

National Meets at Lexington, Kentucky, June 19-22, 1928

JUNE, 1928

VOL. 19, NO. 4

# THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

Edited by THEODORE DAVIS ADLERMAN, M.D.,  
Brooklyn, N. Y.

A journal of Eclectic Medicine and Surgery, comprising the proceedings,  
papers and discussions of the Association and published in the interests  
of the Eclectic System of Medicine.

Published by the Association, 630 W. Sixth Street, Cincinnati, O.

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# **The National Eclectic Medical Association Quarterly**

**June, 1928 Volume 19, Number 4**

## **Selected Articles and Editorials**

### **CHOREA. C. W. BEAMAN, M.D., CINCINNATI, O.**

For the purpose of this paper, it does not seem necessary to go into detail concerning the etiology, symptomatology or pathology of this disease. Tremendously interesting and important is the knowledge of the symptom-complex of chorea, and the incidental pathology, which gives rise not alone to bizarre muscular movements, but often to serious degenerations in the heart and the central nervous system. The cardiac disturbance may come with startling and tragic suddenness, turning an apparently satisfactory convalescence into an unexpected fatality. Once the central nervous system has been severely impressed, one may look for recurrences, especially if the focus of infection has not been eliminated. Recurrences are not to be looked upon lightly, as experience has taught me.

I hope these statements will cause those of you who, perchance, have had little experience with this disease, or who have met only the milder cases, to give more serious thought to the study of this condition, fraught with such grave possibilities. Having passed through the various stages myself, first of seeing the disease infrequently in my early practice, then having excellent success with mild types, and finally discovering by sad experience just how severe and uncertain chorea can be, it is my desire to stimulate such study. It is my aim in this paper to call attention to some of the therapeutic agents of special value in chorea, especially those which with pardonable pride can be considered as Eclectic in their specific application.

Here it may be interesting to inject a bit of personal history which concerns my introduction to one of the most valuable and reliable agents in this respect. While still a medical student in Cincinnati, it was my good fortune to meet a physician of the old school, Dr. A. J. Miles, who had rounded out more than fifty years of practice at that time. Possessed of a brilliant mind, a courtly and genteel manner, he kept

abreast of the times, and had earned the respect of all who knew him. He was one of the foremost internists in Cincinnati some twenty-five to fifty years ago. In one of our enjoyable and always profitable chats, he told me of an experience he had with chorea. While on one of his trips to Europe many years before, one of the famous house of Rothschild had a child seriously ill with this disease, which had failed to yield to the treatment of some of the most noted medical men of the continent. Dr. Miles was known by reputation even abroad, and was called in consultation by some one who knew he was traveling in southern France. He saw the child and prescribed macrotys, or cimicifuga, as it was better known. None could be found in the apothecaries of continental Europe, but the wealth and station of the family made it possible to carry the search quickly and thoroughly until a supply of the powdered drug was located in England. It was dispatched with utmost speed to the bedside of the little sufferer, who was by this time all but given up to die. Improvement was soon noted and a cure was eventually recorded. All this was told me with no desire or effort to exaggerate the doctor's skill, but to impress me with the value of this drug, which later, in far more elegant preparation, became one of my most prized agents. Only a few years ago our late and much beloved Dr. Felter, in a splendid paper on "Macrotys," before a joint meeting of the Homeopathic and the Cincinnati Eclectic Societies, emphasized the value of this drug in this disease.

The specific indications are no doubt familiar to you all, i. e., muscular soreness, tensive deep-seated pain, sense of painful muscular contracture, bruised feeling, feeble heart action associated with the above type of discomfort. There is little doubt but its use is broader than the specific symptoms mentioned. Dr. Felter states in his "Eclectic Materia Medica:" "Macrotys has a powerful influence over the nervous system, and has long been favorably known and accepted as the *best single remedy in chorea.*" While this statement may be a little sweeping, the writer feels that he is fortunate to have this drug at his command, and many cases of chorea will be found that will be most favorably influenced by its exhibition.

While I might not place conium maculatum next in importance to macrotys, it is appropriate to consider it as somewhat similar in action, though perhaps of less general utility. Excessive motility and nervous excitation call for its use. Certain cases respond to the drug where such symptoms predominate. It is a more dangerous remedy and should be

used with care. It powerfully depresses the peripheral motor endings, and in cases where the incoordinate and incessant movements prevent rest it is one of our most reliable agents.

Gelsemium should not be overlooked, either alone or in combination with other drugs, where nervous excitement is associated with the special indications for this drug. Fever, flushed face, bright eyes, with tendency to convulsions, are not infrequently met in this disease, and here gelsemium will seldom disappoint. From my experience with this drug in encephalitis (chorea may be a form of encephalitis), I am tempted to believe that its action is not only sedative, but probably antitoxic, if not actually destructive to the organism responsible.

Arsenic in the form of Fowler's solution is mentioned because of its rather general use by our Allopathic brethren, and no doubt has found favor with many Eclectics. The statements in our literature that its value in chorea is due to a malarial or chloremic taint does not seem wholly tenable. The bactericidal action of arsenic would seemingly better account for its action. While largely used empirically, it can and should be used more specifically. General pallor, poor peripheral circulation, subacute forms showing anemic symptoms would, in the writer's opinion, seem a more appropriate field for its exhibition. There is little question that it is valuable in this disease, but whether it should be carried always to its toxic reactions is debatable. My own experience leaves me still in doubt on this point.

No doubt there are many other agents of value, but to mention more might be confusing, and I shall leave the field to others whose individual experience may add to my short but dependable list.

## **THE FRENCH COMBINATION HIGH FREQUENCY AND ULTRA-VIOLET ELECTRODES.**

JOSEPH E. G. WADDINGTON, M.D., C.M., DETROIT, MICH.

Somewhat recently the French have introduced into this country combination electrodes composed of quartz, enclosing a suitable quantity of mercury, and fashioned in variously applicable shapes. These electrodes are connected, by means of a conveniently adjustable handle, to the uniterminal Tesia of any high frequency apparatus,

thereby acting precisely as any similarly connected vacuum or non-vacuum electrode would do, but—additionally—a powerful ultra-violet radiation is simultaneously evolved. According to the Bureau of Standards, the spectrum of these electrodes extends down to 2,500 Angstrom units, therefore being exceptionally strong in the more energetic bactericidal zone. A three to five minute exposure, depending upon the voltage strength employed, will produce an intense and lasting erythema. As the voltage on a high frequency apparatus is quite delicately controllable, it is easily possible to administer treatments, with the combination electrodes, of precisely the same duration of time as generally advised with the ordinary high frequency electrodes, averaging from five to ten minutes.

Due to the heat contemporaneously evoked, a more pronounced and lasting result is thereby produced from the accompanying ultra-violet. When administering ultra-violet with the air-cooled lamp for constitutional effect, it is rarely that one wishes to induce even a suspicion of an erythema; but when using the water-cooled for its more powerfully direct bactericidal action, an erythema, or at least an approximate erythema, dosage is quite generally indicated. These French or Gallois electrodes, therefore, both on account of their shape—with the exception of the body one—and because of their thermally accentuated ultra-violet radiation or comparatively low wave length, are exceptionally indicated for orificial treatment in precisely many of the conditions wherein the water-cooled quartz mercury arc would be otherwise so valuably indicated. Unlike their exceedingly fragile and somewhat dangerous glass congeners, these quartz combination electrodes will safely withstand practically any degree of heat, their thermal coefficient being so low that the contacting quartz itself never becomes unduly heated during a treatment.

A particularly desirable feature of these electrodes, compared with the solid quartz applicators, is the equal amount of radiation that takes place from all sides of the electrode. For nasal treatments in particular, this feature of diffuse radiation is especially valuable; furthermore, the electrodes are light and can be conveniently and comfortably held by the patient; in most instances, for any maximum length of time required. A non-greasy, water-soluble lubricant should be used to facilitate the introduction of all orificial electrodes, not excepting the aural one.

Acute nasal catarrh is invariably surtailed, if treated in its incipiency,

by inserting the nasal electrode full length and giving each nostril a mild erythema dose for three to five minutes. This should be repeated daily. If the configuration of the nasal passage will not permit of adequate insertion, a narrow-pointed electrode may be used, but the thermal concentration of same will necessitate a proportionate decrease in current strength. Chronic nasal catarrh will usually require change of climate to insure permanent relief, but triweekly maximum radiations will at least prove helpful.

Otitis media and other deep-seated and serious aural affections naturally will demand any and every therapeutic aid available, but the pointed aural electrode, by its combined thermal and ultra-violet radiation, will adjunctly aid in relieving many of the accompanying indefinite and annoying symptoms so common to both mild as well as serious pathology of the ear. Eczema and pruritus of the aural canal, if dependent upon a suppurative otitis, will require primary attention to this latter, but, whether sequent or idiopathic, the former will always be benefited by intense radiation. Furunculosis of the auditory canal is easily amenable to heavy radiation, which will often abort an incipient case.

Blepharitis and chronic infection of the eyelids is relieved and kept in abeyance by treating with a nasal or other conveniently shaped electrode slowly brushed to and fro in contact with the edges of the closed lids. Only mild dosage should be employed, and treatments given tri-weekly.

The round, ball-shaped electrode is extremely convenient for throat treatments. For tonsillitis, intensive erythema doses should be given, being careful to press the electrode only against the tonsillar tissue, as excessive radiation upon the acutely responsive pillars will give rise to severe and unnecessary discomfort.

It is unfortunate that the rectal electrodes are not more conveniently modeled; however, the small hemorrhoidal is satisfactory for treatment of anal varicosities, but the indurated and connective tissue type of hemorrhoids will demand surgical attention. As a benign inflammatory reaction is indispensable for optimum results, mild blistering dosage, which is practically painless, is maximally indicated, but not to be repeated until all reaction has subsided, usually within a week.

The vaginal electrode, being insulated, concentrates the heat and ultra-violet radiation towards the cul-de-sac and around the os uteri, thus being indicated for tonic treatment of the immediately contiguous structures and for erosions of the os. An intracervical electrode is employed for intensive radiation in endocervicitis, and is usually thus indicated prior to direct treatment of cervical erosion.

Erythema dosage is determined by placing the electrode in the bend of the forearm, knee, or any other conveniently approximating surface, so as to more nearly duplicate a diffusive orificial contact. Ray two different areas, one for three minutes with medium or mild voltage, and the other for five minutes with milder voltage. In this manner one accurately determines (with each individual electrode), from the mildness or the intensity of erythema response and the thermal tolerance of the skin, a safe minimum and maximum intensity for radiation of the mucosa, recalling that this latter will, as a rule, safely and comfortably sustain a slightly more increased dosage than the skin. From my own experience, I would advise radiating for a possible minimum of five minutes with a mild current rather than a shorter time with greater current, as increased duration means increased high frequency application, which will proportionately care for the reduced voltage intensity of ultra-violet.

It were needless to expatiate upon the indications for and merits of ultraviolet; the high frequency vibrations, effluve, ozone and heat incident to the uniterminal Tesia current should and do accentuate the intensity and beneficial effects of the ultra-violet radiations evolved from the French combination electrodes, and consequently they are valuably indicated in the treatment: of a variety of additional conditions to those herein briefly alluded to.

The combination of electrodes is not intended to compete with the water-cooled quartz mercury arc, but do materially supplement its use. For the general practitioner who possesses a high frequency apparatus and may naturally desire or be compelled to limit his physical therapy apparatus, a few of these Gallois electrodes, which will admirably substitute for similar high frequency ones, and at the same time quite conveniently and efficiently act as ultra-violet generators, should prove of incalculable benefit.



## THE USE OF MEDICINES IN SURGICAL CASES.

HERBERT T. COX, M.D., LOS ANGELES, CAL.

I do not expect to teach anyone very much, but it is often well to take stock of what we have and counsel with each other. As Eclectics we teach and practice one thing which gives us a distinction from other schools of medicine; that one thing is medicine itself.

All schools study the same physiology, bacteriology, pathology, anatomy, surgery, etc., but we as Eclectics study a rational materia medica, as proved by bedside experience. Our surgeons practice the same technique in operating as other surgeons, but should be equipped and are to get better results due to more efficient care of the patients by recognizing physiological as well as anatomical lesions.

How many surgeons pay too little attention to the patient's physiological condition, or pathological physiology, before the operation? Or, when the mechanical work of the operation has been completed, stand aside and expect nature to do all the rest, regardless of a handicapped physiology? From my limited observation, I believe that the Eclectic surgeon has a better batting average than his regular brother, due to his knowledge of medicine. Several surgeons of the Allopathic school have stated to me that they know nothing about medicine, and did not care to trouble their minds with it. Therefore, the excuse for the topic of this short paper is only to review a little physiology gone wrong that may be helped by medicine.

We are excluding from this paper the well-known and varied antiseptics, mechanical and physiotherapy measures used in surgery, as they are a part of the modus operandi and common to surgeons of all schools. We shall very briefly touch a few of the conditions where, the surgeon can call medicine to his aid. We shall divide the subject into two parts: (1) Pre-operative conditions; (2) post-operative conditions.

*Pre-operative.*—Unless the surgical condition is an emergency, after there are certain conditions which, if corrected or at least partially relieved, that would in the end work to a more speedy or thorough recovery of the patient. Some of these are:

1. Acidosis. This lessens resistance and vitality and may be increased by an anesthetic. It should be corrected by diet, alkaline salts, glyconda, etc.

2. Circulatory disturbance: (a) Of the heart, low blood pressure, weak heart muscle, etc.: Give cactus, hydrastis, belladonna, nux vomica, digitalis, etc.; (b) cardio-renal disturbances: Nephritis and high blood pressure should be treated with veratrum, the various nitrites, aromatic spirits of ammonia.

3. Anemias. Sunshine, diet; arsenic and iron by mouth or intravenously.

4. Cases of diabetes and albuminuria should be gotten into as good shape as possible, diabetes by diet, ext. jambul seed, iris, chionanthus, cellasin and insulin if necessary; albuminuria by diet, barosma, fragrant sumach and many other remedies often used.

5. Insufficient coagulation and long bleeding time should be brought to normal, if possible, by means of calcium salts by mouth or intravenously; diet. fibrogen, etc.

6. Many surgical cases, as peptic ulcer, thyroid cases, tubercular and syphilitic cases need a period of medical treatment before operation. Our leading surgeons of the regular school now question whether peptic ulcer is medical or surgical in treatment, and most of them admit that they get better results with medical treatment afterward, and if possible, before operation.

7. Small stones in the ureter or common bile duct. Here complete relaxation with subculoyd gelbia or lobelia in large and frequent doses, with the patient in bed and watched carefully, with X-ray and cystoscope, often produce results and save the patient's time.

8. Last but not least, see that the patient has a restful night, free from worry before the operation. It may not be necessary to give morphine, but a mild sedative may do the work, such as valerian, passiflora, chloratone, allonal, etc.

*Post-operative.*—The main post-operative conditions will now be touched upon :

1. Shock and circulatory failure should be combated by saline, adrenalin hypodermically or added to the saline solution, glucose solution, atropine, digitalis, camphor in oil, as indicated.

2. Intestinal gas. No ice-water, but hot water for the first few days. Useful here are nux and capsicum, physostigium or physostigma sulphate, xanthoxylum, matricaria, soda bicarb.; pituitrin except in gastro-intestinal cases, including appendectomies.

3. Hiccough. Belladonna, morphine and atropine, gelsemium, capsicum, lobelia, luminal, Hoffman's anodyne.

4. Inactive conditions of the digestive organs, lack of digestion and assimilation. Here the Eclectic can use his well-known stomachics and tonics, and may not need more, but in some cases digestives may be needed until the gastric glands, liver and pancreas can do their own work, in which case coroid, pepsin, taka diastase, hydrochloric acid and pancreatin may be needed.

5. Infections, primary or secondary, as pyemia, septicemia, empyema, gallbladder infections, pyelitis, etc. Here our old friend echinacea is our standby, with baptisia, phytolacca, corydalis, stillingia, etc. Hexamethylin is useful in gall-bladder and it and salol in pyelitis, as indicated.

6. Slow-healing fractures, wounds and ulcers. This is often due to lack of lime salts. Here we think of sodium and calcium locophosphate, vitamine preparations, parathyroid compound. If due to anemia, that must be treated. If due to impure blood, use the vegetable alteratives, iodides, etc. If positive Wassermann, add salvarsan or neosalvarsan to the list.

7. Lastly, in most surgical cases, due to lack of exercise, the remedies which help the hepatic and gastro-intestinal circulation and function help the patient to a more speedy recovery, and should be carried into the convalescent period.

Many conditions, perhaps, have been omitted, but the field is broad, and the Eclectic surgeon is prepared, if he will not drift away from his teachings, to meet all these conditions with good results.

## DISCUSSION.

DR. E. B. SHEWMAN (Cincinnati, O.) : There should be a borderline in medicine and surgery. There is a borderline in the treatment of medical and surgical cases. In my candid opinion, in many instances, a good many of our surgical patients are over-medicated, particularly post-operative cases. This is, perhaps, true also of the pre-operative cases. When the doctor spoke of emergencies, I am afraid that a good many of our surgeons have not come to a discriminating understanding of what an emergency really is and what it means. A great many of the patients who are taken into hospitals and operated upon today as emergency cases are not emergencies. They should have pre-operative work, but they are put on the operating-table, whereas a few hours or days of preparation might have added something to them, before surgical shock is added to their condition, with a bad terminal result. It has come to our observation in the last few years that in the patients who come in with puerperal eclampsia, instead of rushing them to the operating-table it is well to give them pre-operative glucose and build them up rather than to do an immediate operation.

The doctor spoke of albumin. You must remember that practically every case that has a considerable amount of pus in the body, particularly in the abdomen or chest, carries albumin, but albumin without the presence of casts, hyaline or granular, does not mean anything. Albumin is present in the presence of pus in the body, but is not a nephritic lesion and should not be treated as such. In the post-operative cases a good deal of the medication by mouth is not applicable immediately following the operation, because the patient is probably vomiting. We do not any longer see the extreme cases of surgical shock that we formerly saw, and I am still convinced that fluids in the body are necessary, because many of the patients at the time of operation, particularly for emergency, are already dehydrated. Salt solution at the time of operation and immediately following is very necessary, either by proctoclysis, intravenously, or any other way.

Dr. Cox (closing) : I have nothing to add to the paper. I only tried to mention some of the things that may be used when necessary. I will admit that patients with chronic albuminuria may be put in better shape by proper pre-operative care.

## HERPES ZOSTER.

W. W. DANGELEISEN, M.D., CINCINNATI, O.

Herpes zoster, sometimes known as zoster, zona, and more commonly as shingles, is an acute inflammatory disease of the skin, appearing over definite areas, accompanied by more or less severe, pain, with usually a unilateral eruption, characterized by the occurrence of groups of firm, tense, glaboid vesicles rising from an edematous base, sometimes followed by ulceration and scarring. The favorite location is on the head or face and about the trunk.

As to the etiology, the exact nature of the infection in herpes zoster has not been fully determined. To this infection, or the toxin arising, the posterior root ganglia show a decided susceptibility, but commonly only one is affected in a given case. The Gasserian and those from the third dorsal to the second lumbar spinal roots are more prone to attack than other ganglia. If the ganglia be secondarily involved in any inflammatory or destructive process, a similar eruption appears. An injury to a nerve trunk may cause an hepatic eruption limited to its cutaneous distribution. Herpes zoster sometimes occurs in connection with malaria, meningitis, typhoid, pneumonia and chicken-pox, and is frequent in tabes and parietic dementia. Arsenical, carbonic oxide gas and intestinal poisonings also give rise to this condition.

Pathological changes occur in the ganglia of the posterior roots of the spinal nerves. The most frequent finding is an interstitial inflammation of the ganglionic centers, less often a descending neuritis.

*Symptoms.*—Pain, neuralgic in character, often precedes the outbreak of the eruption by a few hours or days, attends the eruption in its course, and may, especially in old people, persist after the eruption has disappeared. The eruption comes out very rapidly or more slowly in two to six days, lasts for eight to ten days or longer, and invariably subsides in three or four weeks. Redness remains for a time after the eruption has subsided, and a few scars are often left, with sometimes pigmentation around. Exceptionally, gangrene occurs, and, if so, such cases are grave.

Wallace Beatty notes the following facts as to the sensory phenomena:

1. Children may have no pain. This is not invariable.
2. Young adults almost always have severe pain, which may need sedatives, but the pain usually subsides with the eruption.
3. Old people suffer severely, and the pain commonly persists after the eruption has disappeared. Pain may persist for weeks or months, or indefinitely.
4. Numbness, which lasts, may be present later at the site of the eruption, The lymphatic glands may be affected early. The distribution of herpes zoster is peculiar and significant. It may occur in the course of any sensory nerve. Its most frequent location is one side of the thorax, due to a lesion of one or two dorsal posterior root ganglia.

Herpes zoster in connection with the trigeminal nerve, due to implication of the Gasserian ganglion, requires special mention. It follows the distribution of the three main branches of the fifth nerve very closely in some instances, and rarely invades the fields of two of them in one patient. This I find to be a favorite location of this disease in cases of general paralysis of the insane, the upper division of the fifth nerve frequently being involved.

Occasionally, when the function of neighboring motor nerves has been interfered with there may be ptosis or facial paralysis, according to the localization of the herpes. About one year ago a patient, aged sixty-five, coming under my care with an involvement of the fifth nerve, developed a marked facial paralysis, which cleared up in about six months' time.

The diagnosis is very readily made; only vesicular eczema and simple herpes are likely to be confounded with it. The course of the malady will clear the problem, as well as the anatomical relations of zoster, which are not presented by eczema. Herpes simplex, affecting the lips and nose in coryza and gastro-intestinal intoxications, and herpes genitalis are still unclassified as to participation of the root ganglia.

*Treatment.*—Careful consideration should be given to the treatment of herpes zoster. Rest in bed is necessary if the eruption is severe, with proper attention to the action of the bowels. It is often necessary to protect the surface from friction of the clothes, as in thoracic herpes zoster. Protective and soothing local applications are useful, as a 1 per

cent. cocaine ointment, or Lassar's paste. Collodion painted on sometimes hastens the absorption of the fluid and drying up of the vesicles, as does the use of alcohol. However, the local applications which have served me best in cases where the pain is severe are libradol, alternating with an ethyl chloride spray. Aconite and gelsemium are usually indicated as internal treatment. Arsenic has often been used, but we must remember that it is capable of producing the affection, and is likely to aggravate instead of benefiting the disorder. Sometimes the synthetic analgesics, as pyramidon, cibalgine and peralgia, are useful in alleviating pain.

Morphine may be found necessary to relieve pain, but should be used with the greatest care. Tonics may be administered to improve the patient's general condition.

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#### **EDITORIALS**

#### **BIG WORDS.**

Possibly the expression might better be "Long Words." Still, this writer, being scarcely versed, even superficially, in the direction of the weighty word problem that now confronts medicine and pharmacy, does not claim to be an authority, other than as one of the "wonderers."

By this means he wonders at the capacity of those who comprehend the problem of modern art and science as applied to the subject of words in medicine and pharmacy. He concedes that Goldsmith's summing up of the schoolmaster's wonderful talent in the following words applies—

"And still the wonder grew  
That one small head could carry all he knew!"

For fear that the reader may, after the foregoing, misinterpret the writer's position, he will state that he now refers to words that either cumber or encumber present-day literature, words as well as deeds that

possibly fifty years from now will be looked upon as the example of the mind strainings of abnormal struggling empiricists.

In times gone by, when the medical and the pharmaceutical professions only were afflicted by the attempt to introduce inconceivably long words to explain (or obscure) ultra-scientific thoughts, the problem need not then have been very great, but to teach the people as a whole the meaning of these appalling modern words seems, to one who views it from the outside, a mighty task.

In the library where the writer of these lines studies this, as well as other subjects, is to be found an old book in which an attempt is made to represent different substances by pictured characters. For example, a triangle meant one element or compound, a triangle with a tail meant another, a triangle with a neck at the top and a tail at the bottom a still different compound, and so on until the triangle was completely utilized. Then became necessary the halfway triangle, which in like manner was marked to the limit. As chemistry advanced, the utilizing of other mathematical as well as geometrical characters and pseudo-geometrical characters became necessary. For example, a circle meant one thing, a circle with a slight curved line attached to the top another, at the bottom still another curve, until the circle in like manner had been exhausted. Thus grew up a wonderful nomenclature, which broke down because of the thousands and even millions of chemical compounds, rapidly discovered as alchemy developed into chemistry, in which the logarithms of mathematics were left behind.

In 1893, Dr. Wm. C. Cooper became interested in this problem, and wrote an editorial that is perhaps as apt today as it was then. Let us reproduce it for the benefit of physicians and apothecaries interested in ultra-scientific big words as applied to remedial agents, or may-be-remedial agents. It is as follows:

“A COMPOUND CASE COMPLEXLY TREATED.—Professor Lloyd has been rubbing me up in chemistry a little lately—the New Chemistry. Although I claim to be polyverbivorous, I confess that the verbitudinosities which he reeled off with such nonchalant abandon staggered me a little at first. However, I soon “got onto” them, so that now it is painful to me to have to hear the merely quintuple-jointed words of old-time doctors and chemists. Moreover, it is shamefully violative of that antique curio, the code, to use trade marked or



copyrighted medical terms. Because I wanted to experience once the ethico-conservative sensation, I cocooned myself in the spirit of strict and consistent “regularity,” and under that pressure of prim legitimacy I pen the following report of a very peculiar case which recently came under my care:

“WONDERFUL CASE.—Two weeks ago I was summoned to the bedside of Djoahnne Sdtleometzhler. The involute and labyrinthinate tangle of his symptoms made me suspect at first that he had absorbed his own name. But further examination convinced me that he was the victim of typhomalarariopneumophthisicotrichinotetanoataxionephriticosplenitis. Owing to the ubiquity of pathogenic bacilli, antiseptics are always indicated, so I exhibited calcium betanaphtholalphamonosulphonate. As the patient suffered from a severe non-localized pain, I gave orthooxyethylanamobenzoylamidoquinoline, combined with salicylaldehydphenyldimethylphyrazolone.

His wife asked me what ailed him and what I was giving him. I told her and she said “yes” and turned very pale.

Upon examining him the next morning I became convinced that the vital forces had misconstrued the remedies and that a congeries of reabsorptions had resulted. I then wrote out the following prescription:

Tetrahydrobetanaphtholamine,  
Sodium thioparatoluidinesulphonate,  
Orthosulphamidobenzoicanhidride,  
Amidoacetoparaphenetidine, 1 ounce each. M.  
A tablespoonful every hour.

“When the wife presented the prescription to the druggist he instantly dropped dead. The patient is up and about, but something is wrong with his Broca's convolution—he mutters a multisyllabic lingo which is intelligible only to modern pharmacal experts. I am in hiding, where the spiral melody of the woodbine that twineth blendeth with the sweet, low, soothing, murmurous, quadrisyllable, rhythmic tune of the gentle polygonum punctatum.”

So much for the treatment of ailments by means of big words, as considered by that artful writer, Dr. Cooper. At the present day he could unquestionably do better than then by reason of the widened

opportunities of word creators. Let us, from a modern publication designed for practitioners of medicine and pharmacy, quote a few words applying to the treatment of ailments very well known. Should the copyist either lose any of the letters or syllables, or add anything thereto, the loss, if observed, would not be a misfortune: Staphylococcusstreptococcusbacterin; Streptococcusstaphylococcusbacterin; Streptococcusstaphyloocusbacterin.

Turning to another publication, likewise concerned in remedial agents, where an attempt is made by their names to distinguish or describe them, we find the problem of big words again confronting us. For example, we may quote (provided the copyist neither adds to nor takes from the original passage) an example as follows: Staphylostreptobacterin; Staphylostreptoserobacterin.

In prescriptions, such as might be needed compounded of several such items as per the not yet obsolete “shot gun” method of some physicians, two or three of these word wonders might be prescribed together (the things, not the words), thus simplifying the problem.

To sum up, some persons might imagine the writer is inclined to criticise facetiously, which is not the case, unless it be that he is wondering why short, expressive terms might not, for practical purposes, by “ethical” authority, be introduced instead of the cumbersome, many-syllabled words, which probably, like the characters employed in the days of early chemistry, are destined to break down by their own weight as the years pass.

P. S.—For authority to make the above sentence, read DeQuincy.

JOHN URI LLOYD.

### **FREEDOM—WHERE IS IT?**

Let us read the Declaration of Independence. Let us ponder over the words composing this great document of human desires for a free country and for liberty. Let us reason and find the real meaning of the words as signed by those great men.

Let us analyze the intentions of the signers to establish a free land for

all mankind, and let us compare the present status of our country, which has so radically swung from a free land with a government of law to a country with a government of certain men, with a people who seem to have lost all their rights.<sup>1</sup>

The signers of the Declaration of Independence certainly would not stand for any of the measures that are gradually being forced upon us.

The supervision of the moral conduct of any human being, the supervision of his tastes, the supervision of his desires, the supervision of his mode of living, the supervision of his eating and drinking, the supervision of his pleasures, the supervision and suppression of his rights to his mode of education, the forcing upon the people of rules and regulations in the means of producing members of certain professions and trades, the imposing of rules which are burdens and which result in the lack of necessary men in certain activities (as in medicine), have changed a country with free aspects to a land regulated by a government which is becoming so paternalistic that it will soon resemble governments in certain parts of eastern world. This paternalism in America has reached a point where it demands of all right-thinking citizens some definite and constructive action. Restrain by laws, once begun, always increases.

In times gone by, education in general, in law or in medicine, was in hands where brains counted, where there was freedom of expression, where learning was expounded upon its own basis without restrictions from money centers.

Today education in all its branches, whether professional or general, is in the hands of trusts and foundations, which shape the trends of teaching and the minds of the students to suit their own purposes. Consolidation of large interests is growing from day to day. Trusts grow so fast and in such numbers that the country will soon be in the hands of a few rich men.

Independent thought is suppressed. Teachers and professors who dare to disagree with the doctrines as laid down by the foundations, or who dare to lift their voices expressing independence, soon find that unseen powers have terminated their connections with the colleges.

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<sup>1</sup> Sound familiar?—MM

The medical situation of this country, a result of the foundation rule, is deplorable. The lack of physicians is great and increasing from day to day. In the State of Vermont 116 towns have no physicians. Hundreds of doctor-less towns and doctorless villages are offering bonuses to induce physicians to settle and practice in their midsts. Eight towns in Hamilton County, Massachusetts are without a physician. About one-quarter of the towns in the State of Connecticut are without physicians. About 750,000 births are without medical attention annually. In New York State much illness and many deaths in the rural districts are due to the lack of physicians. The Surgeon-General of the United States Health Service says that about 84 per cent. of the country's rural population are as yet unprovided with adequate health service. Towns upon towns advertise for physicians, and yet obstructions are thrown in front of every independent medical college not allied with the foundations.

This question arises: Will the people be willing to keep on giving up their liberties to the state, or will the people rise once more in protest against the state and federal governments, demanding the rights for which the fathers of this country fought so hard?

We are opposed to federal and state centralization. We are opposed to a bureaucracy. We are opposed to laws which suppress freedom of education, no matter whether it applies to general education or to medicine. We are in favor of freedom of the individual in education. We are in favor of the small college, not burdened with million dollar foundations dictating its policies and teachings. We are opposed to the medical examining boards which receive their orders from certain bodies and follow the rules laid down by the class of uplifters who are backed by millions of dollars furnished by trusts and foundations. The standards of modern medical education and practice should be set by the people, by the public, and not by an oligarchy of medical quasi-reformers.

We are in favor of medical examining boards composed of two representatives from each medical school as now found in this country. We are in favor of medical boards composed of two Allopaths, two Eclectics and two Homeopaths (no medical school to have a majority on these boards); free men, changing every year, and giving each graduate, no matter what college he comes from, a just examination, even if the college he graduates from had no campuses, no million dollar

dormitories and no endowment funds. These representatives on the medical boards would be selected by the American Medical Association, the National Eclectic Medical Association and the American Institute of Homeopathy.

The whole question for these boards to decide is: "Does the applicant know enough medicine to practice his profession with benefit to humanity?"

ADLERMAN.

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