment of primary congestion of the lungs, a condition which is often overlooked, but which, if treated at first will prevent many cases of pneumonia, the breathing of moist hot air is very important. While hot applications are made to the patient, a small folded bath towel, rung from hot water, can be applied around the nose and mouth, leaving a free breathing passage. Through this, the patient breathes a heavily, charged atmosphere of hot water vapor. Being changed frequently for a period of an hour or an hour and a half, the patient has marked relief.

SCARLET FEVER in YOUNG INFANTS

A report of 3,603 cases of scarlet fever from foreign and home journals is summarized by the Medical Record, in which there were only 28 cases that had occurred in the first year of the child's life, and nine cases occurring under three months of age. In the development of scarlet fever in infants, the author

concludes that the difficulty is much milder in very young infants, and especially so in breast-fed infants. In cases where the mother has recently had scarlet fever, the child has a very mild attack.

* *

TO PREVENT PERITONITIS AFTER OPERATION

A German writer injected the substance of the vitreous body from the eye of a calf on to the peritoneum of rabbits, dogs, and cats after he had opened the abdomen and irritated these membranes, so that inflammation would be likely to follow. In no case was there inflammation where this substance was introduced. His conclusion that this lubrication prevents adhesions and the lack of irritation suspends inflammatory action.

* *

MORTALITY FROM INHALATION ANESTHESIA

Recent observations concerning inhalation anesthesia, statistics prove that mortality from ether is now one in five hundred. In the light of the fact that it was once considered as about one in five thousand, this certainly makes an important difference.

General anesthesia is of such necessity that it cannot be discarded, and its use is conducted on very much more careful plans than ever before, and volumes of literature are now being written if all is considered, on the best methods for auxiliary care and treatment, which are considered as essential as a perfect technique.

* *

MASSAGE IN PELVIC DISEASE

A foreign writer enlarges on the benefits derived in chronic cases of disease of the pelvic organs from systematic,

scientifically applied massage. In cases of old inflammation of the tubes, or congestion of the uterus, with an irritable condition of the rectum and of the muscular structures of the pelvis and especially in chronic metritis, it is very useful. It is necessary, however, that very great gentleness be exercised, especially with the figures that are introduced. The movement must be mild and, as stated, very carefully made both external and internal. They should begin externally at a distance from the pelvis and be gradually worked down from above. In acute inflammations, they should not be used.

* *

PERSONAL TYPHOID PREVENTION

Dr. Perry J. Farmington, Minn., in the *Medical Standard*, presents the following simple rules for personal prophylaxis against typhoid fever:

1. Boil all suspicious drinking water.
2. Cook all food.
3. Keep the bowels regular—one to three evacuations daily.
4. Eat food enough to maintain the strength.
5. Maintain a functional harmony in your body.
6. Sleep enough—6 to 8 hours daily.
7. Work or indulge in physical exercise daily.
8. Take some form of amusement.
9. Don't drink any alcoholic beverages.
10. Don't drink or eat anything away from home, unless satisfied as to the cleanliness of the food, water, milk, etc.
11. Don't worry.
12. If exposed, or about to be exposed, get vaccinated.—*Med. Summary.*

* *

OVARIAN CYSTS AS A CAUSE OF MOLES

From the observations of Westermarck of Stockholm, it would seem that there is an argument for the belief that where a mole develops in the uterus, there is likely to develop severe ovarian trouble, or this may have existed as a cause for the formation of the mole.

He reports two interesting cases where the mole developed and was expelled, in both of which the ovaries were seriously diseased. In one case the operation on the ovary was performed without any knowledge that within the uterus there was a mole, which was expelled shortly afterwards. In the other, ovarian tumor was operated on two months after the expulsion of the mole.

He thinks that cysts are the primary cause for the development of moles, but he believes that if the mole is expelled at proper time without complicating conditions, that these cysts will become gradually of less importance.

* *

OVERSTRAIN OF SOLDIERS

Concerning the effects of overstrain among soldiers, a Berlin writer in the Medical Clinic believes that many deaths among the soldiers, especially those who are said to collapse from heat, are caused by an over-strained heart. He believes that physical strain is only one factor. The psychic and nervous strain contribute very materially. It is more than likely that fear and shock and the noise from bursting shells and of heavy guns contribute very materially also.

Another writer believes that sooner or later in Germany one-half of the entire male population if not dead of the direct results of the war, will be in the hospitals for a longer or shorter stay. The causes of disease are so material and infections are

so imperfectly restrained that the death rate will be absolutely enormous.

* *

THE DIET OF THE PAST

A writer in the British Medical Journal, summarized by the J. A. M. A., suggests that physicians will get far more help by studying man's diet from the point of view of evolution than from laboratory experiments—certainly as regards the main truths, useful as such experiments doubtless are.

Primitive man consumed an abundance of animal food; his supply of sugar was limited to wild honey, his starchy food to what he could obtain from the uncultivated vegetable kingdom; and observe that before the discovery of cookery all this had to be masticated laboriously.

Hence it was that primitive man consumed comparatively little starch and such as he did consume was so thoroughly masticated that it was to a large extent predigested in the mouth.

In the case of neocivilized man, on the other hand, not only is sugar abundantly consumed, but the stomach (especially during the first years of life) is literally deluged with undigested starch. Such considerations surely suggest that, as regards the diet of our neocivilized patients, we have more to apprehend from an excess of starch and sugar than from an excess of animal food.

* *

PREVENTION OF ECLAMPSIA

I have long claimed that if we could observe patients suffering from eclampsia very closely, we would be enabled to use antispasmodics and antitoxic agents in advance in such a way to ward off very many attacks. In a Russian hospital of 360 cases, the physician in charge instituted a thorough observation, and a plan of

prevention, which consisted of the use of chloral, small doses of morphine, and inhalation of oxygen. I am confident that the use of small doses of Veratrum, full doses of Echinacea, and hypodermics of Lobelia or Gelsemium when the spell is immediately threatened, that larger percentage of these cases could be avoided. The dose of Veratrum would be decided upon by the tendency to increase of blood pressure. The reduction of blood pressure with this agent at times will prevent the development of the spasm.

* *

UTERINE FIBROMYOMA AND THE THYROID

Thyroid abnormalities are apt to bring about not only a great variety of pathological conditions of the different parts or organs, but especially is it true that abnormal uterine growths are apt to occur where thyroid disease of any form or character is present.

A case reported in the *Monthly Cyclopedia* by Dr. Elsner, is one which includes not one, or even a few of the conditions that might be looked for, but it includes sensory symptoms, also analgesia, thermoanesthesia, syringomyelia, cystic ovary, uterine fibromyoma, goiter, acromegaly, granuloma, tropic changes, invasion of the sympathetic system, multiple cutaneous pigment deposits, fibroid growths, and urinary disorders. It was of a woman of 52, weighing 242 pounds. This patient was operated upon for the fibromyoma. After the operation for the fibromyoma, a double goitre developed as large as a grapefruit.

* *

TREATMENT OF ECZEMA

In the treatment of eczema, two important indications should be met. The first of these is a rigid diet of non-

stimulating food, usually a diet of milk and boiled rice with saline cathartics for the first week, and later cooked fruits and soft vegetables. Still later, chicken, eggs, or fish. The next important consideration is rest, so says Dr. Chipman in the *California State Medical Journal*. The author's experience agrees with my own in the fact that wet dressing of a boric acid solution properly applied are very important. This should be continued for a few days until the oozing surfaces after the separation of crusts become dry and shiny and ready for the formation of skin.

Lassar's paste containing two percent salicylic acid, the author finds to be an exceedingly good application later. I have used bismuth, a little boric acid and lanolin with excellent results. In some cases, Iris and Thuja can be incorporated. The author advises oil of Cade; in other cases, sulphur and green soap. The removal of the crusts first is always important.

* *

ACUTE EPIGLOTTIS

It is seldom we have any literature on the treatment of acute inflammation of the epiglottis. A report is given of four cases by Dr. Lederman in the *Laryngoscope*. There is a sudden, sharp, abrupt, painful swallowing; a sense of fullness, or of obstruction in that part of the throat. The voice is peculiar — guttural. Sometimes there is a chill first, then a rise of temperature. The epiglottis becomes enlarged three or four times its size and obstructs the breathing very materially in most cases, especially if the swelling involves the structures surrounding the base of the organ.

* *

TONSILITIS FROM INFECTION

A troublesome difficulty indeed is the constant recurrence of tonsilitis,

especially in children, during the winter months. A French author claims that if the teeth and gums are kept thoroughly cleansed by scrubbing them with dry bicarbonate of soda, this neutralizes acid conditions and prevents the development of germs. This should be done especially at night, as the germs probably accumulate during sleep. In all of my cases I have thought I could associate the condition with rheumatic elements within the system, and I have given sodium salicylates and Echinacea with Cimicifuga, as persistent internal treatment with good results.

* *

PARASITES IN HEART OF A DOG

Dr. Lamb showed, at a meeting of the Medical Society of the District of Columbia, the heart of a dog containing in the right ventricle the *filaria immitis* one of the thread worms. The specimen was from New Orleans where it is said many dogs die of this parasitic disease. This worm is found mainly in the right ventricle of the heart and pulmonary artery of the dog; and in many parts of the world, especially in China and Japan. It seems to destroy the animal usually by obstructing the circulation. The usual symptoms are debility, dullness, dropsy and convulsions.—*National Magazine*.

* *

HEADACHES

A problem for every doctor quite frequently occurring is the treatment of headaches. Their name is legion; their cause also, but there are simple measures that are always effective. In congestive headaches, compression, cold application and hot foot baths are primarily effective. In every case the condition of the stomach must have attention, sometimes because for acidity, a single dose of sodium

bicarbonate will relieve the distress. If from acute cold, sodium salicylate, fifteen grains will quickly benefit the patient. In anemic headaches, the head should be lowered, the feet raised, hot applications applied, and in a few cases cold foot baths. Where the pelvic organs are to blame for the headache, hot sitz baths will quickly relieve it. Persistent headaches from toxemia must be quickly recognized and a thorough cleansing of the intestinal tract in sthenic cases must be adopted, and Gelsemium and Cimicifuga given to cause the kidneys to throw off their waste, and Echinacea and calcium sulphide in full doses must be given.

* *

FATS IN INFANT FOODS

Fat cells in the milk fed to a child are thought to materially promote the digestion of the milk by the separation of the milk particles, permitting capillary action through the better diffusion of the digestive ferments. This has been demonstrated by Rocci of Naples. On the other hand, two eminent authorities find that food containing a high percentage of fat, is more slowly evacuated by the stomach.

In cases where it is not directly absorbed by the stomach and where this evacuation is essential, its retardation is a serious matter. Where there is pyloric spasm, this is thought to increase, in the presence of fat. Where this condition is apt to occur from slight causes, excessive fats must be avoided, but there is no doubt that in healthy infants, there is often a deficiency of the fatty particles, and it is more than likely where the milk curdles quickly, that a little fat added even in excess of the normal quantity, would be of benefit.

* *

HEADACHES DURING ANESTHESIA

I have often thought that surgeons paid too little attention to the fact that anesthetics very rapidly reduce the temperature of the patient. While it is common to put a hot water bag or bottle or two around these patients, the fact that their temperature has dropped from two to four degrees does not seem to impress them as a serious prevention to the proper perfect restoration of the patient.

Ether reduces the temperature more rapidly than chloroform, and if provision be made with an excess of heat before and during the operation, the patient be thoroughly packed with bottles after the operation, much of the shock can be prevented, hypostatic congestion will not occur, and the functions of the various organs will at once be resumed.

The habit of throwing the covers all off a patient, and leaving him exposed in a room not above 70 degrees is without doubt to blame for many deaths.

* *

A physician addicted to the use of cocaine was found dead at the hotel where he was stopping. His syringe and tablets were at his bedside, and the death was plainly due to the cocaine. On post-mortem examination the heart was opened and in one of the chambers was found a broken hypodermic needle which had apparently entered through one of the blood vessels, and not through the heart structure. It certainly did not cause the death. Evidence proved that eighteen months before he carried with him a syringe with a needle broken off.

* *

I am inclined to think that we will discover, in our study of the influence of the ductless glands, that certain forms of irregular muscular action such as chorea, and especially paralysis agitans, as well as

other conditions usually pronounced incurable, will be met satisfactorily by the proper selection from this class of remedies. It has already been suggested by a number of writers that thyroid and parathyroid preparations have accomplished good results, especially if attention is paid to the proper supply of calcium.

* *

Not the least valuable feature of Russian oil is its protective effect on the stomach and intestine, it being well known that abrasions or irritations of the mucous surfaces permit bacterial infection and general toxemia. If desired, the oil may be taken with a pinch of salt or a dash of lemon juice, or it may be floated on a glass of water, wine, milk or other beverage.

The dose recommended for adults is two to three tablespoonfuls, morning and night, for the first two or three days. Later the amount may be diminished. Parke, Davis & Co. supply Russian oil, aromatic and Russian oil, unflavored. Physicians, when prescribing, should indicate which product is wanted.

SUGGESTIVE ITEMS

Every plant that contains arbutin has won repute in genito-urinary maladies; but, weak and uncertain, they have been considered merely adjuvants.—*Medical Summary.*

* *

The best remedy for interstitial nephritis is veratrine; 0.0005 every hour until the stomach feels as if patient had swallowed a cup of very hot water.—*Medical Summary.*

* *

There is a definite mechanism by which the placenta is delivered in nearly all cases where its expulsion is left entirely to nature.—Freeland.

* *

Tartar emetic has been added to bichloride tablets to save life in accidental poisoning by inducing vomiting. A trial did not prove successful.

* *

Child-bearing, the greatest industry of human existence, should be protected by every known means.—Brandt, *Journal-Lancet*.

* *

Someone has suggested that a compress wet in Pulsatilla is a good thing when there is soreness or extreme tenderness or pressure over the ovaries.

* *

The greatest advance in obstetrics is the elimination of the vaginal examination and the recognition of pregnant conditions through external means.—Williams.

* *

For the burning of the pellagra eruption Ashmore applies a mixture of six parts each, chloral hydrate and ca phor, and three parts menthol, rubbed together in a mortar.—*Medical World*.

* *

Asthma.—Apply ice over the right vagus in the neck; act on bowels until indicuria ceases; and for the catarrhal element keep patient on the verge of nausea with emetine.—Waugh, *Medical World*.

* *

J. N. Coons treats dysenteries by applying an ice bag over the abdomen, laxatives to clean out the bowels, enemas with lead acetate.—*The Medical World*.

* *

Saw Palmetto Provings.—Subacute and chronic prostatitis, gland enlarged, prostatic throbbing, dull pain and aching, micturition painful and difficult; often yellow discharge, sexual weakness, orchialgia, orchitis and epididymitis at

times; testes wasted, coitus weak or painful.—H. H. Redfield, *Medical World*.

* *

Orchitis.—Apply bismuth subnitrate mixed with water to consistence of cream, saturate with calx sulphurata, and strap with a rubber bandage—never use adhesive plaster.—Waugh, *Medical World*.

* *

It has been found with some men whose occupation demands fast automobile driving—speeding—that influence upon the nervous system is such as to induce sexual depression, and in some cases to increase this to full impotence. There is no doubt that this draft upon the nervous system is so great as to induce the first evidences of neurasthenia. It is not at all surprising that this should, in certain cases, take on a sexual form.

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Arbutin, better than any other remedy, restrains the loss of albumin by the urine.—*Medical Summary*.

* *

If there were but one remedy for peritonitis from perforation, which had been operated upon, I would choose saline-solution.—Fairfield, *Wis. Med. Jour*.

DRUGS ACTING UPON THE URINARY SYSTEM

H. C. SMITH, M. D.

(the "tables" constitute a major typesetter's gaffe...i.e. somebody must have dropped the type-frame just before press, are hopelessly misaligned, and have been deleted by me - MM)

This list, adapted from Wilcox, does not include all the remedies that influence the kidneys and other parts of the urinary apparatus, but does include those of importance as remedial measures. Many of these act in various ways: e. g.,

Apocynum and Digitalis act upon the vasomotor center, the vagus, the heart-muscle, and the arterioles generally, as well as locally in the kidney. The predominating action of Apocynum is upon the vasomotors, that of Digitalis upon the heart, but the water-soluble principles of Digitalis have an especially marked local-action upon the renal vessels.

Alcohol and caffeine act primarily by whipping up the circulation, secondarily by dilating the renal vessels, and their action is to increase the amount of water excreted. Strophanthus increases cardiac power, increases the tone of all muscle to some extent, and acts locally on the kidney.

Hydrangea, Epigea, Buchu, Uva ursi and the mineral acids increase digestion and oxidation, and all but the acids are eliminated through the kidneys and give tone to the urinary tract. Rhus aromatica is a tonic astringent to both intestinal and urinary tracts. Calomel may, by its action upon the gastrointestinal tract, increase the nitrogenous output, and, after absorption, being excreted by the kidney, exert its characteristic action upon the epithelium of that organ and increase the amount of water, and to some extent the solids, excreted.

Cantharides, Copaiba, Juniper and turpentine are eliminated through the kidneys, acting as irritants; and the irritant effect of cantharides in particular extends to the nerve-endings, often producing congestion, and sometimes inflammation, of the genito-urinary apparatus.

Triticum, cornsilk, santal oil and some others act as demulcents, soothing the tract; Triticum in particular very materially increases the amount of urine, and is one of the best, if not the very best,

remedies we have for albuminuria. Apis in small doses is sedative, large doses irritant, to the urinary tract, and in either case increases the amount of urine excreted.

Colchicum increases elimination and increases the solids eliminated by the kidneys; and this is more or less true of the alkalis, the acetates, citrates and nitrates of sodium and potassium. They restore the alkalinity of the blood when deficient, and stimulate the elimination of effete material through the urine.

In febrile conditions Aconite is the agent which, by its soothing effect upon the nerve-endings, and its controlling influence upon the vasomotors, most rapidly relieves the congestion and inflammation of the kidneys, and other portions of the tract, providing, of course, that the specific indications are present. If the disturbance of circulation is central in origin, it is best controlled by Gelsemium. If the urinary tract is involved in a febrile process in which there is irritation of circular muscular fiber, the pulse is full and bounding, and elimination is poor, the remedy of choice is Veratrum.

Veratrum is a most reliable eliminant. Gelsemium, Hyoscyamus and the bromides depress the motor activities of the spinal cord, relieve muscular spasm, and have a particularly soothing effect upon the genito-urinary tract; the bromides being especially indicated if there is sexual irritation of central origin.

Sometimes the irritation of the urinary tract is secondary to irritation of the sexual glands. If from the ovaries Pulsatilla is the remedy, if from the testicles Staphisagria is indicated, although either of these remedies acts upon the sexual glands of both sexes. In fact, they act upon the entire cromaffin system. If the irritation is due to

disturbance of the prostate Saw Palmetto is the remedy.

Cannabis is the remedy for neuralgic conditions accompanying atonic states of the urinary tract; and Colocynth the remedy for neuralgic conditions that are central in origin, and are sharp, cutting, sticking or stabbing in character.

The hypnotics, trional, sulphonal and veronal, will produce irritation of the kidneys if given in too great quantities, or for too long a time. This is particularly true of veronal, which is a synthetic compound of urea. Salicylic acid is another agent which may produce irritation, or even inflammation of the kidneys if given in immoderate dosage.

Drugs may alter the character or composition of the urine in such a way as to alarm the patient or the friends, or may so charge it as to affect the results of a laboratory analysis. They may do this either by being excreted in the urine, or because they set up certain changes in the body the products of which are excreted in the urine. Turpentine and oil of juniper impart the odor of violets to the urine, and the aromatic odor of Cubeb and Copaiba can be detected in the urine after their administration.

The chrysophanic acid in rhubarb and senna makes the urine a saffron or brownish color if it is acid, a purplish color if it is alkaline. Logwood renders alkaline urine reddish or violet Santonin colors acid urine greenish-yellow, and alkaline urine reddish. Phenol, creosote, naphthalene and other coal-tar preparations and the arbutin in Uva Ursa, make it a bright yellow; methylene, blue-greenish, and methyl, violet-blue.

Potassium chlorate, all nitrites, acetanilid, antipyrin, phenacetin, pyrogallol, poisoning by mushroom (*Helvella esculenta*), and transfusion of

alien blood break up the red blood-corpuses, and the products, when excreted, darken the urine. Large doses of the mineral acids, arsenic naphthol and naphthalene may occasionally produce the same results.

Cantharides, salicylic acid and turpentine in large doses may produce hematuria. The urine of persons poisoned by carbonic oxide remains sweet for months.

Poisoning by carbonic oxide, amyl nitrite, turpentine, and sometimes chloroform, camphor, mercury, morphine, hydrocyanic acid, sulphuric acid, alcohol, lead compounds, and salicylic acid, a substance is excreted in the urine which, like sugar, reduces Fehling's copper solution. In the case of some of these drugs, at least, the urine does not contain glucose, but glycuronic acid; although it reduces blue copper solution, it does not give the phenyl-hydrazin reaction, nor undergo alcoholic fermentation upon the addition of yeast.

Hydrated chloral was formerly supposed to induce glycosuria, but this has been shown not to be the case, the reducing agent in the urine being urochloralic acid, and not sugar. The administration of phloridzin, a glucose from the bark of the stems and roots of the apple, pear, plum, and cherry, which continuously heated with dilute mineral acids, is resolved into glucose and phloretin, leads to the production of glucose in the urine. Phosphorus in large doses causes leucine and tyrosine to appear in the urine, while the nitrogen is greatly increased.

Prolonged poisoning by lead often produces chronic nephritis. This is usually of the granular type, but in some cases the kidney presents a mixture of interstitial and parenchymatous disease.

In acute mercurial poisoning, when death does not follow in the course of a few hours, anuria is not infrequently observed, and this has been found to be due to renal changes, the most prominent of which is the necrosis of the epithelium of the tubules.

Fatty degeneration of the renal epithelium may be caused by phosphorus and arsenic.—*Cal. Eclectic Med. Journal.*

COMMENT: It is more than likely that no two writers would agree on the value or character of action of remedies acting on the urinary apparatus. The above gives the honest views of the writer. In a near-future article this editor will present his own views in much the same practical manner and both are open to the careful criticism of our readers.

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(Editorial)

Much demand there is, and much necessity as well, for a lucid presentation of the patriotic efforts that the Eclectic school of medicine has made during the past century in behalf of the therapeutic independence of the American people, as well as the medical profession. This seems to be now both a necessity of the people at large, and of the various schools of medicine, none of the thinking members of which are now presumed to be unfriendly to a profession interested in the general welfare of one and all, or prejudiced in behalf of a professional or scientific wrong that may be committed by persons in favor of any medical sect whatever.

At the meeting of the National Eclectic Medical Association in Indianapolis it was decided that a committee should be appointed with the object of procuring expressive and fair presentations of the Eclectic cause, presented in as condensed form as possible, both to the medical professions of America regardless of sect, and to the people who depend upon the professions of medicine for their care in sickness and for guidance in health.

This committee, with this object, calls therefore upon the friends of therapeutic progress and fairness to present arguments for two condensed leaflets. One is to be addressed to laymen and for promiscuous distribution by

physicians, with the object of bringing to the people of America the altruistic cause to which Eclectics for one hundred years have devoted their thought and care in behalf of the best interests of the people. The other is designed for the entire medical profession of America, with the object of disseminating authoritative information regarding the altruistic aim and object of the Eclectic school of medicine, which for nearly a century has devoted its thought and care to the development of the American materia medica.

This, it may be remarked, is not for any selfish purpose whatever, but with the hope of serving the opportunities of the entire medical profession of America, in which the Eclectic school of medicine is an active part.

With this object, the committee asks argumentative contributions, each devoted separately to the object named, and each contribution as strong as it can be made for the purpose mentioned, one addressed to laymen, the other to the intelligent medical profession, as a whole.

Neither of these should consume more than five thousand words, and each should be a fair presentation of the efforts of the Eclectic school of medicine in behalf of both the American medical profession and the American people, and explanatory of the century of effort the Eclectic medical profession has made in behalf of the American laymen. Those responding to this call are requested to send their contributions to Dr. John K. Scudder, 630 West Sixth Street, Cincinnati, Ohio.

JOHN URI LLOYD,
J. A. MUNK,
J. K. SCUDDER,
Committee.

EDITOR'S POSTSCRIPT

I would like to thank Frank Ervolino, N.D. for the loan of these journals, part of the library of the late John Bastyr, M.D. They were scanned with a UMAX S8 scanner, using OmniPage Pro by Caere for Optical Character Recognition.

They are offered up to the Alternative Medicine and Herbalist community so that I may learn, you may learn, and we won't have to keep reinventing the wheel. The Eclectic Movement survived for 100 years, the M.D.s that trained in the Eclectic Medical Schools were Vitalists, and prolific writers that shared their observations in the dozens of Eclectic Medical Journals that flourished in the 19th and early 20th century.

Because Eclecticism was a populist medical reform movement, arising out of the milieu and ferment of 19th century expansionism and egalitarian populism, there was a long-standing tradition of posting observations for the WHOLE medical community to ponder and comment on. Wild-eyed observations from isolated rural physicians (perhaps suffering from Medical Cabin Fever) were gleefully mixed with cautious and cogent clinical monographs from elegant silver-backed Old Pros.

One must remember that the Eclectics were a Populist Reform movement in Medicine, who took pride in their anti-authoritarian stance, rebelling against the "regulars" that trained at Harvard, Yale, and Princeton. An editor of the typical Eclectic Journal had to be careful to not over-impose an editorial posture that disallowed the more rabid physician in favor of the conservative essayist.

OUR present concept of a Peer-Reviewed Journal presumes that an editorial committee has passed careful judgment on submitted papers, and only accepted those for publication that meet its narrow field of approval. The Eclectics, for a great part, presumed that the READERS, those practicing M.D.s that read the journals, were the PEERS...and cursed be any prissy editor that prevented the readership from stomping in fierce glee on the inept letter or the ill-conceived premise. Further, Eclectics were famous for keeping EVERY issue of EVERY journal. In such a time of robust clinical experimentation, one NEVER knew when a clinical tidbit posted in the back pages of the Gleaner or the California Eclectic Journal from 16 years ago might supply the PERFECT clinical tip for a problem patient.

We too, must approach an Eclectic Journal with similar expectations: the dumb will be mixed with the brilliant insight, and WE are expected to be the Peer Review. Ellingwood, of course, was an exception in many ways, being considered to be one of the premier clinicians of his day, he put his name on the journal, filled its pages with his observations, and he seemed to have used a heavier editorial hand than many editors. A physician subscribed to the Texas Eclectic in order to join the clinical fray, but subscribed to Ellingwood's Therapeutics in order to see what far-flung wisdom the Old Man was writing about lately.

Remember...Doc (from Gunsmoke) would have been an Eclectic Physician, and such an improbable character as "Dr. Quinn, Medicine Woman" would have most definitely been an Eclectic...Eclectic Medical Schools encouraged women physicians... most of the "regular" schools grimly discouraged such abominations.

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