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EDITED BY
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FOREST, HARDIN COUNTY, OHIO

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Eclectic Medical Journals

The following is a list of the Eclectic medical journals, with various details in regard to same. We believe that every Eclectic should subscribe for several of these journals, and thus help our publications in promoting our cause:

AMERICAN MEDICAL JOURNAL, M. M. Hamlin, editor, 5255 Page Ave., St. Louis, Mo. 8vo, 40 pp., monthly, $1.00 per annum.

CALIFORNIA ECLECTIC MEDICAL JOURNAL, O. C. Welbourn, editor, 818 Security Bldg., Los Angeles. 8vo, 40 pp., monthly, $1.00 per annum.

ECLECTIC MEDICAL JOURNAL, H. W. Felter, editor; J. K. Scudder, publisher, 630 W. Sixth St., Cincinnati, O. 8vo, 56 pp., monthly, $2.00 per annum.

ECLECTIC MEDICAL REVIEW, G. W. Boskowitz, editor, 242 W. 73rd St., New York City. 8vo, 32 pp., monthly, $1.00.

ELLINGWOOD'S THERAPEUTIST, Finley Ellingwood, editor, 32 N. State St., Chicago, Ill. 8vo, 40 pp., monthly, $1.00 per annum.

N. E. M. A. QUARTERLY, Wm. Nelson Mundy, editor, 630 W. Sixth St., Cincinnati, O. 8vo, 96 pp., quarterly, $1.00 per annum.

NEBRASKA MEDICAL OUTLOOK, L. S. Kent, M.D., editor, Lincoln, Neb., 24 pp., bi-monthly, $1.00 per annum.

Eclectic Medical Colleges

Scarcely second to supporting our Eclectic journals and our societies, comes the need of hearty support of our various medical colleges. The following is a detailed list of colleges recommended by our National:

ECLECTIC MEDICAL COLLEGE, 630 W. Sixth St., Cincinnati, O. The seventy-first annual session begins September 16, 1915, and will continue eight months to May 16, 1916. For bulletin and other information, address Rolla L. Thomas, M.D., Dean.

GEORGIA COLLEGE OF ECLECTIC MEDICINE AND SURGERY, Tanner, near Edgewood, Atlanta, Ga. The seventy-sixth annual session begins September, 1915, and will continue until April, 1916. For catalogue, address Elzie B. Thomas, M.D., Proctor.

COTNER UNIVERSITY MEDICAL COLLEGE (formerly Lincoln Medical College), Lincoln, Neb. Fifth session begins September, 1915, and will continue eight months to May 14, 1916. For announcement, address F. L. Wilmeth, M.D., dean, 609 S. 17th Street, Lincoln, Neb.

ECLECTIC MEDICAL UNIVERSITY, 23rd and Holmes Streets, Kansas City, Mo. College session will begin September 15, 1915, in the new University Building. For catalogue and information, address D. R. Alexander, M.D., secretary, 23rd and Holmes Street, Kansas City, Mo.

The National Eclectic Medical Association Quarterly

September, 1915 Volume 7, Number 1

Selected Articles and Editorials

ADDRESS.

JOHN URI LLOYD, PHAR.M., CINCINNATI, OHIO.

Mr. President, Members of the Society, Ladies and Gentlemen:

I find my name on the program for an address. I do not know just why I am permitted to speak to you, unless it is by reason of the fact that I am old enough to talk to most of the members in this room as one who would speak perhaps for the last time, for when a man comes towards seventy (sixty-six), it may be the last time[1], and I say to you young people that the time will come when you will comprehend that and feel as I feel now—you can not avoid it. Our young friend, Dr. Mundy, said yesterday to me, "Professor, I almost feel now when I go to a society meeting as though I am getting into the older class." You move into it, you become a part of it, and you look back and reflect over opportunities lost in times gone by, mistakes made in times gone by, and hope always comes when we reflect over these lost opportunities and these mistakes made—hope always comes that those who follow us will not make the same mistakes and will have greater opportunities.

I am sure when I take this for my text to-day—for I have no text other than what comes—somewhat like the wind. Whence does the wind come, and where does it go? So it is with thought; whence does thought come and where does it go? Let me tell you that, in my opinion, thought comes through the experiences of the past, which is the text I stand upon, and giving thought an opportunity to wander, where does it go ? It goes where the words are spoken and the lines that are written in connection with the thought, makes the impression on those who listen and those who read. When we come to a point like I am now, the question is, What will be the effect on those who are here? So what I

1 [Lloyd lived until 1936-MM]

propose to say to-day, and I will make it brief as possible and as direct as possible, is along this line.

We are members of the Eclectic school of medicine, and we should not forget that fact; and we should not forget in thinking of that that the Eclectic school had a mission to perform and that it is still, as the address of our president called to our attention, it is still a living thing, and that those who are to follow still have a mission to perform, and I think added opportunities will come to them by reason of the work that we have done, on the foundation on which they will stand, by the efforts we have made and the sacrifices we have made in behalf of the work that they are to do. Look ahead, look ahead! Longfellow said, "In thy journey look not backward." Let me say that it is standing on that which is backward now which gave us an opportunity to look forward, and we who are passing out comprehend fully the opportunity that you have who are coming in. Listen! Forty years ago, fifty years ago, fifty-two years ago, I first came into touch with the Eclectic school of medicine. They were held up to me as being irregular. Irregular in what, I ask you? Irregular in what? I watched this as I came into contact with the different schools of medicine. As I came into contact with Dr. John King, and later, with Dr. Scudder, and later still, with Dr. Locke, and then with Daniel Vaughn, the eminent scientist of Cincinnati, a leader in our school, when I remember James R. Buchanan, the eminent thinker who is being followed by those who think they are in the first rank to-day of thinking in this line, as I call one after the other of these old Eclectics to mind and think what they have done, I ask the question, Irregular in what? I will tell you. Irregular in that they were willing to sacrifice for the benefit of humanity. They were thus irregular. (Applause.) Irregular because of the fact that they were willing to go into a minority school of medicine where they would have liberty to think outside of the beaten path where the road was laid down. Irregular in that they sacrificed personal opportunities that came and always come to those who are in the majority, sacrificing that in behalf of principle. One of the thoughts, and I think you will excuse me for saying this, one of the thoughts that I fight and one of the thoughts that I try to keep myself from falling into constantly, is that of separating the individual from the cause, is that of endeavoring not to judge the work of a man by the personality of the man, endeavoring to overlook the wrongs of the individual whom I know has certain wrongs, in behalf of the greater good the individual accomplishes in behalf of the cause. In other words, separating the

individual from the cause. That is where so many of us fall down. If a man is in a position where he is doing a work and we see something about that man we do not admire, we are apt to forget the work he is doing and make conspicuous the fault, forgetting that the faults we have come to that man and he forgets the work we are doing and looks upon the faults. Overlook the idiosyncrasies of humanity as you go along, And remember that the weaknesses of humanity are common alike to each.

And so when some man picks out for you a fault of some man who belonged to the early Eclectic school of medicine, but who did his work well in those days in behalf of the cause, when he finds some little thing and forgets all that the man has accomplished by reason of the fact that the microscope shows up this little fault, do you remember what the man has accomplished ?

I have never known a man that I could learn to hate, because it seems that the man I might want to hate had done so much good that on thinking, the hatred disappears and dissolves as snow before a summer sun. (Applause.) There is no such thing as human hatred if you will think that all alike are serving the best they can in this world, where we are all a part of the humanity of it all. I have sometimes been in a position where I had a rocky road to travel in pharmacy. No one knows what I have had to go through in pharmacy and in medicine as well—a rocky road—and sometimes I have been pestered almost to distraction, and when that time came and the individuality of the person who was antagonistic has risen up, do you know how I softened myself? Listen! I will tell you the scene that comes to me then, and after I put myself in that position, there is no longer antagonism. I think of the day when one or the other of us will lie still. That picture comes—and I have done this many, many years— that man dead before me, and I say to myself, “What will you say about that man now? What will you think of that man now?” Put yourself in that place and then do not say anything about him when he is living that you would not say about him were he dead. Can you hate a dead man? No. Then, my friends, when these little things come before us that concern the individuality of the man as we go along in this work, let us forget them in behalf of the great cause in which we are engaged.

The opportunities of the future for the Eclectic that is to come overshadow the opportunities of those who have, up to this time, been

in our school. Do you think I say this without reason ? I want to say to you that if the Eclectic school of medicine should, as a people, come to that conclusion, the Eclectic school of medicine will lose the opportunity given to it by the fathers of Eclecticism. Wanderers are these other sects—may I impress that—wanderers are these other sects. The Eclectic school of medicine is not sectarian. That has been thrown at me from the time I began the work with Robert Bratton and E. E. Stevens, at Miami College—that you have gone into a sectarian work. But I have thrown it back with arguments that have never been refuted, "No, I left the sect because I would not be circumscribed by rules and laws laid down by a few men, and went into a school of medicine that is not sectarian." (Applause.) I can not understand how my friends in the other school of medicine will not teach the members of the other schools of medicine that the Eclectic school is the only non-sectarian school in medicine, the only one that is not restricted and is not compelled, by the records of the past and the methods of the present, to follow a line of teaching outside of which they dare not go without being irregular. (Applause.) You may be able to explain it. I have not as yet, but yet I make no complaint; none whatever. Why? As I have just told you, we must not look at individual faults. We are in the minority, and, of course, the majority say the minority are sectarian. It is natural that those in a great party should speak of the minority as being a sectarian part of the work in which we are all concerned.

Now, what is the duty of the Eclectic of the future? How many times have I seen the official medication of the sectarian majority come and go, and with the disappearance of each of the regular methods and regular lines of medication, I have said to myself, "When the next fad will come in, this, too, shall pass away—this, too, shall pass away—as it always has done." Can you call to mind the successive coming in and going out of that which is regular in medicine? I repeat that when I came into pharmacy there was no regularity—and I say this with all kindness and with the best motives—the medication was a system as they believed, a scientific system, and look you, the word "scientific" has always capped the system of their medication. The word "scientific" has been held before the people as though it were something that belonged to one school of medicine, and that term scientific has been held before them in contradistinction to the word "empiricism," which they attempted to throw as a slur on other schools of medicine, and, if there is any school of medicine that is empirical at the present time, absolutely empirical, trusting to experimentations not on the human body, but on

animals, noting that which comes from experimentations they make on animals, it is the regular school— the majority.

Now what were the circumstances fifty years ago when I came into pharmacy? I filled prescriptions for all schools of medicine. See these two fingers? I imagine myself reaching a thumb and finger into a jar of blue mass, one-third mercury, and taking out some little pellets and rolling them between my fingers and dropping them on the scale pan, balanced on the other side by a ten-grain weight, and I was so expert that it was seldom that the pills had to be taken up again to be reweighed. That was the custom—ten grains of blue mass on going to bed; two compound cathartic pills in the morning or an ounce of castor oil—for the beginning of nearly every case that came to the druggist. The first step in regular medication. Then came the tartar emetic plaster. I would give any amount of money for the old plaster iron I used to spread blister plasters, and when the doctor could give me the position that plaster was to occupy, behind the ear, three inches by two, or wherever it might be, I could cut it to fit the part. And then the croton oil that was used. It was the custom to be regular in that way. It was a bad habit, and they have gotten themselves out of it and it is gone. Then they came through the quinine period—everything was quinine—and if a man did not seem to need quinine, the doctor would take a microscope to find it. But they have left all this, and I can remember when Dr. John Scudder commenced to give calomel in one-tenth grain doses. How they laughed at him! He said it was better than the larger amount, and now the authority, as I understand, is one-tenth of a grain of calomel every half hour. But each of these left a sliver of something useful and, in my opinion, the present fad—I will not mention it—will leave something useful. In my opinion, the getting together of this great mass of money to be used for the purpose of establishing these fads will but hasten the day when these fads will be wiped out by a people that will rise up as we of the olden time rose up to crush the fads that I have brought before you. Give mercury to salivation! Did you ever see a person salivated? Show me the doctor that bleeds to-day; show me a doctor that used a plaster iron to spread the blister plaster. They are all gone. And yet I will not say that, sometimes, these methods may be useful.

The work of the Eclectic is to be a teacher; the work of the Eclectic has been that of a teacher. Can you comprehend it? A teacher against regularity? The work of the school has been that of offering something kind to take the place of something cruel, to use nature's remedies, to

study nature, to be true to the cause in which we are engaged, and in the work of the coming school, you must tread that line, unless the whole cause of medicine becomes Eclectic. Can you comprehend it? Take a barrel of sweet water, put into it one grain of yeast. It is lost, you think it is gone. But wait; begins the agitation, begins the turmoil, the confusion, continuous changes are taking place in that entire barrel of sweet water and within a time, it all is in a turmoil, until finally it becomes quiet again. So the seeds we are planting put into this great vat of American medicine are making themselves felt; the seeds are taking root. You have them ask you questions now, and increasingly as this present fad sweeps over this country, functioned by immense quantities of money, increasingly you will find these questions asked. I am in a position to comprehend, my young friends, that more than ever, the physicians are being liberated from the sectarianism that has prevailed in the times gone by.

In this cause you have a great opporunity for education, and I hope, my friends, that you will not forget that education and schooling are very different. A man may have much schooling and very little useful education. A boy may be put into a school and go through high schools and universities and come back and not be able to help a single human being, not be able to make his own living. So when you see this great amount of money spent in the name of education, put in the place of the word “schooling.” I would rather have a doctor treat one of my family who had been educated in the study of disease and medicine, than a doctor who has been raised to the skies and the study of astronomy. (Applause.) It matters little to me whether he spells socks “sox” or not, or whether he comprehends what a pair of socks may be; it does not matter. Some people think that the education of a young man depends upon the schooling he has in an artificial direction. I can think of one man in Ohio to-day, who can spell but little better than I can, and I can not spell at all. If you would ask me to spell welcome, I would not know whether it has two “l’s” or one, and if some university student wants to criticize me because of that, I say, “I can put a good many things that you can not reach where they should be.” And so it is as we go through life. Remember, education comes from all directions. The world is a great university; there has never been completed a greater thing than the world. I have met many men talented in these other educational lines, but I have never listened to one who could teach me, who could help me as I need help, better than this physician in the little town, in Ohio.

Then let us each feel that we have a part to fill, a work to do, and the great cause of Eclecticism is to continue in the study of the preparation of plants. I have largely excluded all else from my line of work. I have come to comprehend that all life action comes from vegetation, which I could not comprehend without the knowledge that was given to me by these men of the olden times. Whatever is in life, comes from the plant; whatever acts on life beneficially, comes from the plant. And now listen— you believed me when I taught you years ago and used a blackboard—let me tell you that all life structures that I know of, that all life foods that I know of, are colloidal, and colloidal chemistry is the chemistry in which we stop studying the molecules and study the action of structure on structure. We are walking colloids ourselves, every tissue of the body is colloidal, every food that we take is colloidal, and behind it all rests water —water, the material that, in the time to come, will be studied by the chemists and pathologists as the great source of functional activity in human plant being.

Mr. President, I thank you for this opportunity to make this wandering address. Many of the sentences I have used I could dwell on for hours, but the points I have mentioned have been cut because we have not the time. But I hope you will remember that you have a work to do. Remember, do not criticize the other man if you have not done anything yourself. Do not criticize the man who has done much because he has made some mistake in your opinion. Think kindly of the other man, try to find, wherever you go, an opportunity to say something pleasant, to find something good in whatever locality you may be—and you will find it. I have traveled the world over and I have never found a place that there was not something to learn, something good to say, and I have never come into contact with a human being I could hate, because the faults that I might stir myself to believe about that man, if I would allow myself to dwell upon them, disappear.

I will close with this, “Unto him that hath shall be given.” Cut out the money side of this, forget what the preachers tell you—if you think good thoughts—unto you that hath shall be given. If you have had thoughts, unto you shall be given. If you do wrong, other wrong comes, and if you do good, greater good comes. “Unto him that hath shall be given.” Try to think good will to all, peace on earth, good will to men. (Applause.)

OH, THE SHAME OF IT!

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

The Eclectic school of medicine is not a side show to the apparently large performance of the dominant school in medicine. It is a live, distinct and productive section in the great field of medicinal endeavor and possesses features distinctly its own. Therefore, it is well to note that there are things about it which are "peculiarly Eclectic." For often our own followers lose track of the fact that we have something distinctive and something that gives us the right to a distinct, separate position as a school of medicine. You may send your student to a literary university and he may acquire a good grounding in biology and the common sciences. You may send him to any school of medicine—Regular, Homeopathic of Eclectic—which makes any pretense to teaching, and have him well-taught in the facts of anatomy and the principles of physiology. In either the literary or the medical college he can be well-trained in physics and chemistry, but only in a medical college with clinical facilities can he acquire the necessary instruction in medical practice and therapy. If he wants regular medicine he should not come to an Eclectic or Homeopathic college. If he wants Homeopathy he should steer clear of the other extremes —Eclecticism and regular medicine. Obviously if he is to acquire Eclectic practice. Eclectic materia medica and therapeutics, he must go to an Eclectic college of medicine.

"This fact is often lost to view; and convenience and financial considerations influence the prospective student to acquire patch-quilt education in medicine—a little from this college and a little from that one—and when he 'finishes' he has done nothing well and emerges as from a dream into the realm where so many land—uncertainty in medicine. Even though financially pinched, it is far better to make a strenuous effort to attend the right college, however great the cost or distance. It will be casting bread upon the waters and after many days it will return to him in skill, reputation and money. If the time ever comes, post-graduate instruction in any college of his selection will then be profitable and worth while. But let us repeat. If you want that which is peculiar to Eclectic medicine, go to one Eclectic college for a full course from start to finish, but do not attend several colleges of all sorts of persuasions and hope to acquire a knowledge of Eclectic medicine by finishing the last term in an Eclectic college."

The above is an editorial in the *Eclectic Medical Journal*. It is so pointed that I have thought of it nearly every day since I first read it, and I have re-read it several times.

At one time I had a student, who was a well educated young man and he told me that he did not propose to be tied down to Eclecticism, but was going to know all there was in all schools. After practicing with success for a couple of years, he became restless, and, like many, thought it "better further on." He began vacillating hither and yon. Finally, he moved to another town and purchased the practice of a very successful Homeopath, and from that time on he was a full-fledged Homeopath and Eclecticism was not "in it." He knew nothing of the principles or practice of Homeopathy, as he had no specific training in that school of practice, but said there was not much difference in the schools He soon failed in his efforts to be a Homeopath and moved from the place, and took a short course in refraction and located in another town and started with the announcement that he specialized in diseases of the eye, ear, nose and throat, and with no special training in this except the short course in refraction; he soon failed again, and thus his whole professional life was a failure.

There are many such in our ranks to-day. They are like the "wandering politicians." The last one who sees them gets their vote. Many of our men are crazed over being an officer in some society and especially of a medical college. If they can only get to be a "professor" in a medical college they are as near heaven, perhaps, as they ever will be. It makes no difference what college it is, of what school it is, just so they are professor. They would sell out their own medical societies and their affiliation with the Eclectic school for a mess of pottage, yes, sell their passport to heaven (if they had one), if they could only be connected with some medical college. Well, what is in a name anyway. I never knew of any one who wanted an office, unless it was for self-aggrandizement and not for the good of those whom he is to serve or the cause.

Some years ago at one of our State meetings, it was proposed that we change the name of our society to "The Illinois State Therapeutic Society," and drop the word "Eclectic," and there were hundreds standing "just outside the gate" ready and anxious to come in, but they could not until that dreaded word was eliminated, and we should "fling wide the gates," and were informed, by our own members, that if we

would not do that, they would organize a State Therapeutic society and would meet in the same place and at the same time and kill our society. All this by our own members, and not outsiders. You know well the result. The much talked of society was organized with over a hundred members, so I was told, and perhaps three-fourths of our members present that year joined the new society, they were nearly scared out of their shoes for fear of the "slaughter of the innocent." They were to have one thousand members within a year, and behold, the poor child "died in the bornin."

Is it not strange that so many of our members desire to change their names? They should have been women. It makes no difference what new name they adopt, whether it is the Illinois State Therapeutic Society, or The Association of American Medicine, The Chicago Society of Medicine and Surgery, any "old thing," just to get rid of the despised word "Eclectic." O, Lord, anybody or anything, so we get rid of that word. "Oh, the shame of it."

Is it not also strange that there are so many soreheads in the profession? So many "political doctors" always scheming for advertisement? Many are not in any medical society and perchance, if they are or have been, they have lapsed or have been dropped for "cause." Whatever that cause may be, and some of the disgrunted ones get together, like so many anarchists and conspire to kill their parent societies, if possible, and organize a new one that will open wide the doors to all other malcontents who either do not or can not belong to the societies of their own schools, or want some office or some other kind of advertisement, or the crowning glory of a professorship in some mongrel college composed of the riff-raff of all schools. "O, the shame of it."

Many of you remember Prof. Locke's story of the piggy and puppy. Perhaps there are many here who never heard Dr. Locke tell this story, and to further illustrate my point, I will give the story in substance. One time an Englishman decided to present a pig to a friend of his who lived some distance away, so he told his servant to take the pig and put it into a bag and carry it over to the friend. The servant proceeded to obey his master. On the way he had occasion to pass a road-house and left the bag and piggy outside while he went inside to get a drink. Some wags thought to play a joke on the servant, so they removed the piggy from the bag and put in a puppy of about the same size. When the servant came out he picked up the bag and proceeded on his way. When he

arrived at his destination he told the man that his master had sent him a very fine pig as a present, whereupon he opened the bag and poured out the puppy, and with great astonishment and profuse apology he stated that, "that was a piggy when I started and now it is a puppy." He placed the puppy back into the bag and started for home, but on his return trip, he stopped at the same roadhouse to get another drink, and while he was inside the same wags took the puppy out and replaced the piggy and the servant proceeded on his journey. When he arrived home he narrated to his master this unusual phenomenon, and opened up the bag to prove to his master the truth of his statement, and poured out its contents, and there was the same piggy that he started with. In profound astonishment he stated: "Whin I started over there this was a piggy and when I got there it was a puppy, and whin I started home it was a puppy and now it is a piggy. I wish you would either be piggy or puppy all the time." That is the way with some of our Eclectics they are piggy one place and puppy the other. "Be we men and suffer such dishonor?" "O, the shame of it."

There are so many of our men who seem to be ashamed of their mother. Often we find young men outside of the profession that are ashamed of their mothers. I have never seen the time that I was ashamed of Eclecticism, always ready to give a reason for the faith within me, even in the presence of large numbers of the dominant school, who were calling us all kinds of names of an uncomplimentary character. I can not understand why it is that Eclectics, who owe all their success to the principles and practice of Eclecticism want to drop the name and connect themselves with Allopathy who as a school are confessedly weak in the practice of medicine and, freely admit that we are superior to them in therapeutics. And pray, what is the practice of medicine if it is not the administration of medicines to cure the sick? Most of us prescribe medicines a. thousand times where we perform even minor operations in a surgical way, unless we pose exclusively as , surgeons.

Therefore—

"When freedom from her mountain heights
Unfurled her standard to the air,
She tore the azure robes of night
And set the stars of glory there."

And let us as Eclectics plant our banner so deep that no one can roll it

up, and to such mountain heights that it can not be torn down, and then, when having done all, to stand for Eclecticism.

LARYNGEAL DIPHTHERIA.

IDA F. KITTREDGE, M.D., ST. LOUIS, MO.

This is an acute infectious disease caused by the Klebs-Loeffler bacillus. This disease is highly contagious, as this particular germ is very virile, and may live in a throat for months after a case has been pronounced well. It is usually contracted by direct contact, but may be contracted by instruments, hands, clothing, etc. Young children are much more susceptible than older ones, and succumb more readily to the disease, hence, the, nec-cessity of strict prophylaxis.

Predisposing Causes.—Chronic catarrhal inflammations, adenoids, enlarged tonsils, cavities of carious teeth, will harbor bacilli, before and after an attack, and I have found whooping cough a predisposing cause for laryngeal diphtheria.

Pathology:—Epithelial cells of the mucous membrane are attacked, also heart muscles, lymph glands, nervous system, kidneys, liver and spleen. Fortunately, the diphtheria bacillus is not apt to invade deeply the subjacent structures, but is found in great number on the surface of the affected mucous membrane, and false membrane. Unfortunately, the diphtheritic toxins are very diffusible, readily entering the blood and lymphatic circulation, and through these channels the poison is conveyed through the entire system.

Symptoms:—In laryngeal diphtheria we do not have the clinical features found in diphtheria of the upper air passages above the larynx. The first signs of laryngeal invasion is hoarseness, croupy cough, and slight dyspnea. These symptoms steadily increase until laryngeal stenosis is present. We also have a rise of temperature, with quick rapid pulse, according to the severity of the case.

Treatment:—If there is any place in the practice of medicine where we have an indication for acids and iron, it is here. Echinacea is our sheet anchor for all septic conditions. Phytolacca is certainly indicated where you want an active glandular system. Aconite for the feeble, rapid pulse.

Locally I like peroxide and listerine, one-half of each, dropping the peroxide as soon as the false membrane has disappeared. Antitoxin is used early, in good full doses. Use it while the lesion is practically local. If you wait until you have mixed infection, you need not hope for excellent results from antitoxin.

Intubation is an important means of relief—steaming with lime under a tent is an excellent aid. Brown iodide of lime, given early, persistently and frequently, has aided me in saving lives.

DISCUSSION.

DR. ROSA GATES: I just want to add a word, and that is that we want to use a large dose of antitoxin. There is nothing equals it for diphtheria or croup.

DR. MUNDY: What do you call a full dose of antitoxin in the beginning?

DR. GATES: According to the age, never less than 4,000 units. Give a large dose and give it early, if you want to do. any good.

DR. MUNDY: There seems to be considerable diversity of opinion upon the initial dose of antitoxin. So far as my personal experience goes, I am not such a strong advocate of antitoxin as some physicians. It might be that my first experiences were due to the idiosyncrasies of the patient, but they were not very happy. I practiced medicine before we had antitoxin, and had considerable experience with diphtheria with all its complications. In the last two years I have gone through an epidemic of diphtheria, with antitoxin, and have compared my results with former epidemics when I did not have antitoxin. Of course, I can only speak from memory, but they will be published in the transactions of the Ohio State Society. I also compared the results in the Willard Parker Hospital, in which many thousands of cases were treated, and I find that my figures, although a limited number of cases compared with the thousands in the Willard Parker Hospital, that my percentage is very close to that of the hospital. Physicians tell me that since the day of antitoxin, they lose no cases of laryngeal diphtheria. I think that is a mistake. My initial dose in a case of laryngeal diphtheria is 5,000, never less, usually 10,000, repeated in from six to eight hours if I see no improvement in the patient. My experience has been that I have never seen the membrane disappear in the few hours as many physicians claim with antitoxin. I

have seen systemic changes, I have seen the pulse sink, the skin become moist, and respiration easier, but I have not seen that shedding off of the false membrane that so many men talk about.

When I use antitoxin I use other means also. You are not confined to the use of antitoxin. No disease gives me so many hours of restless sleep as laryngeal diphtheria, and I believe, too, that a false impression has been given the laity regarding the use of antitoxin that is having an unpleasant effect, because they hide the mild cases of diphtheria, which are the dangerous ones in the spreading of the disease.

THE SANE CONDUCT OF NORMAL LABOR.

CHARLES J. HEMMINGER, M.D., ROCKWOOD, PA.

This article considers only normal labors. It may seem rather strange that such a paper should be read at a National meeting, but statistics prove that 95 per cent. of labors are normal; therefore, it is just as important in the normal cases what not to do and what to do as it is necessary to know how to treat the abnormal conditions.

At the outset I wish to state I believe that a great deal, possibly 60 per cent. of the prolapsus and displacements of the uterus as well as lacerations of the cervix and perineum, are the result of meddlesome midwifery. I am not alone in this observation, as many of the eminent authorities are constantly proclaiming, ascertain the conditions, and, if normal, give nature the right of way and all will be well for mother and child.

The prime essentials in obstetrics are clean hands, a knowledge of the various positions and presentations; pelvic anatomy and comprehension of the mechanism and stages of labor.

The accoucheur responds to the call of the pregnant woman, it is presumed that the practitioner is engaged previous, but this is ofttimes unfortunately in country practice not the fact; at any rate, enjoy the confidence of the patient and her friends by responding to the call promptly. Cleanse the hands by scrubbing them with good soap and hot water; be sure and change the water at least two times, and then bathe

in 90 per cent. alcohol, followed by bathing the hands and arms in 1:1000 bichloride solution. You are now ready to put on the sterile rubber glove, and, by the way, several cases of puerperal sepsis that have reached the courts lately have been decided against the physician on the sole fact that sterile gloves were not used; therefore, it behooves the physician to use rubber gloves to avoid losing out in the event that he should be so unfortunate as to appear as a defendant in a sepsis case before a jury. The physician who will say in this enlightened age that sterile gloves are not needed in obstetric work, will have an up-hill pull to win his case, because the precedents and medical and surgical opinion will be against him. Besides protecting yourself and the patient from sepsis, the practitioner protects himself; for we all know of cases where physicians and surgeons have contracted syphilis and blood poison by doing obstetric work without sterile rubber gloves; of course, I know it is urged that the sense of touch is interfered with, but practice soon removes this objection and the conditions are diagnosed as readily with gloves as without. The close-fitting, well-cared-for sterile glove is indispensable to the conscientious up-to-date obstetrician.

Be sure you carry no infection into the vagina. The physician visits from place to place, and comes in contact with many virulent germs, such as syphilis, erysipelas, etc., and it is incumbent upon the practitioner to not place any barriers in the way of recovery. The pregnant woman is apparently immune to low grade bacteria.

On examination with the gloved hand, thoroughly determine whether the patient is in labor or not; also determine the presentation and advancement. The majority of the cases need but one examination.

I hear some one suggest you have not given the antepartum douche, since most vagina are inhabited with virulent bacteria. Theoretically, douching is correct, but practical experience proves otherwise. The manipulating and scrubbing of the vagina invites the infections that we seek to avoid by displacing and destroying the protective mucus and protecting epithelia. Statistics prove beyond a doubt that antepartum douches increase the mortality. The labia should be wiped with an antiseptic solution, such as 1:1000 bichloride solution, or a 2 per cent. lysol solution. Arrange the patient on the back; cover the limbs with a sheet, and, in passing the finger, be sure not to touch the anus, as many times very active bacteria inhabit the region around the anus, and, if the examining finger touches, the bacteria are carried into the

vagina. In order to prevent touching the rectal region it is necessary to expose the patient to vision, so that the examining finger will only touch the cleansed labia before entrance into the vagina is made.

After examination the patient will likely inquire is everything right; to which you reply in the affirmative, because encouragement is a great anchor in these trials, and if there is an abnormal condition, apprise near relatives and refrain from informing the mother until the last moment; and then use tact and judgment in answer to the inquiry, why things are so slow. Be reserved and exceedingly tactful. Do not commit yourself to a specific hour, but predicate your reply by saying it all depends on the number and severity of the pains, for nothing is more discouraging to the patient than having the physician predicting one hour after another without result.

After the examination and the assurance to the patient, the province of the physician is watchful waiting. Of course, I am speaking of the normal condition. If the examination discloses an abnormal condition, determine the treatment and bring artificial aid as soon as convenient.

In the normal case from now on it is the duty of the physician to observe the efforts of nature and not to interfere until nature has proven herself unequal to the task. If the pains are irregular and do not have the bearing-down effect, and only harass and worry the patient, give a hypodermic of 1/8 to 1/4 grain of morphine. The patient will rest and when the pains return they will be more forceful and rhythmic and labor will progress very favorable.

Anesthetics are demanded by some patients. I do not believe that they should be used very much. I will admit that a few nervous cases should have ether to the obstetric degree in the latter part of the second stage; but I am satisfied that hemorrhages and insufficient contractions are more frequent when the anesthetic is used.

The manipulations to prevent rupturing of the perineum are many, and, not unlike many other conditions in medicine and surgery where so many different methods are recommended, none are efficient, and in this case practically all the efforts do more harm than good. It is truthfully stated by our modern obstetricians, that 80 per cent. of the ruptured perineums are the result of the hasty use of quinine, ergot, pituitrin, etc., causing heavy and continuous pain, and resulting in

lacerations; shortening the time that the practitioner spends with his patient, but disastrous to the patient and makes many patients for the gynecologist, and ofttimes leaves invalids that are landmarks along the way of the over-hasty practitioner.

After the delivery of the child and the tying of the cord, do not hurry the delivery of the placenta, for the reason that the forcible delivery of the placenta by traction many times leave shreds in the uterus which become a nidus for infection and even cause trouble by disintegrating, causing septic absorption and many times hemorrhage. Forty to sixty minutes should elapse from the time the child is born and the placenta delivered. The placenta by nature's method separates from the walls of the uterus gradually, and if the physician is patient he will discover that many of his supposed adherent cases and so-called hour-glass contraction cases are the result of the over-anxious physician, and if he turns about face and observes the results he will be agreeably surprised at the facility with which the uterus brings the placenta from the uterus. Nature does this by a ballooning method. The blood accumulates between the placenta and the walls of the uterus; usually three to four ounces of blood are used by nature to accomplish this, and the placenta with all the shreds come away in fine shape and patient has an uneventful recovery.

It is accepted practice to give one ounce of ergot after the delivery of the placenta to aid in the contractions of the uterus. If ergot is given too early it has the undesirable effect to contract the uterus on the placenta, and in this way cause trouble.

When the uterus is properly contracted, have the bed cleaned up and permit no visitors. Have the patient arise for the acts of urination and defecation, as in this way, self-drainage of the vagina takes place. Keep the patient in bed for eight or ten days. Be sure to advise the use of the breast pump, for it is unnecessary to have inflammation of the breasts with this age, when we have the use of the very successful pumps on the market. Advise a mild cathartic every forty-eight hours, if needed, and the normal case will progress satisfactorily and the patient, physician and friends will be pleased.

ECHINACEA ANGUSTIFOLIA AND INULA HELENIUM IN THE TREATMENT OF TUBERCULOSIS.

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In the treatment of tuberculosis I employ a compound of two vegetable drugs—echinacea angustifolia and inula helenium. This compound I administer by intramuscular injections, daily, or as frequently as tolerated. No general or local toxic reactions of any kind have ever resulted.

The compound, of which 3 c.c. represent 1.33 c.c. of inula and 1.0 c.c. of echinacea, is injected on alternate sides into the gluteal muscles. Each injection carries 3 to 5 c.c. of the compound. As a working rule, I begin with 2 c.c. for the first few treatments, and then increase the dose to 5 c.c. or more, according to the severity of the case or age of the patient.

On beginning my experiments, almost four years ago, I compounded the two drugs from fluid extracts of various makes with which I worked for about six months. While failures resulted from several of the fluid extracts, results being encouraging with others, I continued my experiments. The compound is now made for me after the above drug proportions, by a firm of wholesale manufacturing pharmacists, whose name, for obvious reasons, I am constrained to withhold at this time.[2]

None of the fluid extracts used in my earlier experiments have produced the effects obtained from the aforenamed special preparation. I had found that both echinacea and inula are drugs exceedingly difficult to handle pharmaceutically, especially in extracting from them the desirable active principles each contains. Many lines of experiments were made in the pharmaceutical direction, until finally a compound was evolved satisfactory from both the pharmaceutical and therapeutic aspects. This special compound is a colloidal one and does not contain an excess of alcohol.

Echinacea.—In its physiological action, echinacea produces a feeling of intoxication, flashes of heat, headaches of a dull character, dull muscular pains, subnormal pulse, cold and numb extremities and increase in the specific gravity of the urine. All these symptoms pass off gradually by themselves within several hours, showing that the drug

2 This compound can be obtained from Lloyd Bros., of Cincinnati, who make it for me.

has no continuing toxic nor detrimental effects. Deaths from overdoses have never occurred.

In its *therapeutic* action, the drug is found to produce direct stimulation of the katabolic processes, increase in the flow of saliva, sweat and urine, increase in glandular activity. It thus antagonizes all septic processes, facilitates the elimination of toxins from the organism, and lastly, it has a destructive effect upon the streptococci, staphylococci and other pyogenic organisms.

My own laboratory researches, conducted for a period of over three years, have shown that echinacea increases the phagocytic power of the leucocytes; it effects a shift to the right and normal in the neutrophiles ("Arneth count") where a shift to the left had previously obtained. (I refer to my detailed report on the action of echinacea upon the leucocytes read before the New York County Eclectic Medical Society, March 15). Suffice it to say at this time that echinacea does produce in the blood effects parallel with and similar to those produced by the vaccines, without any of the objectionable features of the latter. The leucocytes are directly stimulated by echinacea, their activity is increased, the percentage among the different classes of neutrophiles is rendered normal, and phagocytosis is thus raised to its best functioning capacity.

Inula.—In its physiological action inula produces dryness of mouth and throat, increased peristalsis with lumbar pain, much urging to urinate with scant results, with severe pain in the lumbar region, nausea and vertigo.

Therapeutic Action of Inula.—It controls night sweats; first increases and then decreases expectoration, promotes secretion of the gastro-intestinal glands, and exerts a direct toxic action upon the tubercle bacilli.

Several German and English investigators have experimented in the past with the alkaloid of inula, inulin or helinin. The consensus of opinion among them is that if the alkaloid can be made pure and stable the drug is of more value than creosote or guaiacol preparations in the treatment of tuberculosis, as it has none of the objectionable features of creosote, and, in proper doses, does not irritate the stomach. Since the plant contains a *resin* and an *acid*, both peculiar to it, a *saccharose*, and the *elecampane camphor*, which splits up into *helinin* and alant

camphor, it is easily seen how difficult must be the extraction of the active principles and their separation, and how difficult must be the problem of the stability of the alkaloid. True alkaloids of inula, in a dilution of 1 in 10,000 exhibit the growth of tubercle bacilli in cultures. I have used this akaloid to no great extent, hence can not speak authoritatively about it.

Synopsis of Case Records.—A short synopsis of case records is given here in order to present a comprehensive view without going into too many details; a few appended copies of case records will elucidate the effects and modus operandi. Without making any unverifiable claims whatsoever, I merely state here facts pointing to many remarkable results in my own experience. Other physicians of all schools to whom I have given the compound obtain similar satisfactory results. My cases comprise all types, mainly pulmonary, and include also two glandular, one case with tuberculous joint involvement, one of lupus, secondary to pulmonary infection, and two with kidney, bladder and testicle involvement.

In all, ninety-eight cases were treated by me with this remedy; of these, twenty-one are under treatment at present. Both glandular cases were cured. In incipient pulmonary cases, 100 per cent. of cures were obtained. Some of these cases recovered very rapidly within two to six weeks, while in others it was necessary to continue treatment for from two to four months before a cure or an arrest of the disease was effected. Moderately advanced cases, or second stage, resulted in 77 per cent. of cures. Many of these latter cases had complications, such as lupus, involvement of the genito-urinary tract, influenza, etc. Cases showing rapid or widespreading progress, or those with constant, grave dyspnea, I have been able to benefit and I have had such that actually responded and improved when improvement seemed hopelessly impossible. Far advanced, or third stage cases, yielded no cures. In all fifteen cases have died so far.

In cases deemed curable by present-day methods, cures or arrests of the disease have been obtained in from four weeks to eighteen months. With few exceptions these cases were ambulatory; they were not removed irom their homes, nor did they follow a special diet. Several of my cases had previously been treated by other methods without result; they showed improvement under my method, and in some of them the disease was arrested. Several open type cases of several years' duration

and with more than one focus of infection responded well and were arrested. In other cases of this type the remedy failed, while others again that had been declining steadily improved visibly and went on to arrest, showing no signs of return of the disease after a year and more.

I have treated two acute cases; in these the outbreak of tuberculosis followed immediately upon attacks of broncho-pneumonia; here I obtained quick results. In both only one apex was affected, and the patients resumed their occupation after five and seven weeks of treatment, respectively; the cases were entirely cleared up within three and four months, respectively, and no relapse has taken place since dismissing them, more than two years ago. (See copy of case record, No. 1.)

Cases of ten or more years' standing, which during that time had acquired a natural strong resistance, were cured without difficulty and within a few months when only one lobe was affected. Of other longstanding cases, with multiple infection and where the power of resistance was weak, some were arrested; others did not respond or improve. One case had extensive fibrosis of the whole right lung and an infection of the upper part of the left lobe for twenty-five years; lupus developed about ten years after the outbreak of the disease, and there were considerable gastro-intestinal disturbances; the lupus and the gastro-intestinal disturbances abated completely within two months, while lung and blood picture showed only a temporary improvement; the case left my hands after two and one-half months' of treatment and died six months later.

In female cases, where suppression of the menses obtained, the general result has been that the menstrual functions were restored and remained regular afterwards. One female patient, forty-one years of age in whom the disease had been present since her sixteenth year, with night sweats and positive sputum on and off during the whole time, was clinically cured without difficulty in three months in spite of the fact that for the last eighteen months prior to my treatment her symptoms indicated a steady and gradual decline. No relapse has taken place since dismissal, fifteen months ago.

Night sweats in the majority of cases were controlled with comparative ease. In cases where the injections did not stop the sweats I have given specific medicine inula in twenty drop doses by mouth, four to six times

per day. Thereupon the sweats would cease within a few days; the same treatment was repeated if they reappeared.

Hemoptyses are favorably influenced by the compound. Of my cases about twenty had had hemoptyses before they came under my supervision; only three cases suffered further hemorrhages; in the others these ceased.

In the two cases with kidney, bladder and testicle involvement I used urethral injections and bladder irrigations to good advantage. For these I diluted the compound in the proportion of one to two with distilled water. The greatly enlarged prostates soon diminished under the urethral injections with massage; thereafter bladder irrigations were given every other day. The result was a decrease of pain, decrease of blood and pus in the urine until both finally disappeared and lastly, an increase in the capacity of the bladder from two and three ounces at the start to eight and ten ounces after two months of this treatment. One of these cases was my own, while the other belongs to another physician who is following out these suggestions as to treatment with the compound. This latter case is not cured as yet; still we have hope of not only ameliorating his condition, but to see his case arrested, which will require long and persevering treatment.

It may be well here to state that I am not invariably optimistic concerning the outcome of any case, especially when complicated. I have had cases very discouraging at the start respond to the treatment surprisingly quick; again, other cases which I had all reason to believe should readily respond and be cured quickly, dragged on and on; of these I have lost several. The most disconcerting feature is that tuberculous cases are open to any and all superimposed infections, such as influenza, pneumonia, etc. To treat such cases is no sinecure, and the results are far from satisfactory.

Several cases that had improved rapidly under my treatment left me, probably because they thought that they could fully recover without continuing treatment. But of these cases, when they returned with all their symptoms aggravated, only a few would show improvement re-established or ultimate cure.

As a rule, response to my treatment can be pretty accurately gauged by the “Arneth count.” Whenever this blood count shows favorable progress

the cases go on to recovery. Parallel with improvement in this blood count goes increase in weight, in appetite, increased phagocytosis, diminished cough and expectoration. Wherever there is no improvement in this blood count after two months, the cases may, indeed, be regarded as beyond hope. The Arneth count is a count of the polymorphonuclears and classifies them according to the number of nuclei they contain. Those with a single nucleus are placed in class 1, those with two, in class 2, and so on. A normal count would give this approximate percentage among them: Class 1-5; 2-35; 3-41; 4-17; 5-2. The most vigorous cells are those of class 3, being most active in the phagocytic power, while those of classes 1 and 2, are younger cells and not so active, and those of classes 4 and 5, are less phagocytic by reason of their approaching the process of cell division. A cell count showing the third class highest and also higher than class 1 plus 2, is regarded normal; a count showing the first two classes exceeding the third is prognostically bad. My experiments showed that even with a cell count of bad prognosis the influence of the compound or of echinacea alone will re-establish a normal or nearly normal cell count, thus raising the phagocytic power of the neutrophiles to its possible maximum.

No relapses have ever occurred in any of the clinically cured or arrested cases, as far as I have had the opportunity of re-examining them; and a re-examination was afforded me in about 60 per cent. of all cured cases, from one to two years after dismissal.

Results Obtained by Single Drugs.— "Subculoyd" inula, in injections of from 3 to 5 c.c. daily, gave these results: The tubercle bacilli are manifestly destroyed by it gauging results by microscopical findings. The effect of this drug is to be clearly seen under the microscope in the great number of bacilli showing signs of being destroyed in ever-progressing degree. There is a steady, more or less speedy, decrease in the number of normal bacilli; they swell up, become thick, heavy and granular, appear fragmentary, and disintegrate until under the microscope mere dots or broken beads are observed. These fragments or beads *do not stain readily*; and the usual sporoid forms *show no tendency to proliferation*. The process of destruction of bacilli is in proportion to the severity of each case.

This inula preparation I applied in: (a) Incipient cases in which there was no expectoration, but only the dry, small cough, and where X-ray plates and fluoroscope showed spots and mottling; (b) in cases of the

open type which showed little of mixed infection or no great amount of pus. In other cases of the mixed infection type this preparation, employed singly, diminished the number of bacilli perceptibly; but the patient did not respond as readily as when the compound was used. Night sweats, when not too severe or too frequent, were controlled by injections of this inula preparation. Here I found that in really hopeless, persistent cases, where inula by injections or by mouth could not stop the sweats, atropine and other drugs of like effect—camphoric acid—were useless also.

From ten to twenty inula injections, 3 to 5 c.c. daily, will generally check the proliferation of the bacilli; thereafter I usually had to stop these injections and go back to the compound so as to avoid undue irritation or indurations from the small quantity of alcohol necessary in the "subculoyd" inula. Whenever deemed necessary these inula injections were resumed in each respective case.

"Subculoyd" echinacea, as a single remedy, in daily injections of from 3 to 5 c.c., I have used in cases that showed a few bacilli, but an abundance of cocci and pus in the sputum. The result was a more or less speedy decrease of the cocci and pus cells. One case is especially remarkable in this respect. It had started as tuberculous pleurisy with profuse hemoptysis the previous year, and when it came into my hands, showed very few bacilli, but innumerable cocci of all types, pus cells, and a great amount of connective tissue shreds with many epithelial cells; the odor of this sputum was offensive in the extreme. Here the echinacea preparation cleared up the pus in four weeks, the odor disappearing within one week; employing the compound from the fifth week on, the case was entirely cleared up within two and one-half months; the patient attended his regular occupation throughout the treatment; and there has been no relapse or reappearance of any symptoms up to the present time, fifteen months after dismissal.

Hyper-leukocytosis and leukopenia are directly improved by echinacea; the proportion of white to red cells is rendered normal; the percentage among neutrophils becomes normal; and phagocytosis is very evident where formerly no sign of it could be detected under the microscope. As many as eight bacilli enclosed within one phagocyte were counted; and this in cases where, at the beginning of treatment, the third class of neutrophils had been from 9 to 12 per cent. less than the second class. By favorably influencing phagocytosis, the number of bacilli is also

diminished; but as far as the direct destructive power of echinacea upon the bacilli is concerned I have never found any practical results. When using echinacea alone I have discovered, under the microscope, no such deterioration or destruction of the bacilli as observed when employing "subculoyd" inula. Incipient cases might well be treated by inula alone. Yet, incipient cases are far less frequently coming to our offices than the open and mixed infection types. And so I prefer the compound in all cases, with the modifications spoken of before, because of the very apparent effects on the blood elements and on the elimination of toxins from the organism.

My cases have not been "picked" ones, but such as come under the hands of the general practitioner in every day routine and that in New York, no county.

Conclusions.—From the results obtained by these two drugs and their compound, I feel free to state that it is: (1) Is non-toxic; (2) increases appetite and favors assimilation of food; (3) controls night sweats; (4) materially assists in the elimination of toxins from the organism; (5) favorably influences fever, reducing the temperature to normal; (6) increases phagocytosis; (7) destroys tubercle bacilli; (8) effects an arrest of the disease or a clinical cure, in cases that are deemed curable at all, in less time than is required by other present-day methods.

For lack of space only five copies of case records are appended; the blood counts following upon the case records refer to these by initials.

COPIES OF CASE RECORDS (ABBREVIATED).

1. I. McD., December 11, 1912; female; twenty-three; U. S.; 5 feet, 4 inches.

Family History.—Of three generations past, four male members on the father's side of the family died of pulmonary tuberculosis; the two brothers of the patient died of acute pulmonary tuberculosis at the age of twenty and twenty-two, respectively.

Previous Illness.—Diseases of childhood; frequent attacks of colds; occasional blood-streaked sputum for the last three years; anemia for three years. Pulse, 112; temperature, 103.6° F.; respiration, 28; shallow;

left side exaggerated.

Symptoms.—Confined to bed for the last three weeks; constant fever for two weeks; constant cough; profuse muco-purulent expectoration; exhaustion; constant night sweats for two months. Moist, fine, crackling rates over whole right apex down to level of fourth rib along parastemal line. Dullness ibid.; resonance increased; vocal fremitus absent. Amenorrhea since November, 1912.

Recent History.—Had an attack of pleuro-pneumonia at the beginning of November of this year; pronounced cured by the attending physician, but had an apparent relapse at the end of November, when pulmonary tuberculosis was diagnosed and confirmed by sputum examination by the local health department. Weight before attack of pleuro-pneumonia was 108 pounds.

Diagnosis.—Sputum shows abundance of tubercle bacilli, strepto and staphylococci, pus cells, and is albumin positive. Acute pulmonary tuberculosis.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily; inula by mouth 20 drops, q. 3 h., begun December 11. December 27, first day without fever, temperature having gradually declined since beginning of treatment; pulse, 96; out of bed for a few hours; no more night sweats since December 18. December 31, at my office, one block away; pulse, 84; cough and expectoration greatly diminished; sputum shows disintegrated bacilli. Weighs to-day, 95 pounds. January 17, 1913, she weighs 99 pounds; coughs in the morning only; amount of sputum in twenty-four hours is 1 ounce. January 22, sputum shows few strepto and staphylococci, but no more tubercle bacilli; only very little cough and expectoration in the morning. Slight infiltration remains at right apex. January 23, goes back to work, school teacher. January 31, sputum is watery, contains no pathogenic organisms, except a few diplococci and tetrads. February 11, weighs 111 pounds; eats and assimilates well. February 16, menses reappear; there had been amenorrhea since November, 1912. March 27, weighs 116 pounds; the scant morning expectoration is negative; injections discontinued. October 20, re-examined; no signs of infiltration found; slight area of flatness at right apex; no other untoward symptoms found. June 1, 1914, re-examined by three other physicians; nothing untoward found. April 15, 1915, re-examined before the county medical

society, ease declared clinically cured.

2. J. T. N., February 21, 1913; male; twenty; U. S.; 5 feet, 7 1/2 inches; 137 pounds.

Family History.—His mother and sister died of pulmonary tuberculosis within ten and six months, respectively.

Previous Illness.—Frequent attacks of colds that linger. Pulse, 132; temperature, 99.6° F.; respiration, 26; left side exaggerated.

Symptoms.—Severe, harrassing cough; profuse muco-purulent expectoration. Dullness over right apex down to third rib, also at the level of fourth rib in right axillary line; moist, fine, crackling rales over right apex; loud, wheezing rales over other point; resonance increased, vocal fremitus absent; pain over region of fourth rib in right axillary line. Icterus of both sclera.

Recent History.—Severe attack of influenza two weeks ago; lost six pounds during this time.

Diagnosis.—Sputum looks characteristically tuberculous, showing strepto and staphylococci, pus cells, is albumin positive; no tubercle bacilli in it to-day. Suspected pulmonary tuberculosis.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily. March 6, his sputum to-day shows numerous tubercles and other organisms previously found; health department report on sputum is positive. March 11, cough is materially decreased, softer, and expectoration less. Feels better; weighs 141 1/2 pounds. March 18, weighs 144 1/2 pounds; has eaten only ordinary diet; coughs in the morning only. March 31, weighs 146 1/8 pounds; fluoroscope shows dark areas at and below right apex; bronchial rales at right apex and right axillary line. April 12, only a small quantity of sputum obtained in the morning; free from tubercle bacilli. May 29, raises very little sputum in the morning only; it is albumin negative and free from tubercle bacilli. June 16, flatness at and below right apex and in right axillary line, fourth rib. No other signs and symptoms present. Injections discontinued. August 11, slight cold and cough after ocean bath; sputum is negative. October 30, another cold; sputum again negative. January 14, 1914, re-

examined; no untoward signs or symptoms found. June 1, 1914, re-examined by three other physicians; nothing untoward found. April 15, 1915, re-examined before the county medical society; case declared clinically cured.

3. D. McG., June 11, 1913; male; twenty-eight; Ireland; 5 feet, 5 inches; $116^{1}/_{2}$ pounds.

Family History.—Mother, one sister and four brothers, died of pulmonary tuberculosis.

Previous Illness.—Two attacks of pleuro-pneumonia; tuberculous lymphadenitis, operated upon in 1906, at the Manhattan Eye, Ear and Throat Hospital. *Pulse*, 96; *temperature*, 97.2° F.; *respiration*, 20; left side much exaggerated.

Symptoms.—One cervical lymph gland, right side, location of previous operation, is puffy and shows fluctuation. Slight cough, scant expectoration. Moist, crackling rates at right apex and right mid-axillary line, fourth to sixth ribs, also at left scapular line, third to fourth ribs; dulness at these points; pleuritic adhesions in right mid-axillary line. Pain over right lumbar region; walks with utmost effort.

Recent History.—Night sweats in 1909, lasting six months. Was given twenty-five tuberculin injections after his glands had been removed at the above named hospital. Pleuro-pneumonia in 1906, and again in April of the present year.

Diagnosis.—Sputum shows tubercle bacilli, strepto and staphylococci and pus cells; urine shows casts and pus.

Treatment.—Injections of subculoyd echinacea and inula compound, 5 c.c. daily; echinacea by mouth. June 14, sudden onset of delirium in the afternoon; pulse, 98; temperature, 102.6° F.; respiration, 40. Right lower lobe consolidated; pain in right side sweeping to front. June 15, induced perspiration has reduced temperature and pulse; mind clear; profuse diarrhea. Urine contains large amount of pus and many bladder cells. June 22, pulse 90, temperature 98.6° F.; comes to office, one block away. June 28, edema of left foot; mitral systolic murmur. July 28, weighs 126 pounds; a gain of ten pounds; goes back to work as city salesman. August 9, the puffy right cervical gland opens spontaneously; smear

from it shows tubercle bacilli. August 12, urine shows albumin, pus and bladder cells. Sputum is tree from tubercle bacilli, but continues albumin positive. August 30, severe chill in the morning, put to bed; pulse, 96; temperature, 102.2° F.; pain in right side. August 31, induced perspiration has reduced pulse and temperature to normal; has passed large amount of pus in the urine. September 1, at office; pulse and temperature normal. September 4, numerous hyaline casts in the urine. September 7, weighs 121 3/4 pounds; goes back to work. September 25, 125 pounds; sputum free from tubercle bacilli and albumin negative. October 8, weighs 128 pounds. November 9, injections discontinued. January 12, 1914, slight cold, sputum is negative. Flatness over previously affected lung areas; no new signs or symptoms. Dismissed. April 14, 1914, re-examined; no return of signs or symptoms. June 1, re-examined by other physicians; no untoward signs found. July 10, re-examined by another physician who declares lung condition arrested. April 15, 1915, re-examined before the county medical society; case pronounced clinically cured.

4. K. McG., November 20, 1913; female; twenty-six; Ireland; 5 feet, 5 inches; 125 pounds.

Family History.—Good.

Previous Illness.—Pleurisy, 1905; pneumonia, 1912; lymphadenitis, operated in 1911. Pulse, 90; temperature, 99.8° F.; respiration, 20; shallow.

Symptoms.—Harsh, ineffective cough; both clavicular notches of both sides much deepened; Right apex, dulness and moist, crackling rales; left apex, dulness and few interrupted, moist, crackling rales. Venous varicosi-ties over vertebra prominens. Scar tissue over location of removed lymph glands of supraclavicular and right axillary group.

Recent History.—Had been examined at the Mt. Sinai Hospital in the spring and been told that she was suffering from pulmonary tuberculosis, and been advised to go to the country. She went to the mountains from June to end of October, returned without any improvement in her condition.

Diagnosis.—Sputum shows moderate number of tubercle bacilli, large number of strepto and staphylococci, pus cells, and some epithelial cells.

Treatment.—Has an attack of follicular tonsillitis from November 21 to 24; abed. Comes to office, November 25, when injections of subculoyd echinacea and inula compound are begun, 5 c.c. daily. Weight to-day, 125 pounds, having lost 11 pounds since August. Pulse today, 110; temperature, 99.60 F. December 2, less cough; digestive disturbances, gas and vomiting; echinacea by mouth, 20 drops, q. 4 h. December 12, cough softer and less; expectoration greatly diminished. December 24, sputum in twenty-four hours amounts to 1/2 ounce; it is free from tubercle bacilli, but shows other pathogenic organisms found before. Small area of consolidation at right apex; few rales remaining at left apex. December 29, sputum negative. January 5, 1914, no cough for the last five days; weighs 130 1/2 pounds. January 12, examined by another physician who reports: "No signs of lung involvement found." Injections discontinued. Remains under observation. May 11, re-examined; voice and breath sounds normal; no signs of relapse; has not coughed since January 2. June 1, re-examined by other physicians; no untoward signs found. April 15, 1915, weighs 145 pounds. Re-examined before the county medical society; case pronounced clinically cured.

(This case was selected for me by another physician as a test case; he examined the patient before I began treatment; his report after I dismissed the case can be produced).

5. E. D., March 10, 1914; female; forty-one; U. S.; 5 feet, 6 1/2 inches; 139 1/2 pounds.

Family History.—Mother died of " consumption," and other relatives have suffered from pulmonary tuberculosis.

Present Illness.—Pleurisy at age of sixteen; she had to leave school after that because of constant cough. Pulse, 90; temperature, 99.6° F.; respiration, 19, left side exaggerated.

Symptoms.—Much cough with profuse muco-purulent expectoration. Dulness and moist rales at right apex. Flatness on left side, scapular line, location of pleurisy, eighth rib. Loss of weight during the last two years. Anorexia. Easily fatigued.

Recent History.—Has had night sweats, more or less severe, during the last eighteen months whenever she had a "heavy cold."

Diagnosis.—Sputum shows moderate number of tubercle bacilli, numerous strepto and staphylococci, diplococci, tetrads, pus tells, and few epithelial cells.

Treatment.—Injections of subculoyd echinacea and inula compound, begun with 3 c.c. daily. March 17, cough materially decreased; less expectoration; better appetite. March 25, weighs 142 1/4 pounds; coughs only in the morning; sputum shows only few tubercle bacilli, no strepto or staphylococci, but numerous leukocytes; no other findings. March 31, great general improvement; very good appetite and assimilation. April 7, feels and looks better than for many years past; no fatigue. Sputum today, shows a few disintegrated tubercle bacilli, a few streptococci and occasional leukocytes; no other findings. April 20 to April 27, severe attack of hives with consequent loss of appetite and loss of weight. April 29, weighs 140 1/4 pounds. Appetite returns as hives disappear. May 5, weighs 142 3/4 pounds. Coughs only once in the morning; expectoration consists of clot of mucus material; it is free from tubercle bacilli. May 14, has not coughed for the last week; weighs 145 pounds. At right apex no more rates, but slight flatness. Injections discontinued. July 26, re-examined; no untoward symptoms found. January 5, 1915, re-examined; no return of any signs or symptoms found. April 15, 1915, re-examined before the county medical society; case pronounced clinically cured.

In the foregoing cases the sputum examinations were verified by the department of health, as well as by Dr. T. S. Schlauch for whose conscientious co-operation I wish to express my appreciation.

In the blood counts given below, reference to the respective cases is made by initials. For greater clearness these blood counts are given separately.

J. T. N. (Case 2), February 21, 1913:

White cells.....6,500	Arneth Count: Class	1	2	3	4	5
Polys 70%		8	39.5	40.5	9	2
Small monos.... 19%						
Large monos.... 6%						
Transit 0						
Eosinophiles 5%						

April 12, 1913:

White cells.....7,000	Arneth Count: Class	1	2	3	4	5
Polys 71%		5	34.5	42.5	17	1

October 30, 1913:

White cells.....7,500	Arneth Count: Class	1	2	3	4	5
Polys 71%		5	30	44	18	3

D. McG. (Case 3), June 11, 1913:

White cells....18,000	Arneth Count: Class	1	2	3	4	5
Polys 63%		10	47	33	10	0
Small monos.... 19%						
Large monos.... 17%						
Transit 0						
Eosinophiles ... 1%						

July 18, 1913:

White cells.....8,000	Arneth Count: Class	1	2	3	4	5
Polys 70%		6	40	43	9	2
Small monos.... 24%						
Large monos.... 4%						
Transit 1%						
Eosinophiles ... 1%						

August 30, 1913:

White cells....11,000	Arneth Count: Class	1	2	3	4	5
Polys 68%		10	45	40	4	1
Small monos.... 17%						
Large monos.... 12%						
Transit 1%						
Eosinophiles ... 2%						

November 9, 1913:

White cells.....7,000	Arneth Count: Class	1	2	3	4	5
Polys 71%		5	35	42	15	3

K. McG. (Case 4), November 20, 1913:

White cells.....5,350	Arneth Count: Class	1	2	3	4	5
Polys 70%		10	43	40	5	2
Small monos.... 18%						
Large monos.... 5%						
Transit 4%						
Eosinophiles ... 3%						

January 13, 1914:

White cells.....6,950	Arneth Count: Class	1	2	3	4	5
Polys 71%		4	29	45	18.6	3.4

E. D. (Case 5), March 10, 1914:

White cells.....6,800	Arneth Count: Class	1	2	3	4	5
Polys 65%		7.3	40	43.6	8	1.1
Small monos.... 18%						
Large monos.... 8%						
Transit 2%						
Eosinophiles ... 7%						

April 30, 1914:

White cells.....7,200	Arneth Count: Class	1	2	3	4	5
Polys 71%		6	35.5	44	14.5	2

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DISCUSSION.

DR. E. B. STEVENSON (Chairman): I would be glad to give time for the discussion of this paper, but the time for this section has been consumed. There are other papers we would be glad to have, but we must close this section now.

DR. F. M .ANDRUS (Nebraska) : I think a paper like we have just had read deserves a vote of thanks. I therefore move that we extend the doctor a vote of thanks for his efforts along this line. Seconded and carried.

PROF. JOHN URI LLOYD: My name has been used by Dr. von Unruh, and I want to say to the members that four years ago when the doctor wrote me stating he was interested in this line of work and investigation and asked me, as a pharmacist, if I would help him in the preparation of the remedies he wanted to use, I agreed to do so providing every remedy he made be free to the world, that there should be no secrecy anywhere, and it pleases me very much to find that the doctor has made this clear in his paper. When I say to you that, to my knowledge, the doctor has used nearer twenty than ten gallons of the preparation in his work with the boards of health, you will know that he has employed enough to speak advisedly concerning the preparation.

I also noted with pleasure what the doctor said about inula, but he said he did not know why he used it. Let me ask the doctor if he will not study up the old Eclectic remedies that have been used in times gone by, when Dr. King and others were concerned to find standard remedies for the Eclectic school, and one of the remedies that I used to make in large quantities was elecampane syrup for pulmonary troubles, and it pleases me very much to find here another opportunity of calling to the attention of the world the work the Eclectics are doing in the way of giving to the world remedies that the whole world may be benefited thereby.

I want to refer to one sentence in Dr. Henderson's paper where he said the difference

between the action of a remedy that is digested in the stomach and the action of a remedy which is passed through the stomach undigested may be marvellous. I accepted that fact in this colloidal compound of ipecac that I discovered some years ago, and with which we have made such a record in enteric fever—we found then the far-reaching action of that ipecac was when it had passed through the stomach into the intestines and there assimilated. We must give Eclecticism the credit for the work that has been done in that direction.

I have been very much pleased with Dr. von Unruh's paper, and I think he has admirably followed the suggestions made by me.