

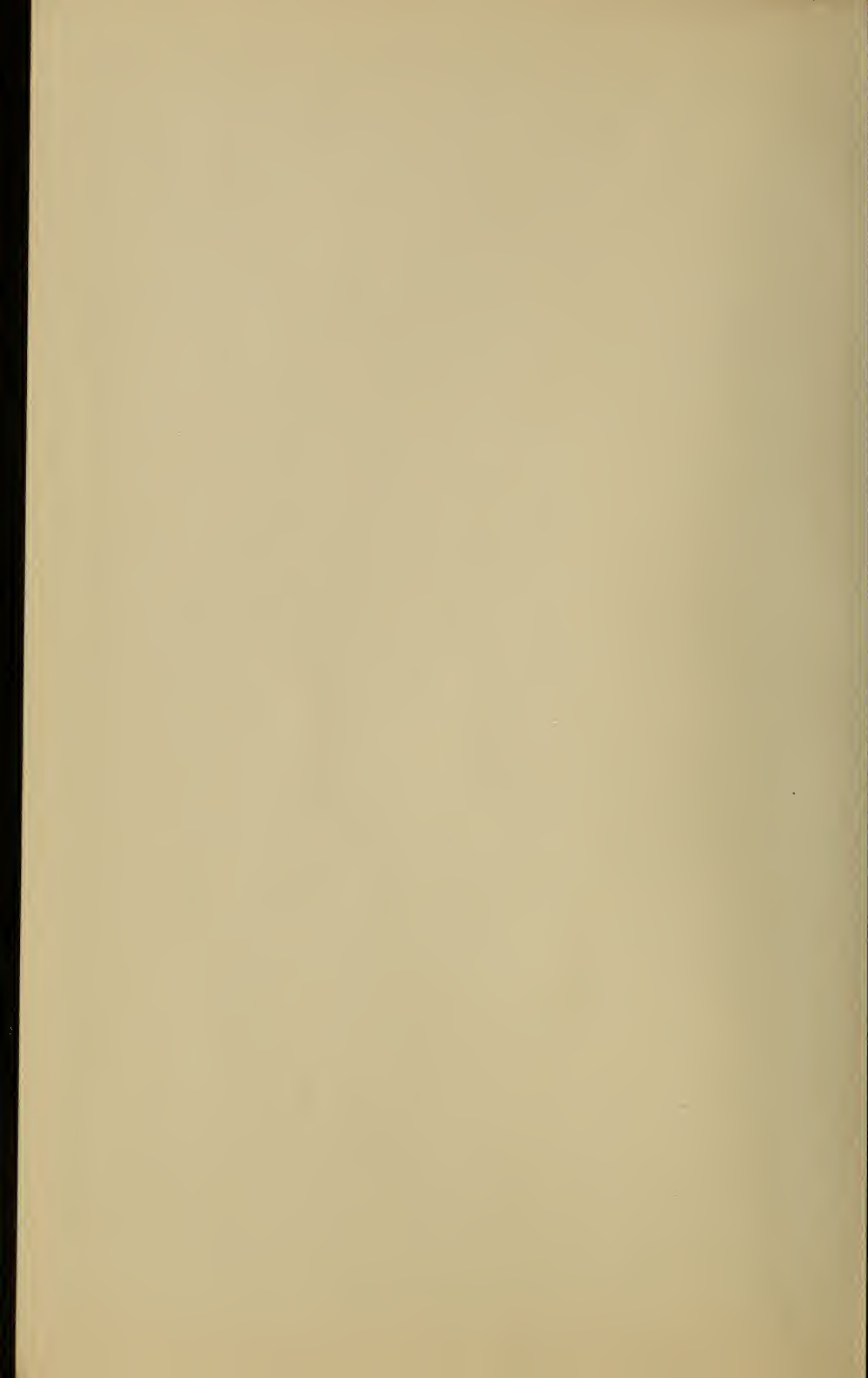


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AN ORIGINAL AND COMPREHENSIVE METHOD
OF
Intra-Uterine Medication

For the Treatment of the
Various Forms of

UTERINE DISEASES

Presenting a course which, in the author's experience of nearly fifty years,
has proven successful far beyond that claimed for
any other method.

INCLUDING

THE DISEASE AND CRIME PRODUCING EFFECT
OF SODIUM CHLORID.

THE DISEASE PRODUCING EFFECT OF ACIDOSIS AND
EXTREME ALKALINITY OF THE SECRETIONS.

AN ORIGINAL DIAGNOSTIC SYSTEM OF DETERMINING
DISEASES BY PATHOLOGICAL MARKING FROM THE
EFFECT OF STIMULANT FOODS.

BY

CHARLES WOODWARD, M. D.

Post Graduate Instructor of Gynecology; Member of the Illinois State
Eclectic Medical Society; National Eclectic Association; American
Association of Official Surgeons; The Central Society of
Physical Therapeutists; The American Association
for Medico-Physical Research.

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*This Work is Offered as the Most
Humane and Efficient Method for
Controlling Those Neglected Gyne-
cologic Conditions of Women.*



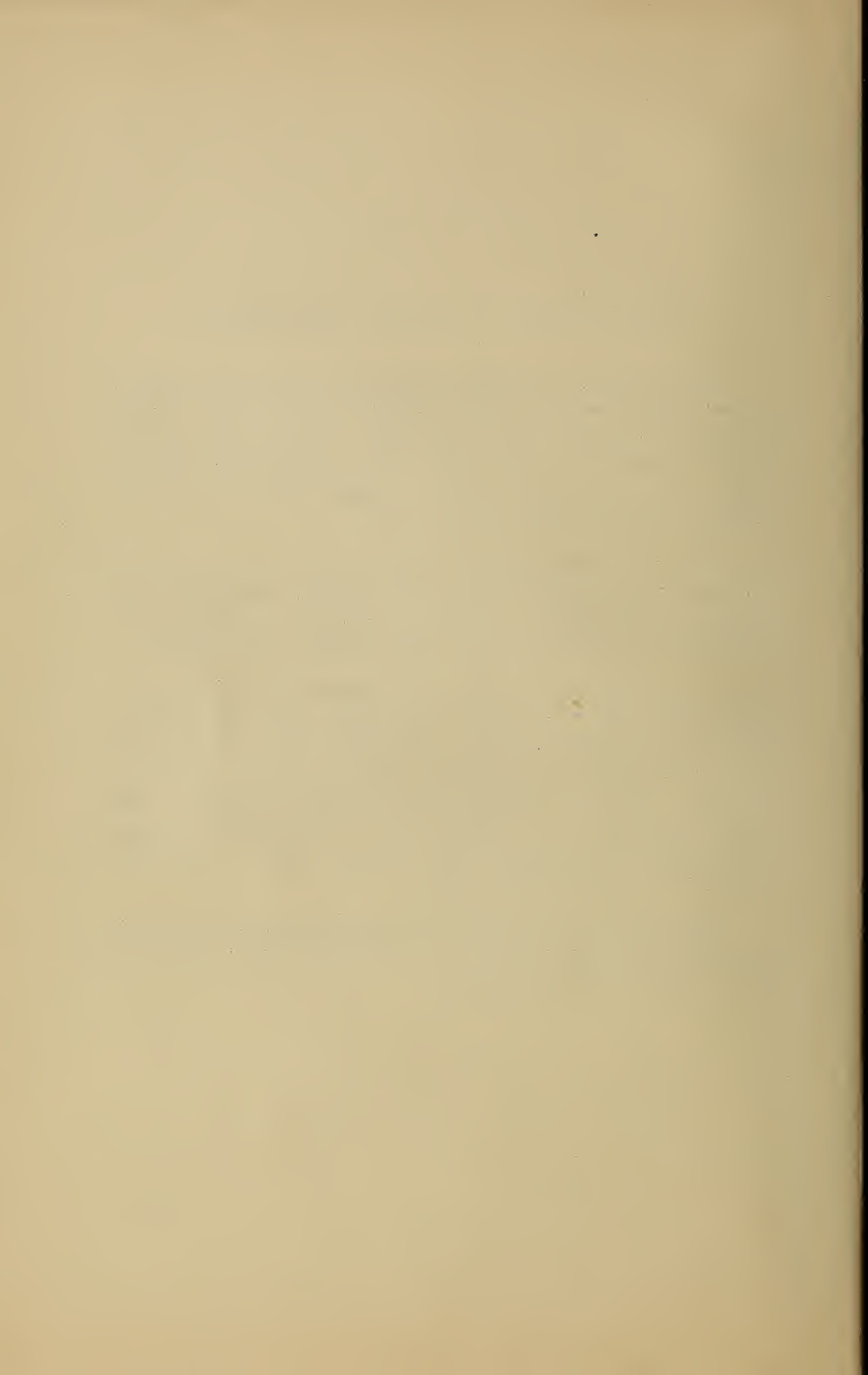
FOREWORD ON UTERINE TREATMENT.

The occurrence of uterine colic, and a lack of knowledge of causes which produce it, have prevented women from receiving the most inestimable treatment known. "Intra-uterine Medication," first published during 1904, presented the causes which induce uterine colic and offered a method that, when closely observed, always prevents its occurrence.

The "intra-uterine" method offers a specific treatment for the menopause, its hemorrhages and infection; endometritis and ulcerative endometrium, cervicitis, retroversion, prolapsus-utero, procidentia, all forms of intra-utero irritation and infection.

It is a great help in obstetrical emergencies and thus overcomes one's anxiety. It is the only reliable treatment for the removal of a retained dead foetus. Those who become familiar with this method will learn that they are fully equipped to manage successfully, accidental, justifiable and spontaneous abortions. Many women seventy-five and eighty years of age acquire catarrhal endometritis, accompanied with infection, which is easily controlled by washing out the uterus.

Those who do not practice intra-uterine medication are competitively handicapped; besides their financially better patients will go to neighboring practitioners.



Intra-Uterine Medication

PART I

A PROBLEM SOLVED.

The medical profession for a decade, has progressed in surgery and retrograded in diagnostic and therapeutic ability. It has neglected non-surgical gynecology and overlooked the study of the waste of the great sympathetic nerve, supporting an untenable propaganda, that all diseases are caused by germs and failing to study the effect of nourishment on the system, as a large factor of disease. The psychologic moment has long since arrived, for physicians to restore the retrograde branches; for a study to be made of the waste of the sympathetic nerve and the effects of nourishment noted; and a mechanical and therapeutic method discovered, capable of controlling every gynecological disease. Such are some of the necessities that originated the resourceful, painless and humane *Intrauterine Medication*.

The fear and dread of submitting to pelvic and uterine operations have allowed inflammations to produce hundreds of undetermined reflex uterine irritations, insanity, sudden deaths from infection, and the development of organic diseases. What further proof than the following questions is required to show that the uterus holds many secret problems that need to be solved?

What causes uterine colics?

What causes insanity during the Menopause?

What causes cancer of the uterus?

What causes spontaneous abortion?

What are the different effects of a dry or secreting inflammation on the nervous system?

How can cancer of the uterus be overcome without an operation?

How can retroversion of the uterus be restored

Why will the uterus tolerate an alkaline better than an acid solution?

For centuries the method of washing out the uterus was known as the elevated continuous-stream irrigation. It was believed that in order to free or empty the cavity of the uterus it was necessary to introduce several gallons of medicated solutions from an elevated reservoir. An unnecessary force was introduced into the uterine cavity, which produced an irritation and caused uterine colic. Again, it was believed that in order to destroy germs and control infection in the uterus it was necessary to introduce antiseptics strong enough to destroy some of the endometrium, which in turn endangered life.

The author discovered that the decomposed and organic poisons retained in the cavity of the uterus are alkaline and oxidizable, and that owing to the facility with which hydrogen peroxid gives up one of its acid atoms of oxygen, it acts as a strong oxidizing antiseptic agent. Clinical observation of long experience has proved conclusively that it is unnecessary to use in the uterus strong, destructive alkaline or acid antiseptics; also found that the uterine cavity can be cleansed and made aseptic with six ounces of a mild alkaline antiseptic, alternated with a 20 to 50 per cent solution of peroxid of hydrogen.

During an experience of thirty-five years I never found it expedient to dilate the cervical canal more than a quarter of an inch, except in accidental and spontaneous abortions, because my recurrent douche is only three-sixteenths of an inch in diameter. Nor is it necessary to grasp or hold the uterus while obtaining sufficient dilatation of the cervix to introduce the small, recurrent douche.

Summary.—The method of passing the continuous elevated, uncontrollable stream of liquids into the cavity of the uterus has been proved impracticable by its certainty to produce irritation and uterine colic.

The problem is further solved by thirty-five years of experience with the Intrauterine method of introducing liquids into the uterus, controllable by the operator's thumb, with a half-ounce syringe, through a recurrent douche, which does not expand the uterine cavity and has no tendency to cause irritation or colic.

DIRECTIONS FOR WASHING OUT THE UTERUS.

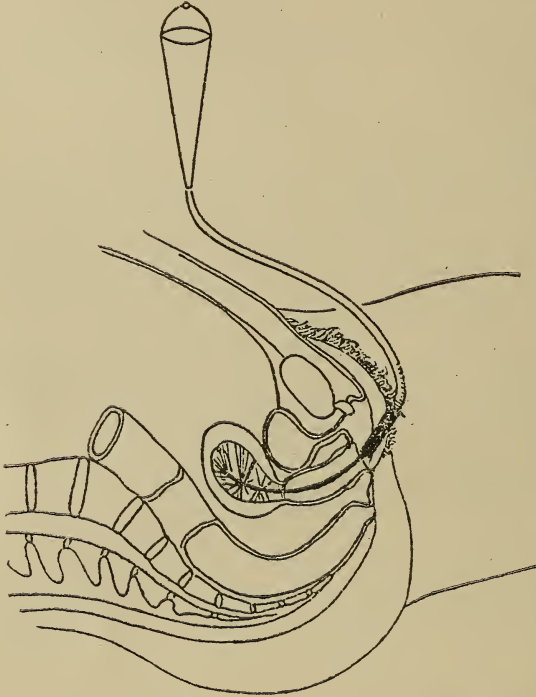
In washing out the uterus a few conditions should be considered. When the uterus is nearly normal, especially in a young woman, the introduction of medicated solutions may act more or less as an irritant. For instance, in cervicitis and in dysmenorrhœa, complicated with neurosis or spinal irritation, the body of the uterus which is in a normal expansio-contractile state may become convulsive from the slightest irritants.

Medicated solutions thrown into a gravid uterus are likely to cause contractions and severe pain, but if the ovum or membranes have been ruptured and the contents not expelled in twenty-four hours the solutions then will not cause contraction. On the other hand, whenever there is subinvolution, corporeal endometritis, or chronic inflammation, the uterus will scarcely respond, even to a destructive irritant. This is because the uterus and pelvic tissues which are inflamed, become edematous with serous fluids, which pervert the circulation and cause muscular atony. In practising the interrupted stream method, with a syringe, the capacity of which is less than that of the uterus, the physician is enabled to control with his thumb the force and quantity of liquid introduced, introducing a quantity, short of inducing expansion, without the least danger of producing uterine colic. Should the solution not return after throwing into the uterus three or four syringefuls of the mild alkaline antiseptic, the recurrent instrument should be withdrawn for the purpose of removing any clot or membrane which may have stopped its return. The recurrent douche is then reinserted and the treatment continued.

The secretions of the uterus are alkaline, therefore the alkaline solution, given in another chapter, should always be introduced, say two or three syringefuls, through the recurrent douche, for testing toleration before alternating it with the acid peroxid of hydrogen solution. A beginner should necessarily use more caution than one who is fully accustomed to the treatment.

The required instruments having been placed in a porcelain basin, boiling water and a bichlorid of mercury solution should be added to make them aseptic. After the patient has adjusted herself on the chair a piece of paper toweling is folded and laid

on a piece of rubber sheeting 9x15 inches and slipped under the hips; the speculum is inserted into the vagina and a cup or basin for receiving the returning solutions is placed against the perineum. The vaginal passage is then cleaned with a solution of 1-1000 or 1-2000 bichlorid of mercury. The uterine sound being slightly curved is carefully made to enter the cervix, and

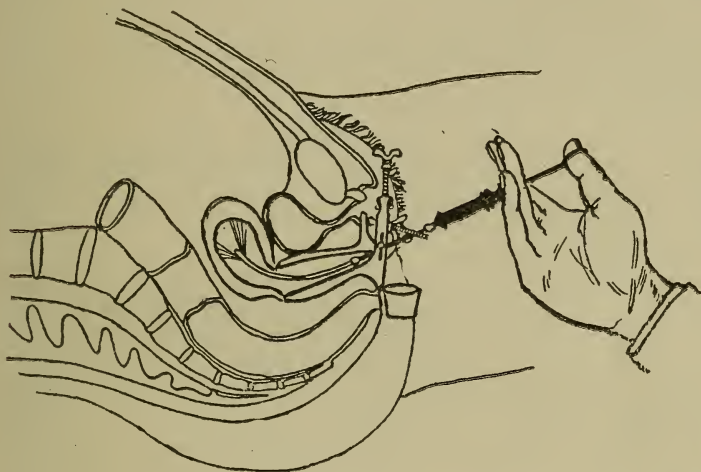


This elevated intra-uterine douche method—the uninterrupted stream—is impracticable, because the continuous stream causes contractions so suddenly, and without presenting any sign or symptom of warning to enable the physician to avert uterine colic.

by gentle manipulations its points will pass into the uterus, showing the position of the fundus. Withdraw the sound and grasp a very small pledget of cotton in the points of the dressing forceps, only large enough to protect the cervical canal, dip the points into carbolated antiseptic or white vaseline, and pass it then through the cervix, unless the cervix is extremely sensitive, when the pledget should be made wet in a two per cent solution

of cocaine and left in the cervix from one to two minutes. Repeat the process until the sensitiveness is overcome and enough dilation obtained to introduce the small recurrent douche.

When preparing solutions for washing out the uterus, fill an eight-ounce cup nearly full with cold aseptic water, and add from three to five drams of the alkaline solution, given in another chapter, or any similar alkaline antiseptic of same strength. To this add boiling water till the temperature is from 90 to 105 de-



This interrupted stream method is practical because when solutions are introduced too rapidly, too strong, too hot or too cold a dull pain will occur which is a warning sign that will enable the practitioner to prevent uterine colic.

degrees Fah. Two or three syringefuls of this solution should be thrown into the uterus before introducing the peroxid solution.

In preparing a one-third strength peroxid solution, take a three-ounce bottle containing one ounce of peroxid and add one ounce of cold sterilized or boiled water, then add one ounce of boiling water, which makes its temperature about 100. It is then ready to be thrown into the uterus alternately with the alkaline solution.

Whenever the uterus and pelvic tissues are affected with chronic inflammation the dehydrating pack of cotton or wool saturated with glycerin should be inserted against the cervix, in order to remove the serous fluids which obstruct the pelvic circulation and induce edema.

INSTRUMENTS.

On page are cuts used at different times for applying intra-uterine medication.

In 1885 there were scarcely any recurrent douches on the market, and what were to be had, were too large, long and ill-shaped, that they could not be used without producing cervical anesthesia. To treat successfully uterine diseases the physician must have the appropriate instruments for applying the intra-uterine method of injections. The author uses all of these instruments at different times.

No. 1 is a cut of a half-spiral curette and a very valuable instrument for removing the whole, part or retained placental fragments following the removal of a dead foetus or after any of the different kinds of justifiable abortions, and is indispensable to the general practitioner.

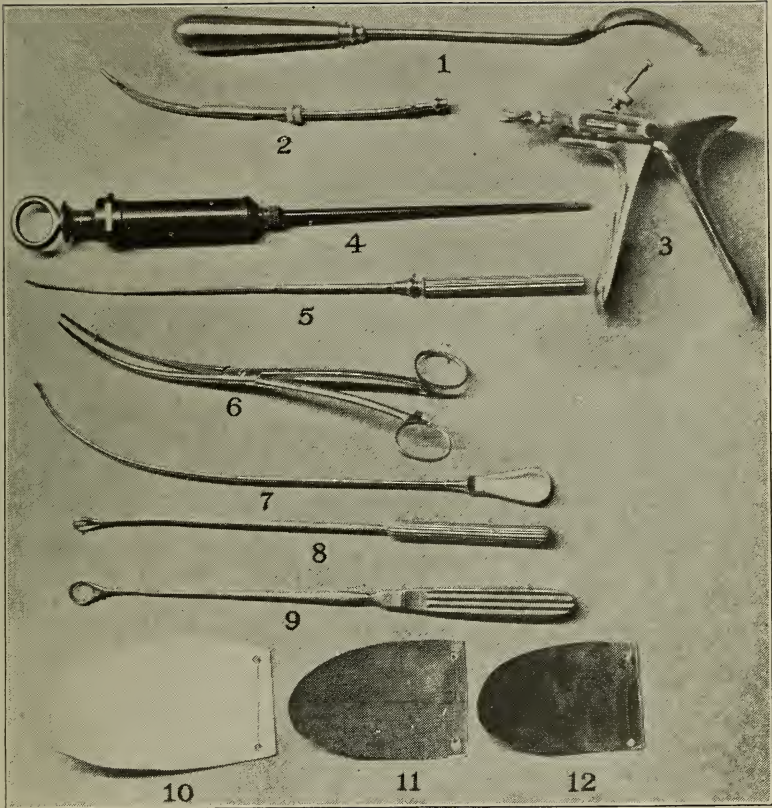
No. 2 is a cut of my small recurrent douche, which is 7 inches long and only $\frac{3}{16}$ of an inch in diameter; it is the most important instrument for applying intra-uterine medication.

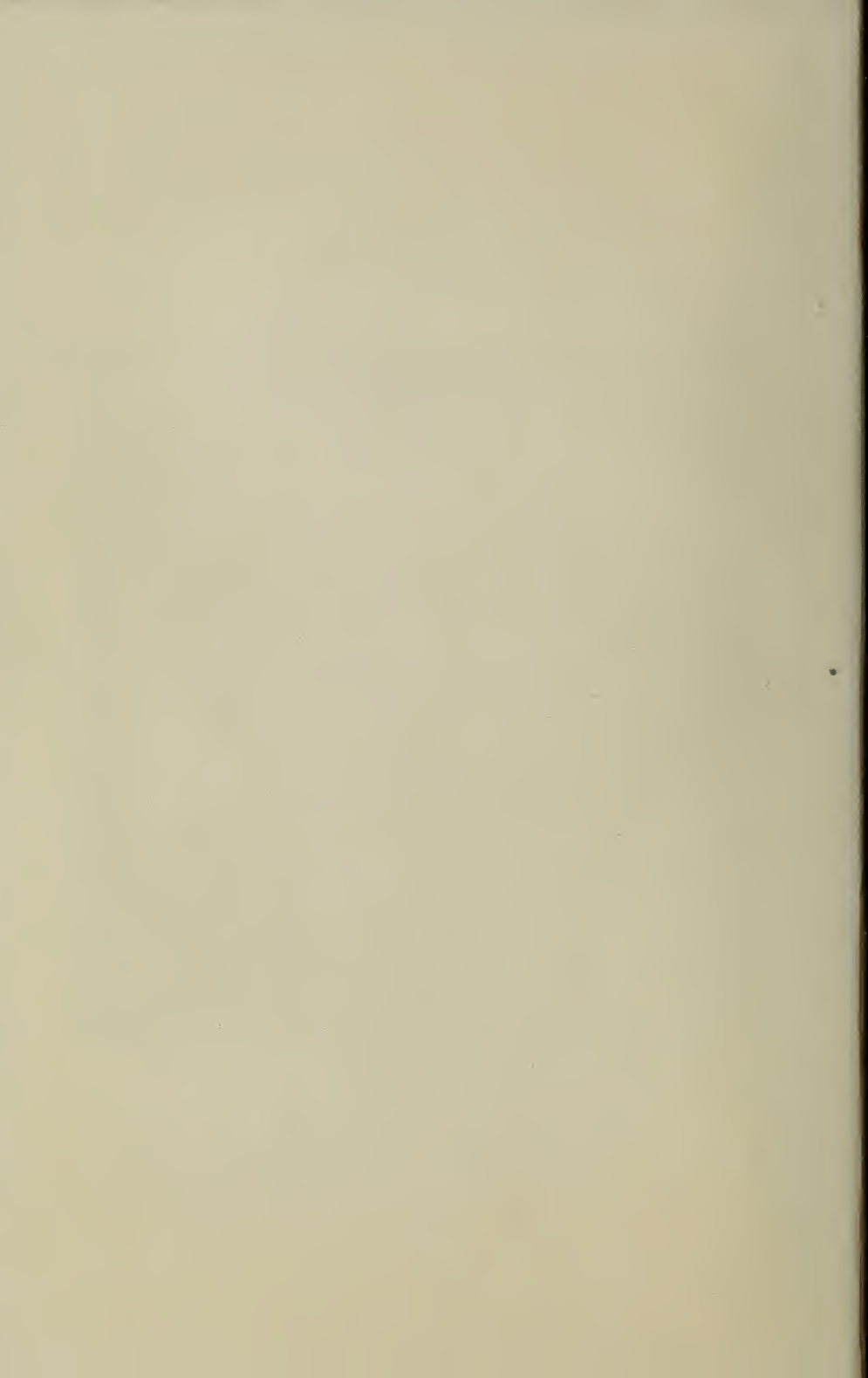
No. 3 is a cut of my bivalve vaginal speculum, and is the handiest, for all of its adjusting parts are above; the outer end of its lower valve has been greatly improved by an extension lip. Through its operating parts a brace may be temporarily placed so as to prevent the small douche from slipping out of the uterus.

No. 4 is a cut of an intra-uterine half-ounce, hard rubber, long pipe syringe, which introduces the various medicated solutions into the uterus by connecting directly with the outer end of the small douche. *No larger instrument should ever be used for medicating the uterus.* One physician orders one dozen of these syringes at a time, but two is enough if any one knows how to repack the piston with good leather.

No. 5 is a cut of an applicator for swabbing the uterus.

No. 6 is a cut of my small specially curved, slender pointed uterine forceps; their importance equals that of the recurrent douche, as it is the only instrument I use for dilating the cervix sufficiently to introduce my small recurrent douche. A very small cotton pledget, just large enough to protect the cervix, is inserted into their points, wetted in some antiseptic solution, and





dipped into carbolated vaseline and then carefully passed through the cervical canal, following the course ascertained that the uterine sound took. By repeating the insertion of the forceps two or three times, dilatation of the cervix will allow the recurrent douche to be introduced.

No. 7 is a cut of a uterine sound used after inserting the speculum and antiseptically cleansing of the vaginal canal. It requires patience and gentle tact to pass the uterine sound through the cervix of the uterus of some women and ascertain the depth and location of its body.

No. 8 is a cut of a small dull curette, $\frac{5}{16}$ of an inch wide, for removing some small adhering fragments of the placenta when it is impossible to pass a larger curette through the cervix without anesthesia.

No. 9 is a cut of a dull, flat curette, one half inch wide, used for removing adhering fragments of the placenta which the half-spiral curette was unable to remove, and which should always be used in every case where it is necessary to use the spiral curette. The use of the spiral and dull curette treatment should always be followed by washing out the uterus every 24 hours for three days and afterwards every second day if necessary.

Nos. 10, 11 and 12 are cuts of very thin steel plates to be worn in the toes of shoes to give proper pressure to the ball of the foot, which relieves pain and prevents gangrene. A convex elevation forms in the sole of the shoe, which obstructs the circulation to the toes, causing pain and gangrene. I can supply these plates.

MEDICATED SOLUTIONS.

There is no limit to medicated solutions or mixtures, that may be used with benefit to meet the various diseased conditions of the uterus. As the secretions of the uterus are alkaline, the first liquid thrown into the cavity, at the beginning of a treatment for testing its toleration, should be an alkaline antiseptic. Druggists do not manufacture an alkaline antiseptic, so it will be necessary for physicians who practise this beneficent method, to prepare a solution for their own use.

The writer keeps on hand the following articles for preparing an alkaline antiseptic: A wedgwood or porcelain mortar, two-quart glass funnel, twelve-inch white filtering paper, powdered charcoal, lump magnesia carbonate, and four or five rods eight inches long, size of a pencil, for placing between the funnel and filtering paper. After dissolving and mixing all of the ingredients, a cotton pledget is pressed into the neck of the funnel, which when wetted will not slip out; the rods or sticks placed at equal distance in the funnel, the filtering paper unfolded and spread out in the funnel. Put \mathcal{Z} ,ii of magnesia carbonate and \mathcal{Z} ,ii of powdered charcoal into the mortar, triturate and add nearly a pint of the antiseptic mixture, and pour it into the filtering paper, adding more as fast as it filters through. To give the gallon mixture a nice color, add between two or three drams of liquid carmine.

The following solution is more efficient for controlling endometritis than other antiseptics, for it possesses the sedative *veratrum virides* and *belladonna* for overcoming uterine congestion, which is prepared in quarts and added altogether and filtered:

First quart—

\mathcal{R} Dissolve salicylic acid.....oz. viij
Sodium bicarbonateoz. viij
Aqua Bullientiso. ij

Second quart—

Dissolve boracic acid.....oz. viii
Sodium bicarbonateoz. iv
Aqua Bullientiso. ij

Third quart—

Oil of Cassiaoz. ss
Oil of Gaultheriaoz. ss

Triturate the oils with a dram or two of magnesia carbonate in the mortar with a pint of hot water and filter before adding enough water to make the third quart.

Fourth quart—

℞ Alcohol	oz. viii
95% Phenol	oz. iii
Fl. Ext. Veratrum virides.....	oz. ii
Fl. Ext. Belladonna.....	oz. ii
Aqua Bullientis	o. ij

This prepares two gallons of an alkaline antiseptic which may be reduced one half and then one ounce of it added to 7 ounces of warm water when washing out the uterus.

It is unnecessary to consider here the various diseases to which the uterus is subject, as they will be discussed under their respective titles.

Conditions that make the uterus tolerate quite strong solutions are chronic inflammation, child-bearing, menopause and growths of the uterus, abortions improperly treated, old age, perversions of the circulation, which develop subinvolution, edema, and muscular atony.

We have emerged from an age when the general opinion was that in order to control inflammation of long standing, it was necessary to create a new one. This theory will not hold good when applied to inflammation of the uterus. Within a few months after the endometrium and part of the parenchyma of the uterus become inflamed, they acquire infiltration. This state of the tissues deranges the circulation, weakens muscular fibers, and obstructs reparative action. Will curettement or cauterizing the endometrium remove the infiltrated fluid, correct the circulation and assist the reparative force? No. Then there is no need of introducing substances strong enough to enfeeble further or destroy the tissues.

This chapter is devoted to solutions for controlling inflammation, irritation and infection by washing septic material out of the uterus. This can be accomplished only with such substances as will not destroy tissues.

The uterus will tolerate from ten to sixty per cent of peroxid of hydrogen when alternated with an alkaline antiseptic, as follows:

Listerine, from 3 to 5 per cent.

Lysol (lysolum purum), from 3 to 5 minims to the ounce of water.

Creolin, from $\frac{1}{2}$ to 2 per cent.

Bichlorid of Mercury, from 1-4000 to 1-1000.

Sesquicarbonate of Potassa, a mild vegetable remedy, from 5 to 10 grains to the ounce.

Sulphate iron (old copperas remedy), indicated in chronic inflammation and hemorrhages when fragments are seen in the solutions returning from the uterus; 2 to 3 grains to the ounce.

Persulphate Iron (Monsel's solution), indicated in uterine hemorrhage which may occur at anytime; from 5 to 15 grains to the ounce. Pledgets of cotton, with string attached, may be wetted in solutions of this iron and inserted into the uterine cavity, with string attached.

Escatol is a mild escharotic and antiseptic originated by the late Dr. Andrew Jackson Howe of Cincinnati, Ohio, as follows: Hamamelis distilled.

Glycerin aa	.....oz. iv
Salicylic acid	.....grs. xxxix
Chlorid Zinc	.....grs. xx

Misce and filter.

Sig.: Use of this fluid a half to one dram to one ounce of warm water. Indicated whenever the endometrium is covered with bleeding vegetative growths, and if used every forty-eight hours for a few treatments there will be no necessity for curettement.

Pinus canadensis (dark): From 5 to 8 minims to the ounce.

Acid carbohc: From 4 to 6 minims of a 95 per cent solution to the ounce.

Acid boric: From 10 to 15 grains to the ounce.

Non-alcoholic Hydrastis, colored or non-colored: 10 to 20 minims to the ounce.

Thymol: 2 to 3 grains to the ounce.

Potassa Permanganate: 1 part of the salt dissolved in 9 parts of distilled water has been suggested as a standard solution. Of this from half a part to two parts may be added to sixteen parts of water.

Normal tinct. or specific med. Echinacea: From ʒ ss. to ʒ l. to the ounce.

Magnesia sulphate: 5 to 10 grains to the ounce, and 95 per cent Phenol, 2 minims to the ounce, is especially efficacious in overcoming any sensitiveness caused by curettage, followed by a hot water bag over the hypogastric region for two or three hours.

Zinc Sulphas: From 2 to 3 grains to the ounce.

Zinc Chlorid: 1 to 2 grains to the ounce.

Silver Nitrate: 2 to 6 grains to the ounce.

Swabbing the uterine cavity, when indicated, is very beneficial. Whenever washing out the uterus with the alkaline antiseptic and peroxid solutions does not control any condition satisfactorily, the uterus should be swabbed with Campho-phenique for two or three treatments, and immediately washed out with the alkaline and peroxid solutions.

When the endometrium is covered with a tenacious mucopurulent or necrotic material it may be easily overcome by swabbing with Campho-phenique, then washing out with the regular solutions and finishing with sulphate of iron, from 1 to 2 grains to the ounce.

Tinct. Iodine, two parts, and Carbolic acid, one part, is an excellent mixture for swabbing the uterus, but it should always be washed out immediately with the alkaline and peroxid solutions.

One need not necessarily confine himself to the foregoing list of remedies. Every physician has several favorite applications and antiseptics which, in all cases may be equally efficacious.

RESOURCES OF INTRA-UTERINE MEDICATION COMPARED WITH SURGERY

The non-surgical resources of intra-uterine medication are so efficient for controlling the majority of pelvic diseases and reflex irritations that it is a wonder the Orificialists resort to surgery for correcting these functional conditions. It may be well to mention conditions which indicate surgery: Vaginal hysterectomy; removing fibroid tumors; restoring cervical laceration; removal of pelvic tumors; removal of ovaries and diseased tubes; restoring perineal laceration; curetting the uterus; circumcision; cervico-vaginal fistula; tumors and fistulas of the vaginal labia.

The following reflex irritations and pelvic functional conditions can be controlled by nonsurgical gynecology or intra-uterine treatments: Acute metritis; reflex pains of the ovaries, due to endometritis; reflex tic douloureux from uterine irritation; sympathetic stomach troubles, due to uterine irritation; reflex headaches from uterine irritation, before or after menstruation; acnitis from uterine infection; reflex backache from uterine irritation and inflammation; retroversion, due to uterine inflammation and cell ptosis; dysmenorrhea, due to inflammation, neurosis and reflex spinal irritation; chronic endometritis; acute or chronic cervicitis; leucorrhea; reflex sciatica from uterine irritation; all kinds of uterine hemorrhages and ulceration of the endometrium.

Its specific influence over conditions resulting from the menopause controls hemorrhages; obtains drainage; controls uterine infection; aids atrophy by overcoming edema of the uterus; controls hot and cold flushes, bloating, sweating and melancholy; prevents rheumatic pains, caused by uterine infection. It has overcome cancer of the uterus, appearing before and after the climateric period; controls uterine infection in elderly women, who have acquired subinvolution, twenty to thirty years after the menopause; it has prevented insanity, due to the menopause, and when the uterus is properly treated by this method, it prevents growth following the critical period.

Its resources in an obstetrical practice, restore the suppressed lochia; overcomes subinvolution, following puerperium; overcomes puerperal septicemia; controls phlegmasia, alba dolens, following puerperium or the removal of a dead fetus. It is a specific treatment for removing a retained dead fetus; restores lactation, suppressed from uterine infection; is a reliable treatment for accidental, spontaneous and justifiable abortion, controlling uterine infection during and following unavoidable criminal abortion, produced by women or neighboring physicians. Its efficacy overcomes the practitioner's anxiety, when called to save life in an unavoidable abortion, and in many cases of emergency.

Every branch of the medical practice is overcrowded with specialists, except the Orificialist's nonsurgical gynecology. There are hundreds of women, in every physician's bailiwick in this country suffering with nonsurgical diseases of the pelvis, which can be controlled by the intra-uterine method. These nonsurgical chronic diseases of women, offer an excellent opportunity to physicians who desire to change from general to office practice.

METRITIS

There is scarcely another disease which causes such severe suffering as acute metritis. This is because the uterus is so dense and its tissues so nearly all muscular fibers that when it becomes inflamed and swollen the nerves are pinched by pressure. Therefore, acute metritis requires an active and direct treatment, to control it early enough to prevent the inflammation from extending into contiguous parts or from becoming chronic.

We must not believe, because pain has been relieved, that the inflammation has been controlled. The treatment may have induced a slight relaxation which lessens the pressure on the nerves, thus relieving the pain.

Etiology, acute metritis arises more frequently, perhaps, from arrested menstruation, abortion, physical injury, such as a severe blow or a fall; deep cauterization or laceration of the cervix, chronic inflammation, increased by systemic exudations and sub-acute colds; extension of inflammation from the vagina; throwing strong irritants into the uterus; curettage and other instrumental manipulations between the fifth and eighth weeks of pregnancy for emptying the uterus.

In these early abortions, the ovum is so small, that the greater portion of the endometrium is exposed to the direct influence of irritants and manipulations, delayed curettement following abortion and septic infection.

General symptoms: The general symptoms are rigors, hot, dry skin, headache, accelerated and weak pulse, dry and furred tongue, thirst with pain and tenderness in the uterine region. The abdomen, at first soft, becomes tympanitic, and if the proper treatment is not begun early the inflammation may extend to the peritoneum, when the pain will spread over the abdomen with symptoms of peritonitis. The lochial discharge may be diminished and retained. This rapidly decomposes, and if not washed out every twenty-four to thirty hours will cause the pain to return even after, to all appearances, the active inflammation has terminated. The return of pain is caused by irritation and infection and does not signify that the inflammation has increased.

The conventional treatment for metritis at hospitals, where the intra-uterine method is unknown and physicians are afraid

of inducing uterine colic, is vaginal douches from an elevated reservoir, hot-water bag, or stupes, over the hypogastrium, hypodermic injections of morphine and some mixed germ killer. This is an ingeniously scientific and skillful treatment, for it nearly always leaves chronic inflammation, edema of the uterus, backache, headache, and a profuse discharge.

Treatment: It requires from six to ten days to control metritis, but by a direct treatment the fever and pain may be subdued in seventy-two hours. This depends on its cause and whether the treatment was sufficiently active and continued long enough. Hot applications over the hypogastrium every four or five minutes for forty-eight to seventy-two hours, assisted with relaxing sedatives internally for a week or more, may be considered a direct treatment. But when the inflammation is caused by contracting colds, which suppresses menstruation and discharges following parturition, abortion or laceration of the cervix, and other injuries, then it would not be a direct treatment unless the uterus is washed out every twenty-four or forty-eight hours with a weak alkaline antiseptic alternated with a fifteen per cent solution of peroxid, to prevent irritation, absorption and control infection.

This treatment will control most cases of metritis and prevent chronic inflammation, but some with constipation and perverted circulation will require the local and general treatment prolonged.

LACERATION OF THE CERVIX

Laceration of the cervix, during parturition, abortion, and by the introduction of the cùrette is often followed by various inflammations, areolar hyperplasia, nervous prostration, constitutional effects and eventually uterine growths. These serious conditions present a necessity for a treatment capable of mitigating such dreadful effects.

Upon this subject Dr. Thomas Addis Emmet says: "Its importance cannot be exaggerated, since one-half of the ailments of those who have borne children are to be attributed to laceration of the cervix."

The first effect noticed is that the lochial discharge becomes diminished, decomposed and offensive. The second is retarded recovery and involution. The third is noticed as local inflammation, sensitiveness to pressure, and a mild but increasing fever, the height and severity of the fever depending upon the duration and extent of the local infection that is allowed to ensue.

Efforts at healing the laceration, develop, not infrequently, enlargement and induration of the whole cervix from areolar hyperplasia. Whenever there is constipation, a sallow skin and nervous prostration, at the inception of the laceration the sclerosed tissue will form beneath the laceration. But with the present authentic mode of treatment, the retained lochial discharge will continue the inflammation, so that the cicatricial tissue will not form for months, in some cases not even in years. Without the protecting influence of the scar tissue there must be a continual infection, with local irritation, and more or less general disturbance through reflex action.

An operation upon such a cervix, will control the infection at the laceration, but not that of the uterus and tubes. With the reparative forces in a feeble condition, the curetting of the uterine cavity often produces salpingitis.

The complete description of the different forms of laceration of the cervix uteri, is found in Dr. Alexander J. C. Skene's "Diseases of Women," from which the following is quoted:

The several forms of laceration of the cervic uteri most frequently seen in practice are:

1. Lateral lacerations of one or both of its walls.

2. Anterio-posterior laceration; usually found in the posterior wall, but occasionally involving both.

3. Multiple lacerations, three in number, though sometimes more.

4. Incomplete lacerations, in which the solution of continuity extends from within, outward, through the mucous membrane of the vagina. This form of injury is generally bi-lateral, though occasionally the lacerations are multiple, involving the two walls laterally, and the posterior and anterior walls also.

The fourth form is frequently produced by dilatation for the purpose of curetting the uterine cavity.

"Sometimes two of these forms of injury are found together, as for example, a complete bilateral laceration and an incomplete laceration of the anterior wall of the cervix. The first and by far the most common of these injuries, lateral laceration, presents several varieties. The bilateral laceration, in its typical form, divides the cervix into two equal parts, and extends up to the vaginal junction. As seen at times, the laceration is superficial, extending not more than half-way up to the vaginal junction, while on the other it is much less extensive. In other cases the bilateral laceration divides the cervix into unequal parts, the anterior portion usually being the larger."

Following the labor and the removal of the secundines, make a digital examination to ascertain if laceration has resulted and to notice its form and degree. The physician who neglects this duty is censurable, for upon its performance depends the welfare and future treatment for preventing the constitutional effects. Having discovered that the cervix is lacerated, prescribe the following medicines to protect the blood from infection:

℞ Potassii chloratisʒj
 Ext. Cimicifugaeʒij
 Ext. Echinacea angust.....ʒss
 Ext. Nucis Vomicae fl.....Gtts.x
 Syrup simplicis.....ʒj
 Aqua q. s.....Oz. iv

Misce. Signa: One teaspoonful every two or three hours for one or two weeks.

The next day place the patient crosswise upon the bed, facing a window, electric or any other light, and with the head and shoulders elevated about twelve inches above the hips. With hot and cold aseptic water at hand for giving a proper temperature of from 95 to 110 degrees to the alkaline and peroxid solutions, proceed to wash out the uterus of all loose fragments, debris and lochial discharges. Cleanse and dry the surfaces of the laceration.

tion, but never under any condition or circumstances cauterize it.

Saturate a pack of absorbent cotton, when compressed about the size of a hen's egg, in the following solution:

℞ Fl. Ext. Phytolacca..... $\frac{3}{j}$
Glycerin $\frac{3}{j}$

Misce. Put this in a bottle and set it into a cup of hot water one or two minutes. Empty the water and pour the solution into the cup. Saturate the pack in the solution and take one-fourth of the cotton and push it into Douglas' Cul-de-sac with uterine forceps.

Divide the balance of the cotton into three equal parts, placing one on the anterior and one on each side between the cervix and vaginal folds. Next wet another pledget in the same solution and place against the os, with string attached for removing. This retains the packing around the cervix, holding the lacerated edges in coaptation. On the second morning a saline action of the bowels is to be obtained and repeated on alternate days with the local treatment. On the second day remove all of the cotton packing, then repeat the intrauterine injections and repack the cervix as previously stated. Continue these treatments at every forty-eight hours until four or five have been given, after which extend the time to three or four days, for another week, when the patient usually is able to visit the office for more treatments if it is found necessary. At the expiration of three or four weeks, under this treatment, the lacerated cervix is found in the most favorable condition to be operated upon.

A few years ago an able writer said that "a physician is not to blame for laceration of the cervix, for not one in ten knows that laceration has occurred."

This statement shows the prevailing idea of negligence with accoucheurs. I hold that every physician is culpable who will allow the constitutional effects resulting from laceration of the cervix to ruin the health of a patient, simply because he neglected to examine her after parturition, and failed to practice *intrauterine medication*. It is a treatment followed positively by no after effects. Neglecting to practice intrauterine medication, whenever necessary, but directing the flushing of the vaginal passages as a subterfuge, exhibits a lack of courage in the physician. The results of intrauterine treatment of laceration of the cervix uteri are:

1. Infection is positively prevented.
2. Involution is assured.
3. Recovery from the effects of parturition is promptly obtained.

4. By preventing inflammation there will be no enlargement, hardening or stenosis of the cervix from areolar hyperplasia, and no stricture of the vagina.

5. Duration of the lochia shortened, its quantity lessened and rendered innocuous.

6. Three weeks after delivery the cervix is in the best possible condition for an operation.

7. Sterility does not ensue.

8. By preventing inflammation, sexual apathy does not result as frequently as otherwise.

CERVICAL ENDOMETRITIS

The symptoms of acute and even chronic cervicitis, are hypogastric pain, peritoneal sensitiveness, bearing-down and excessive secretion. Constipation is the constant accompaniment of this disease, and it is the first indication for treatment. Later we have menstrual disturbance, often purulent discharge, hemorrhage and sterility. Etiology: Specific inflammation, injures from abortion and curettage, infection of the nabothian follicles by acrid discharges.

The introduction of the sound usually causes pain and bleeding. The differential diagnosis from polypi, carcinoma, and sarcoma will depend first upon the history of the case and upon the microscopic examination. The systemic disorders accompanying this form of the disease are neuralgia, indigestion, hysteria, spinal irritation and cervical infection.

Relapse is very common. The mild cases yield to local and systemic treatment rapidly, while the more obstinate cases, complicated with systemic perversions, will require recourse to a more prolonged and rigid treatment. If the microscopic examination shows that the cause of the cervicitis is specific, treat it as prescribed in the chapter on gonorrhoea. As in the catarrhal form the diagnosis, for adapting a direct treatment, will depend upon the degree of metabolic obstruction, sallow complexion and cell atony.

Treatment: Constipation may be overcome by a liberal use of the mineral oils; from one to three tablespoonfuls should be taken if found necessary. Suggest such nourishment that will restore the ratio of the acid and alkali secretions. Order the skin anointed with olive oil once a week and dry-towel friction every morning. The local treatment consists of cleansing the uterine cavity of any endometrium discharge every third day with the alkaline and peroxid solutions.

To remove the profuse and tenacious discharge from the cervix grasp a cotton pledget the size of a marble in the points of the dressing forceps, saturate it in liquid Campho-phenique and apply it thoroughly to the bleeding cervix, following this immediately with a cotton pledget of the same size saturated in Monsel's solution of iron. Prepare an absorbent solution as follows:

℞ Magnesia sulphateoz. ss.
Normal tinct. or spec. med.
 phytolaccaoz. ss.
 Aqua q. s.....oz. iv.

Misc. Sig.: Saturate a cotton or wool pack, size $1\frac{1}{4}$ inches, in this solution, with string attached, and insert it against the cervix to remain 24 hours.

When the cervical discharge is yellow give Kali Sulph 3X three tablets every three hours. If the discharge is white, give Kali Mur 3X three tablets every three hours.

Cervical endometritis has always responded to this local and systemic treatment.

PUERPERAL FEVER

Puerperal fever is an infectious disease, due, as a rule, to septic inoculation of the wounds which results from the separation of the decidua, previous inflammation of the pelvic organs, and from the passage of the child through the genital canal in the act of parturition.

Whenever this disease occurs, shortly after parturition, the physician should wash out the uterus every twenty-four hours with the mild alkaline antiseptic and peroxid solutions. Should any of the secundines be retained, administer an anesthetic short of producing anesthesia, and remove them with the half spiral and dull curettes. Then cleanse the uterine cavity with the alkaline and peroxid solutions and finish the treatment with a solution of:

℞ Magnesia Sulphas ʒi ss
 95% Phenol Gtt. x
 Aqua q. s. ʒvj

Inject this solution through the recurrent douche into the uterine cavity and place a hot water bag over the hypogastric region for two or three hours. Repeat the uterine injections every twenty-four hours for three or four days, then every forty-eight hours.

Should peritonitis threaten, with full pulse, dry skin, sensitive abdomen and high temperature, give a hypodermic injection of an eighth of a grain of Pilocarpin hydrochlorid and sponge off the body with normal tincture or specific medicine Veratrum Virides ʒij; Aqua q. s. oz. vi. When profuse perspiration appears give four grains of quinine, which restores the secretions. Control the abdominal hyperesthesia by applying cloths wrung out in hot carbolated magnesia sulphas solution every four minutes. Early infection may be controlled with:

℞ Normal tincture or spec. med.
 Echinacea oz. 1
 Bryonia Gtt. x
 Gelsemium ʒ ss
 (or Veratrum Gtts. xx instead of the Gelsemium)
 Aqua q. s. oz. iv

Misce. Sig.: One dram every half hour for three or four hours, then every one or two hours.

This treatment will overcome any case of puerperal fever, if the peritonitis has not advanced beyond control, and the instructions have been closely followed.

RETROVERSION OF THE UTERUS

Fifty years ago retroversion of the uterus was cured by internal medication, for at that time people were less affected with cell ptosis. Most of our foods, however, are now prepared with stimulants which produce reflex contraction and relaxation of the cells, and retroversion will be difficult to cure, so long as women nourish their system with these ptotic-producing foods. As soon as physicians learn what foods alternately and imperceptibly contract and relax the cells, they will cease resorting to operations, and transfer this ailment back to the practitioner for a restorative treatment.

When there is a ptotic condition of the uterine ligaments there is also general cell atony, and to stitch the retroverted uterus to the back is but a palliative treatment, inasmuch as it cannot restore tonicity to the cells. Patients who have submitted to an operation are frequently known to say that they "have never since been well."

Etiology: Cell ptosis, injury, inflammation, adhesions, child-bearing and abortions are the greatest factors of retroversion; and few things show our weakness more than to acknowledge that we are unable to restore the uterus to its normal position. Retroversion is always complicated with corporeal or catarrhal endometritis, constipation, and general relaxation of the bowels and ligaments of the uterus. These conditions are characterized by a bad complexion, fatigue and nervous spells; the veins on the wrist exhibit a pink and hydrous condition of the blood. There is also a disposition to colds and, on deep pressure, hyperesthesia of the intestines.

If the patient is losing weight and the bowels are affected with catarrh, the condition will be reflected on the surface of the abdomen, the skin being darker, more lifeless and inelastic.

Whenever subinvolution and endometritis are present and the pelvic tissues relaxed and filled with serous fluid retroversion will take place, which obstructs drainage, producing irritation, ulceration and development of fungosities, granulations and other growths of the endometrium.

It will be observed that there are two localities where infections are continually occurring—one in the uterus and the

other in the intestines. To improve the general health it will be necessary to control the catarrh of the bowels as well as the infection in the uterus. For the bowels give:

- ℞ Distilled Hamamelisʒii
- Kali Sulph 3X. Powder or Tab.....ʒi
- Fowler's Solutionʒss
- Aqua q. s.....oz. iv

Misce. Signa: One dram in water every three hours.

To heal the bowels and act as a laxative, give:

- ℞ Alcoholʒiii
- Glycerinoz. i
- Fl. Ext. Alexander Senna.....oz. i
- Aqua q. s.....oz. iv

Misce. Signa: One tablespoonful in a glass of hot or cold water before breakfast only.

For assisting elimination prepare:

- ℞ Petrolatum whiteoz. ii
- Oil of Cloves.....Gtt. xx
- Tincture of Capsicum.....Gtt. xx

Misce. Signa: Anoint the body, following a tepid sponging, twice a week.

To protect the head from colds order a shampoo and final rinsing with cold water.

Intrauterine medication is a direct treatment for removing poison from the uterus, controlling endometritis and discharging serous fluids from the pelvic tissues.

Local Treatment: Wash out the uterus with the alkaline antiseptic and peroxid solutions for four or five treatments.

To elevate the uterus without producing pain obtain from one-quarter to five-sixteenths of an inch dilatation of the cervix; with uterine forceps grasp a cotton pledget that will pass through it, yet large enough to protect the uterus; pass the forceps through the cervix with the points down until reaching the fundus; slightly raise the handles and begin turning the forceps until the points are up, then gently depress the handles until the uterus assumes its natural position. A small weight may be placed on the forceps' handles for two or three minutes to hold and accustom the uterus to its proper place. Withdraw the forceps and introduce the intrauterine douche and gently throw in a few syringefuls of some mild alkaline antiseptic, alternating with twenty-five or fifty per cent solution of peroxid. Finish the treatment by saturating a pledget of cotton or wool in one part specific elaterium and three parts glycerin, and insert it against the cervix to remain twenty-four hours.

Whenever the abdominal walls become so relaxed as to be pendulous, contraction may be obtained by applying stimulant compresses for a few nights, prepared as follows:

℞ Pulv. Cinnamonoz. ss
 Pulv. Gingeroz. ss
 Pulv. Clovesoz. ss
 Pulv. Piper Nigrum.....oz. ss

Aqua O IV. Boil for two or three minutes. Wring out a two-ply flannel cloth large enough to cover the hypogastrium, cover with oilcloth and bandage. These spices exert a wonderful contracting influence, removing sensitiveness and often overcoming tympanitis due to partial paralysis of the muscular coats of the intestines. Retroversion has always responded to this intrauterine medication.

The physician who equips himself properly for the practice of intrauterine medication will suffer few disappointments and experience no regrets. On the contrary, the benefits from such a system will inspire him to further efforts along this line of treatment.

DISPLACEMENTS OF THE UTERUS

Displacements of the uterus are increasing, and keeping parallel with many other ptotic conditions that are developing in the abdominal and pelvic cavities.

First, we must exclude those which are congenital from want of symmetrical development, and second, where obstinate adhesions have relegated them to the domain of surgery. The majority of cases of malposition are caused by child-bearing, abortion, constipation, and catarrhal inflammations. These are downward, backward or forward; that is, prolapsus, retroversion and antiversion. The first two forms, a physician is most frequently called upon to treat, and are divided into first, second and third degrees.

When the cervix rests on the pelvic floor it is called the first degree; when appearing at the vulva, the second degree; when outside the introitus, partially or wholly, it is the third degree. Some authorities divide these conditions into incomplete, when the uterus still lies within the vulva, or complete, when beyond the vulva. This latter state of disease, is called procidentia. The time occupied in these changes of position varies from a few weeks to months, and even years, but the change is usually slow.

Imperfect involution, after parturition and abortion, are the cases that assume the third degree, within a few days. If these cases come under the physician's care promptly and are treated by the intra-uterine method, in combination with the removal of the edema by the use of Fl. Ext. Normal tinct., or specific med. elaterium one part and glycerin three parts, the organ will quickly assume its natural position.

Those cases which are months or years in progressive displacement, are the result of constipation and ptosis of uterine ligaments and pelvic tissues.

We cannot expect an immediate result, as in the first class of cases, but these displacements of long standing will assume a normal position, when treated by intrauterine medication twice a week, for two or three months. With this mechanical treatment, it is necessary to induce a methodical and regular action of the bowels, combined with indicated blood and uterine tonics.

Symptoms arising from all displacements and their result-

ing complications, which refer to the pelvic organs, and the nervous system are: difficulty in walking and standing; pelvic pain, usually of a bearing-down nature; pain in the sacral region, running down the inner aspect of the thigh; in the top of the head, either of a neuralgic or interrupted character; or dull, heavy, continuous pain; painful or excessive menstruation; difficult defecation; frequent abortion; sterility; constipation.

Those referred to the nervous system are hysteria, neuralgia, nervous dyspepsia, spinal anemia and hyperaemia.

Physical Signs: It is understood that an examination of the pelvic organs must only be made when the bladder and rectum are completely empty. This point cannot be too strongly emphasized; equally important is the fact that a dislocation of the uterus, per se, can never be considered, but the condition of all adjacent organs as well as the adnexa must be considered.

If the vaginal outlet, during labor be injured and the perineum cannot longer act as a resistant to the bladder and rectum, the unsupported walls of these organs pouch out and the condition is met, known as cystocele and rectocele. The vaginal walls, being attached to the uterus, pull the organ down, and we have uterine prolapsus. The bladder, rectum, fallopian tubes and ovaries, being connected with the uterus, are also disturbed in their relations to each other, with a resultant general dislocation of all the pelvic organs.

If the bladder is empty and the muscles of the abdomen relaxed, the patient on the left side, a bimanual examination should be made to ascertain the degree of dislocation, adhesions, growths or fixation. A speculum examination should then be made, most of which results being negative, unless the cervix is dilated, and the uterus washed out, to obtain the diagnostic influence of peroxid of hydrogen.

Treatment of Displacements: The treatment for displacements should be such as to meet the conditions that exist from these abnormal positions of the uterus.

1. Remove the irritating or septic material from the uterus.
2. Allay the inflammation of the endometrium.
3. Deplete or unload the pelvic organs of serous fluids.
4. Correct the condition of the blood and control uterine exudation.
5. Replace the uterus at regular intervals.
6. Obtain tonicity and contraction of the abdomen and muscles of the uterus.

First, the uterus should be washed out every third day with a twenty-five or fifty per cent solution of peroxide of hydrogen by the intrauterine method, per instructions in the chapter, "Directions for Washing out the Uterus."

In many cases of displacement all of the retained toxins, from deficient elimination, are secreted through the uterus. This shows the necessity, in either a dry or a moist skin, to stimulate its action by anointing it once a week, followed by dry towel-rubbing every morning.

MECHANICAL TREATMENT OF DISPLACEMENTS OF THE UTERUS

Mechanical Means of Treatment.—For the removal of the serous fluids from the uterus and pelvic tissues, we advise:

℞ Specific medicine, elaterium one or two parts, glycerin two or three parts; prepare it in a bottle; set the bottle in a cup of hot water, and when warm empty the hot water and pour three or four teaspoonfuls of the preparation into the warm cup for saturating a pledget of absorbent cotton or wool, which should be inserted against the os every third day following the intrauterine treatment. All of the dehydrating and astringent packs should be inserted into the vagina anterior to the cervix, which presses it down and backward and helps to force the fundus up to its natural position.

After the serous fluids have been removed by the dehydrating packs we find that the following astringent solution strengthens the uterine ligaments and pelvic folds:

℞ Distilled hamamelis ʒ iii
Specific medicine Geranium..... ʒ i

Packs saturated in this solution and inserted against the cervix for several weeks, assisted by the patient's pinching or manipulating the abdominal walls every morning and night for absorbing the adipose tissue have proved very efficient.

There are lateral displacements that we meet, when a fibroid develops, in the lateral walls of the uterus, which displaces it to one side of the pelvic cavity. Displacement of the uterus to one side, shortens the ligaments of one side and lengthens those of the other.

There is pain in the side with the local growth and headache follows physical exertion. Manual examination can detect the enlargement of one side of the uterus, degree of displacement, and partial fixation or lack of movement. There is also partial retroversion and a dry or secreting endometritis. After treating this condition a few times with the alkaline and peroxid solutions with little or no improvement, it should be managed as follows: When the forceps returns from the cavity of the uterus with blood on the cotton it will be necessary to wash out the cavity of the uterus with a solution of Sulphate of Iron (Copperas) two grains to the ounce of warm water. Cut a

three- or four-ply piece of absorbent gauze three-quarters wide and six inches long, fold it and attach a string to the ends, saturate it in the iron solution, made stronger if necessary, catch the uterine sound in the loop of the folded gauze, and push it up into the cavity of the uterus to remain two days.

Finish the treatment by preparing an absorbent solution, as:

℞ Magnesia sulphateGrs. xx
 Fl. Ext. or Spec. Med.
 Phytolaccaʒ ii
 Aquaoz. ss

Saturate a pack of cotton or wool, with string attached, and insert it against the cervix to remain two days, when the patient may remove it and come for a treatment the next day. The gauze wetted with iron will soften, disintegrate, break down and absorb abnormal growths but will not injure healthy flesh.

When this treatment has been given from two to three months it has absorbed the mucus and interstitial forms of fibroid tumors in the walls of the uterus.

DYSMENORRHEA

Some of the most painful forms of dysmenorrhea puzzle the physician. Some respond to therapeutic effects while others are little benefited. Its varieties may be classified as inflammatory, catarrhal, and neurotic.

The inflammatory form is usually complicated by an albuminous exudation. The catarrhal form is also complicated by inflammation and exudation. Some of the neurotic forms are complicated with spinal irritation, density of uterine fibers, and hyperesthesia of uterine nerves, which are subject, during menstruation, to reflex impingement.

Treatment: The inflammatory form yields to the local method of washing out the uterus twice a week, followed by the insertion of the dehydrating or glycerin packs against the cervix, which removes the serous fluids from the uterus and restores its circulation. The catarrhal form responds to the local intrauterine injections when the system is nourished by a nonstimulant diet and the skin treated with dry friction every morning to increase elimination. With a yellow discharge give Kali sulph 3X. Three tablets every three hours. When the discharge is white give Kali mur 3X. Three tablets every three hours.

Those who have practised intrauterine medication for some time have learned (1) that there is a great difference of density of the uterus in different women; (2) that undetermined intestinal or terminal irritations do cause reflex contraction of the uterus, which increases its normal density, to a state of intense pressure on the uterine nerves; (3) that these are the influences which make the neurotic form of dysmenorrhea so difficult to control.

This can be substantiated by the effect of child-bearing, which lessens the density of the uterus, by inducing muscular atony, and by infiltration of serous fluids. In such a condition, the uterus is less subject to irritation and reflex contractions. Forcible dilatation of the cervix cures some cases by overcoming cervical density and improving its circulation.

As the neurotic form is not benefited by the intrauterine method, the density of the cervix may be changed by the use of anesthetics, and forcible dilatation or, the spinal column should be stretched.

MENORRHAGIA

Menorrhagia should be classified among emergent troubles and every physician should possess more than one method for controlling the different degrees of hemorrhage.

Etiology: There are some derangements of the general system which influence the menstrual function, but which do not clearly manifest their causes. Three particular derangements may appear as direct or indirect causes of menorrhagia. First, defective innervation from malnutrition or mental shock; second, impaired blood, and its perverted circulation; third, the local condition of the pelvic organs.

The factors of menorrhagia are shock, injury, puerperal retention of membranes, polypus, fibroid tumors, cancer, erosions of the cervix, ulceration of the endometrium and cell ptosis. Treatment: Treatment for hemorrhage shock is to quiet the nervous system with

℞ Cactus grand. ʒ i
Pulsatilla ʒ ss
Aqua q. s. oz. iv
M. Sig.: 1 dram every one or two hours.

Control the hemorrhage with

℞ Distil. Hamamelis oz. ss
Fl. Ext. or normal tincture
belladonna Gtt vii
Aqua q. s. oz. iii
M. Sig.: 1 dram every one or two hours.

If from injury, give the hamamelis and belladonna and add tincture of arnica 3x, Gtt. x. Aqua q. s. oz. iii. Misc. Signa: One dram every one or two hours.

When hemorrhage follows the puerperal stage, give dram doses of ergot, and manipulate the uterus to cause contraction. If the patient faints from loss of blood, anoint the hand, pass it into the vagina, and plug the cervix, and pinch the uterus with the other hand until uterine contractions take place.

When membranes are retained and the cervix is dilatable, give an anesthetic short of complete anesthesia; now pass the

half spiral curette into the uterus, and slowly loosen the membranes and remove them carefully by a rotary motion of the curette; now wash out the uterus with the alkaline and peroxide solutions, and follow it with ℞ Magnesia sulphate ℥ii, Phenol Gtt. viii. M. Sig.: Throw this solution into the uterus; finish the treatment with the insertion of the dehydrating packs, and apply the hot water bag over the hypogastrium for two or three hours; repeat the treatment every twenty-four hours for three days. Then every 48 hours, until effervescence of the peroxide ceases. Infection or peritonitis has never followed this treatment.

The treatment for polypus consists in using a remedy which destroys growths, but does not injure the healthy flesh. Wash out the uterus every two or three days, to prevent infection from decomposed blood and sloughing tissues, and insert absorbent gauze, wetted in a solution of iron sulphate, five grains to the ounce. This method will disintegrate and absorb polypus in seven or eight weeks, when given every two or three days. Bleeding fibroid growths are destroyed, absorbed and the hemorrhage controlled, with the sulphate of iron. The control of hemorrhage from cancer will be given in another chapter.

Hemorrhage, from erosions of the cervix, are easily controlled by the application of campho-phenique, followed by Monsel's solution of iron every three or four days. Ulceration of the endometrium is easily controlled by the regular intrauterine treatment. We must occasionally control hemorrhages following puerperium and abortion after the uterus has been emptied. Such cases are affected with capillary anemia, from the effect of excessive use of chlorid of sodium and coffee, which induces cell ptosis.

Ergot exerts only a brief influence on the hemorrhage by contracting the enfeebled ptotic muscles and fibers of the uterus, which relax and the bleeding returns. The cell ptosis affects the circulatory vessels also and requires remedies that exert their influence more on them, than on the muscles. In cases where the hemorrhage returns after the uterus is washed out, the following remedies should be given.

℞ Calcara fluor ix. grs x
 Distil. Hamamelis oz. iss
 Fl. Ext. of Normal Tinct.
 Belladonna gtt x
 Aqua q. s. oz. iii
 Misc. Signa: One dram every one or two hours, as necessary, to control the hemorrhage.

MENOPAUSE

Women are scarcely subject to any other disease, which exhibits the weakness of the medical profession, so much as the menopause. The causes of many diseases are being determined, but not that of the menopause, for it is considered as a physiologic function, as though any physiologic organ or part of the system cannot be sufficiently diseased to prevent its functioning.

Women are subject to two epochal periods—the commencement and the cessation of menstruation. The beginning of menstruation is often obstructed by anemia and a lack of development; the ending, or menopause, is marked by pathological conditions.

Medical writers say that the menopause is a physiologic function, which is true only when the uterus is in a normal condition, that is, when a woman approaches the change of life with her uterus free from injury, inflammation, discharge and edema. A physiologic menopause, then is one free from pain, hemorrhage, infection, and all symptoms that may be attributed to this period.

A pathological menopause will occur when a woman approaches the climateric period with either injury (inflammation, displacement, discharge, edema, or organic disease of the uterus). Edema of the uterus inhibits perfect expulsion of blood following menstruation, which decomposes and causes uterine infection, producing all symptoms that appear during the menopause. A pathological menopause is characterized by *uterine infection*, and the intra-uterine medication method becomes a specific treatment by removing the organic poison from the uterus. At this time of life women are apt to regard operations with timidity. For such reason, should women be denied this specific, humane and painless treatment by physicians who have neglected to inform themselves of its efficacy and resources?

Any woman who is suffering with a pathologic menopause and threatened by insanity or some uterine growth, can obtain perfect relief by taking this intra-uterine treatment.

UTERINE INFECTION

Among the various kinds of uterine infection is that resulting from a closed uterus. The uterus is subject to inflammation at any time of life, and especially whenever the skin becomes inactive and the circulatory system perverted. Some women who approach the atrophic period of the menopause with inflammation are liable to uterine infection from an impervious cervix. There are other women who, twenty-five years after the climateric period, develop hyperesthesia of the nerves and resulting predisposition to colds.

Atrophy of the cervix, with women who have chronic metritis, and others whose ovaries have been removed, may have the cervix adhesively closed. The deficient anabolism, and frequent contraction of colds will cause the uterus to acquire inflammation, followed by subinvolution and infection, from lack of drainage by an impassable cervix.

In the case of a woman, age say 80 or over, too old for an operation, whose mind is becoming unbalanced from uterine infection, the following treatment may be given:

Treatment: Introduce a speculum and cleanse the vaginal canal, then attempt to pass a very small uterine sound through the cervix; if it does not enter the cervix, the speculum should be removed and a digital examination made to obtain the exact hardness of the cervix, and the central softness of the original os or aperture, after which reinsert the speculum and apply a 10 o/o solution of cocaine to the cervix for a few minutes. Now force a small-bladed scalpel into what was the original os or aperture and cut or enlarge it anteriorly and posteriorly from five-sixteenths to one-third of an inch. A small intra-uterine douche can then be passed through the cervix and the septic material washed out, which should be repeated every forty-eight hours for two or three weeks. After cleansing the uterus each time, a small piece of absorbent gauze should be inserted into the cervix to prevent the os or cut aperture from closing up again.

Mrs. Y's menstruation ceased at the age of forty-three, which prevented drainage for three years, during which time inflammation closed the cervix so rigidly and unyielding that the smallest sound could not be inserted. Dehydrating packs were inserted against the cervix for eight days, for securing relaxation and removal of edema, when the sound could be passed and the cervix sufficiently dilated to introduce my small recurrent flow douche and wash out the septic material. From the age of forty-three to forty-six, intra-uterine infection produced nervous exhaustion and extensive edema of the feet and legs.

Washing out her uterus twice a week for a month controlled inflammation and infection, and the following remedies removed the dropsical effusion and restored cell tonicity: \mathcal{R} Potassae Acetas \mathcal{Z} jj Fl. Ext. or specific med. Apocynum \mathcal{Z} ss . Distilled hamamelis \mathcal{Z} v . Fl. Ext. or specific med. belladonna Gtt x . Sim. Sy. Oz. i . Aqua q. s. Oz iv . Misce. Signa: One dram every three hours. Many thousands of women have their uterus and ovaries removed when any physician can open an impervious cervix, control inflammation and infection by practicing this simple method of washing out the uterus?

The author has cut open the os of the cervical canal in three different cases, in order to control uterine infection, two of the women being between the ages of thirty and forty.

Women are subject to uterine infection from many causes, but this article will explain only those cases which occur with recently married and young girls. Those who have a poor circulation, and others predisposed to colds, sometimes take a bath or go in swimming on the appearing of menstruation. The bath being too cool, they are slightly chilled, which suppresses the flow and contracts the cervix, the temperature of the uterus decomposes and coagulates the retained blood. This condition affects women differently, for some are extremely subject to inflammation, absorption and infection, while others are almost immune from them.

Maiden women have died suddenly following dancing when overheated and exposed to a draft that suppresses menstruation, and resulted in acute metritis and infection. Acute metritis invites infection and what can a practitioner do to prevent a fatal issue if he does not practice intrauterine medication? Sedatives do not control inflammation, which results from decomposing blood and infection. These cases puzzle the inexperienced physician, so that he will resort to opiates which often aggravates the condition, although acute metritis causes such extreme pain

that one is justified in a hypodermic use of $\frac{1}{8}$ grain of morphine to relieve suffering, until the hot application every four minutes of carbolated sulphate of magnesia controls enough inflammation to obtain uterine relaxation. The retained septic blood must be washed out every twenty-four hours, till the acute stage of inflammation has been reduced, afterwards less often until recovery.

When this incident occurs with a maiden woman and the hot applications and sedatives do not obtain relief, the attending physician should insist on giving the local treatment, in which it may be necessary to remove the hymen to save life. The writer has had to resort to these measures on several occasions during swimming seasons.

CORPOREAL ENDOMETRITIS

This disease is a most potent agent in the causation of many other abnormal conditions of the pelvic organs, exerting its morbid influence by extension of inflammatory processes, or by a centralizing reflex sympathetic irritation, which perverts many vital functions. When neglected it becomes the greatest factor for producing many malignant growths, and serious reflex irritations such as neuralgia, sciatica, cystitis, fibroid tumors, cancers and insanity. Symptomatology: The symptoms are arranged into two classes—constitutional, manifested by irregularities of the nervous system, local and digestive organs. There is more or less nervous exhaustion, sleeplessness, headaches during menstruation, mental depression and frequently darting pains in the spinal cord. The enlarged abdomen and bloated appearance of the whole body together with sympathetic action on the mammary glands, causing burdensome enlargement, sensitiveness, and visited with fleeting pains.

The digestive disturbances are caused by reflex irritation and infection from retention of organic poison in the uterus, and is the greatest factor of fatigue, enervation and forgetfulness.

Inflammation of the endometrium once established, show little tendency to recovery, and especially from the conventional modes of treatments; hence there have been cases often found that begin early and continue through life. The author has met and controlled endometritis in women, thirty years after cessation of the menopause, which resulted from colds inducing metritis, subinvolution with retention of organic poison.

It is not good philosophy to believe the cessation of menstruation at the change of life will control an inflammation and a systemic discharge which has been established for years. Etiology: A large work could be written of the predisposing causes of endometritis, but it would not be worth reading by anyone who knows how the most of our nourishment perverts the circulation, metabolism and develops local inflammations.

The treatment of endometritis by the intrauterine method has proved two things. First, that whatever the cause, the local inflammation with its irritation and infection must be controlled. Second, that nourishment in connection with the irritation and infection has perverted the circulation, metabolism and nervous system. That the nourishment must be changed in order to restore the perverted functions. This demonstration shows how all local inflammation is more or less associated with systemic complications. Therefore, the treatment of only the local condition does not always give perfect satisfaction. Treatment: If practitioners remember that the nourishment which perverts vital functions are the stimulants, such as tea, coffee, sugar, salt and all extremely salted foods, he will be able to suggest a change of non-stimulants. Order the skin anointed once or twice a week with olive oil and dry towel friction every morning. When the patient has been taking physics, there is more or less intestinal irritation that may be relieved by desert, or tablespoonful of the mineral oils two or three times a day, and order the bloated condition of the abdomen pinched out every morning and night. Prescribe ℞ Fl. Ext. Normal tinct. or Specific med. viburnum prun. oz. ss. Distil. hamamelis oz. ss. Normal tinct. or Specific med. belladonna Gtt viii. Aqua q. s. oz. iv. Misce. Signa: One dram every three hours. Local treatment: Wash out the uterus with the mild alkaline antiseptic and peroxid of hydrogen solution every third day or twice a week. To finish the treatment, insert against the cervix the cotton or wool pack, with string attached, saturate in one part of normal tinct. or Specific med. elaterium and three parts of glycerin. If the washout causes a slight flow, it should cause no alarm; shows that the inflammation had produced ulceration, which will cease after a few treatments.

This treatment usually controls endometritis in six to eight weeks, but if the patient is affected with constipation and sallow complexion, it may require ten to twelve weeks to restore or overcome the systemic perversions or complication.

CATARRHAL ENDOMETRITIS

Catarrh is evidenced by a free discharge from any of the mucus surfaces of the body. Physiology sets forth with mathematical certainty the quality and quantities which are thrown off by the different parts of the system. The qualities and quantities of the acid and alkali secretions which are transuded in the system by osmotic pressure are not definitely stated, but they certainly are increased whenever the metabolic processes are disturbed. Etiology: Certain conditions of the system will develop catarrh. There are many cases of catarrhal endometritis in which catarrh has nothing to do with its origin. The system may develop a local metritis which will quickly become chronic from such as laceration of the cervix, child bearing, abortion, specific inflammation, metritis by instrumental manipulations and contracting colds during menstruation. The present nourishment has a tendency to cause chemical reaction, imperceptible irritation and reflex contraction of the cells, which produce more or less hyperesthesia of the nerves, pervert metabolism and the circulation. Whenever the nerves are affected with even a slight hyperesthesia, they are unable to prevent the suppression of the secretions by the least atmospheric change. The frequent suppression of the secretions will eventually require more for their restoration; than local inflammations will develop in mucus surfaces and eliminate albuminous exudations.

This is the way that catarrh is started, and then because it becomes quite intractable "physicians say that it is not a disease but a condition of the system." It may be said with as much sense that one-half of the diseases are only conditions of the system. Can catarrh be cured? Some individuals can be cured by certain physicians who understand the close relationship between the mucus membrane and the skin. Catarrh of the stomach and muco-enteritis are not difficult to control when one knows how they are developed. The treatment consists of a diet of rice, milk and other light foods, the skin must be anointed once or twice a week with olive oil, and dry towel

rubs every morning, allow only one bath a week and give ℞ Bismuth subnitrate grs. xv. Fl. Ext. or Specific lobelia Gtt v. Gelsemium Gtt v. Aqua q. s. oz. iv. Misce. Signa: One dram every two hours; alternate with Kali Mur 3x, three tablets every two hours. Catarrh of the stomach and muco-enteritis yield to this treatment. After controlling the muco-enteritis, give enough of granular phosphate of sodium to prevent constipation following the diarrhoea.

The light diet is not as essential when treating catarrhal endometritis, but coffee, sugar, salt and all salty foods should be reduced to a minimum. The uterus should be washed out twice a week with the mild alkaline and peroxid solutions and the dehydrating pack of cotton or wool should be inserted against the cervix to remain twenty-four hours. Prescribe ℞ Distil. hamamelis oz. ss. Normal tinct. or Specific med. belladonna gtt viii. Aqua q. s. oz. v. Misce. Signa: One dram every four hours, alternated with Kali Mur 3x, three tablets every four hours when the discharge is white, or Kali sulph. 3x, three tablets every four hours when the discharge is yellow. Catarrhal endometritis responds to this treatment when closely followed.

GONORRHEA

This disease is generally transmitted by coitus and is characterized by a mucopurulent discharge, and by painful micturition. Resulting complications are vaginitis, inflammation of the glands of skene, endocervicitis, cystitis, mastitis, and salpingitis; arthritis, endometritis, and endocarditis may occur as complications in either sex.

Gonorrhea is a specific, acute, local inflammation and infection, which is easily cured before it becomes chronic or invades contiguous parts, and some of its complications may be overcome.

The American Medical Association has printed and copyrighted a manual setting forth the latest scientific and approved methods of treatment of Venereal Diseases, which is presented to the members of the medical profession of Illinois with the compliments of the State Department of Public Health. The recipients of this complimentary manual may expect to find a treatment which will cure gonorrhea in its acute stage. They will be disappointed, however, for vaginal douches and lying abed will not control the local inflammation and infection. The pain during the acute stage becomes so much modified in ten or twelve days, from douches and confinement, as to mislead the patient, and especially the attendant. Douches will not control inflammation of the glands of skene, urethritis, cervicitis, or endometritis. These are the fields that gonococci invade and develop a specific inflammation which is more difficult to control than those occurring from other causes.

Clinical observation has proved that the gonococci and its inflammation may extend and invade contiguous parts in some persons in three or four months, in others in six to eighteen months, and never in others, to the fallopian tubes. In all these periods there is sufficient time to perfect a cure before it develops into a surgical condition.

The nourishment of the people has a tendency to diminish elimination, and break the ratio of the acid and alkali secretions,

which make it more difficult to control specific inflammation. The gonorrhoeal exudations always show deficiencies of the blood, and whenever the indicated Schuessler cell salt is supplied the discharge ceases and the disease terminates rapidly.

Treatment: Gonorrhoea in its acute stage responds readily to a direct antispasmodic, and modifying urine medication, soon after its contraction by the following prescription: \mathcal{R} Bomidum potassi \mathfrak{z} ii. Fl. Ext. or Specific med. Gelsemium \mathfrak{z} j. Fl. Ext. or Specific med. Macrotys \mathfrak{z} j. Aqua q. s. oz. iv. M. Signa: One dram every half hour for six doses when there is much suffering, then every two hours. With a clear, white discharge, give Kali Mur 3x, three tablets every three hours. If the exudation is yellow, give Kali Sulph. 3x, three tablets every three hours in connection with the above prescription. When coffee, salt and meat are reduced to a minimum, this treatment has controlled the discharge in ten or twelve days.

Vaginal douches and internal medication will not control gonorrhoeal inflammation and infection which has invaded the cervical canal and the endometrium. To control these invasions the uterus must be washed out every forty-eight hours for two or three weeks. When the above-mentioned foods are reduced, and the uterus treated as advised, the internal medication will control the specific urethritis. When this disease has been standing several months or a year or two, it is because intra-uterine medication has not been employed. In such cases wash out the uterus with the alkaline and peroxid solutions, and follow it immediately with a solution of iron sulphate (copperas) one or two grains to the ounce, which controls the acute or chronic endometritis. After two or three treatments of washing out the uterus, grasp a pledget of cotton in the point of the uterine forceps, the size of small marble; dip it into a solution of Campho-Penique and swab the cervical canal, then immediately with Monsel's solution of iron. This cures either acute or chronic cervicitis by a few treatments.

SCIATICA.

Gynecologists have given little or no recognition to reflex sciatica. There is a good reason for this neglect because the medical profession has never universally practiced *intra-uterine medication* for curing disorders of the uterus, thus neglecting to grasp the opportunity to observe reflex uterine irritations caused from inflammations.

Dalton, in his work on Human Physiology, says: "The nervous system associates the different parts of the body in such a manner that stimulus applied to one organ may excite activity in another." Oh, for a mind capable of recognizing the unsolved problems of the human system hidden by the mysteries of reflex action!

Etiology.—The causes which give rise to sciatica may be divided into congestive, inflammatory, mechanical and reflex.

First: It has been caused from the extension of inflammatory rheumatism from a direct injury, such as a blow, kick or bruise, exposure of the limb to a draught of cold air for a long time, sitting on a cold or damp seat following physical exertion, from impaired capillary circulation, and straining of the nerve.

Second: The mechanical causes are those which make more or less of a steady pressure on the sciatic nerve, as cushioned seats of carriages, cushioned and hollow seated rockers, saddles, mower and reaper seats, and also misfitting artificial limbs.

Third: The failure, occasionally, to cure sciatica makes it evident that it does occur from various reflex actions.

Among those observed are, irritation of the intestines, which may have resulted from constipation, diarrhea, catarrhal ulceration, adhesion, pressure from growths, rectal fissures and fistula, and contracted strictures.

Malarial and other poisons derange the functions of the body and especially provoke congestions, and as such excite neuralgia. It may follow concussion and other injuries of the spine and it frequently occurs from a blennorrhagic rheumatism, cervical and corporeal endometritis, salpingitis or pelvic cellulitis.

A successful treatment of sciatica depends on our ability to observe its cause and apply a direct treatment. It is not my intention to write a general treatment for sciatica because I believe that most practitioners are able to successfully treat this disease with the possible exception of one feature of it which arises from reflex irritation and which is caused from inflammation of the female generative organs.

There is a peculiarity about sciatica which differs from other diseases. In many diseases we are able to recognize their causes and apply a treatment which usually proves successful; but not so with this disease, because we have been in the habit of starting the treatment from a nosological standpoint. This may succeed, but it often fails. Other treatments are then tried and the one which proves successful is quite likely to point to the cause. For instance, take a case in which the majority of the symptoms point to congestion of the limb and nerve, caused from exposure. In this condition I have tried the indicated sedatives, anodynes and other favorite remedies combined with hypodermic injections of atropia, cocaine and sulphate of morphia. I have also tried physics, which aggravate the pain. The bowels are then flushed every second day, which controls intestinal irritation, resulting in marked relief. The relief obtained indicates that the cause is reflex intestinal irritation.

During twenty-five years of practice I have treated eight males and fourteen females for sciatica. The males and three of the females recovered from such treatment, which corrected the circulation and controlled congestion and inflammation of the sciatic nerve and restored a normal condition to the bowels. The other eleven cases were caused by reflex intrauterine irritation. Seven of the eleven cases resulted from chronic corporeal endometritis, two from cervical endometritis, one from catarrhal salpingitis—the latter was complicated with intestinal irritation—and one from gonorrhoeal salpingitis. Curettage had been performed on five of the seven women, and three of the five had had trachelorrhaphy performed, which resulted in relief for three or four weeks. These five women came for treatment at two, six, ten and eighteen months after leaving the hospitals. The average duration of the eleven cases was from five months to three years. A little inquiry brought to light that these women suffered from an indirect treatment. I learned that they had taken different sedatives and many special remedies; also several different kinds of hypodermic injections. Irritants had been used locally—blis-

ters, solutions of salicylic acid, muriate of ammonia, combination liniments, and vinegar applied with a hot iron.

In enumerating the treatment which these women endured, it is not for the purpose of criticizing it, but to show how intractable a disease may prove to be from any treatment, whenever we fail to observe its cause. As these cases were caused from reflex intrauterine irritation the treatment was not direct.

When these women called they were thoroughly examined for spinal irritation; the sciatic nerve for congestion or inflammation, pressure made over the whole nerve for sensitive spots, and deep pressure was made on the bowels for the presence or absence of hyperæsthesia, and the color of the abdomen compared with the complexion of other parts of the body. Then a vaginal speculum was used and the uterus examined to ascertain its position, size, depth, hyperesthesia, or injury. The examination exhibited imperfect involution present in the eleven women, and retroflexion was present in two cases. All were affected with chronic endometritis and enlargement. The depth of the uterus varied from three and a quarter to four and one-half inches; the endometrium was very sensitive and bled easily. My treatment consisted of washing out the uterus every third day by the *interrupted stream* with a fifteen to a fifty per cent solution of peroxide, alternating every other syringeful with a three to five per cent solution of listerine or any other good antiseptic of similar strength. One to two thousand solution of bichloride of mercury was alternated with peroxide in some of the cases.

While washing out the uterus in all of these cases the typical effervescing action characteristic of peroxide, whenever it is mixed with any septic material, was observed. To finish each local treatment the dehydrating pack of wool or cotton saturated with the following mixture was inserted against the cervix and removed after thirty to forty hours:

℞ Glycerine ℥i
 Elaterium gr. ss

Every woman experienced great relief as soon as the irritating substance was removed from the uterus. The number of treatments necessary to cause recovery varied from ten to twenty. The condition of the fallopian tubes of the patient who had gonorrhœal salpingitis was such as to necessitate an operation. I prescribed an alternative while washing out the uterus, the only direct treatment that could be applied, and this resulted in complete recovery.

PHLEGMASIA DOLENS

Phlegmasia dolens is one of those diseases of which the true cause has not been satisfactorily known. An inspection of the conflicting opinions regarding it is enough to convince any one that all the problems of the system have not been solved. Mr. White, of Manchester, in 1784, considered it to be caused by an obstruction or some morbid condition of the lymphatic vessels and glands of the parts attacked. In 1817 Dr. Davis made an autopsy and found evidence of extensive inflammation of the veins. In 1829 Dr. Lee succeeded in tracing the inflammation into the uterine branches of the hypogastric veins, and he gave it the name of *crural phlebitis*. Dr. Mackenzie came to the conclusion, resulting from a series of experiments, that phlegmasia dolens is due to a vitiated condition of the blood, and that the venous inflammation is the effect of the original disease. Dr. King's view is, that the disease is primarily an affection of the lymphatics, and that the venous manifestation is merely a secondary result of the original malady.

Having had a vast experience in washing out the uterus, it has enabled me to make numerous observations, and I consider parturition as a physiological solution of continuity because it is conceded that the separation of the placenta and uterus is a local injury, as evidenced by the septic inoculation of these wounds, resulting in puerperal fever.

Doctors Andral and Gavarret found that the fibrin of the blood is diminished during the first six months of pregnancy, but subsequently becomes augmented even to a considerable amount above the usual physiological portion, assuming the characteristics of inflammatory blood. This, with other incidents and conditions that have caused the disease, ought to make it apparent to any one that it is the condition of the blood which causes phlegmasia dolens. For instance, although it more commonly follows confinement, it is by no means confined to that period. It has been observed among those whose menstrual discharge has been suddenly suspended or who have had diseases of the uterine organs,

as malignant growths, ulcerations of the cervix and endometrium. It has occurred in males, following dysentery diarrhoea with ulcerated intestines, cancer of the rectum, amputation of a limb, and external injuries. It is plain to be seen that any of these conditions could have affected the blood by absorption. Various exciting causes have been named, the most common among which are cold, injuries by pressure to the lymphatic glands, veins and nerves.

Observation has convinced me that venous obstruction by the occiput of the child should be eliminated as a cause of this disease, because every accoucheur who enjoys a large obstetrical practice has seen many women in whom the pelvic pressure had caused the veins of the labium and thigh to be extensively engorged, and the veins below the knee so distended as to burst, resulting in serious hemorrhage, and yet the obstruction and engorgement did not result in phlegmasia dolens. It should be remembered that in cases where it does occur the superficial veins of the labium, thigh and leg never are engorged, but a few days following the onset the femoral and internal saphenous veins become distended.

On or about December 1, 1896, Mrs. L. M. became ill. She called her physician, who prescribed medicines several times without obtaining any benefit. Continuing to grow worse for about three weeks, she became confined to her bed. At this time recurrent pains began and the family physician was called. He delivered her of a four-months' fœtus which to all appearances had been dead for twenty days. The lochia was offensive and ceased to flow at the end of a week; although receiving medicine and vaginal douches that were ordered, there was still no improvement. On the ninth day after the delivery of the fœtus she had a chill, followed by a fever; then pain began in the region of the uterus, groin and thigh. In a short time the calf of the leg became enlarged, hard and painful, followed by the swelling of the whole limb. The attending and consulting physicians diagnosed her case as rheumatism and treated her for two months with very little improvement. They must have become discouraged, as they ceased calling without being discharged.

These are the statements as given by Mrs. L. M. when I was called. An examination exhibited the left limb affected, a temperature of 99 3-5, pulse 100, skin moist. The whole limb was considerably swollen, the skin was tense, white, and sensitive to touch; its surface cold and clammy. The femoral and internal saphenous veins were filled with coagulated blood to the

size of half an inch. The presence of an offensive discharge caused me to inquire how long she had noticed it. She answered: "Ever since the fœtus was delivered." A vaginal examination showed subinvolution and endometritis. As she had passed through the inflammatory state and was not in any immediate danger, yet suffering with pains and weakness, I had resolved to merely wash out her uterus and not prescribe internal medication, in order to observe, if possible, the true cause which produced the condition of the limb.

Assuming charge of this case on February 21, 1897, I began washing out her uterus every forty-eight hours with peroxide and other mild antiseptics. All the pain ceased after the third local treatment, the limb began to diminish and soften, hyperesthesia became lessened, the capillaries began to refill, and even the blood in the femoral and saphenous veins commenced to disintegrate and be removed. With all these improvements apparent at the end of eight days, in order to more quickly restore her weakened limb to its normal strength, I continued the *intra-uterine medication* for twenty days and had her whole limb bandaged every day with flannel after it had been thoroughly rubbed with a solution of iodide of ammonia. This woman recovered during the twenty days that she was treated by the *intra-uterine medication*, together with bandaging, and without therapeutics.

It must be conceded by all that in this case of phlegmasia dolens its cause can be attributed only to a vitiated condition of the blood as the result of absorption from the decomposing foetal environment. The weight and size of a four-months' fœtus could not have injured the lymphatics nor obstructed the venous circulation. The local injury caused by the separation of the placenta and uterus ought not to be ascribed as the cause of the disease, for it occurs at every delivery, and the disease happens only occasionally.

I was acquainted with this woman, who gave birth to eleven or twelve children, for ten years preceding her spontaneous abortion which resulted in phlegmasia dolens, and had treated her on several occasions for constipation and chronic catarrh of the bowels. A bloated condition and hyperesthesia of the abdomen were always present, with other evidences of a contaminated state of her blood.

Experience obtained from washing out the uterus gives a more important conception of the influence that the bowels exert over the blood, lymphatics, uterus and pelvic tissues in general. It is my observation that if pack is unbearable the following pack

should be substituted. Excite the action of the skin over the abdomen by means of friction, then prepare and apply the following prescription: Dissolve from one to one and a half drachm of the bichloride of mercury in six ounces of hot water, add two ounces of alcohol to increase its stimulating effect, saturate a flannel of single fold in this solution of sufficient size to cover as much of the abdomen as may be deemed necessary to procure the absorption of a sufficient amount of the medicine to fulfil the indication, sprinkle over the saturated flannel two or more drachms of tincture of opium and apply it to the skin. Then take pulverized ginger, cinnamon, cloves and pimento each two drachms, water two pints, steep these together under cover for a few minutes and dip a two-ply flannel in this hot aromatic infusion large enough to cover the one already applied, cover the whole with oiled silk which should extend an inch or two over the edges of the flannel and apply a broad, close fitting bandage and repeat the application every fifteen to twenty hours. By these dermic medications we better meet the conditions that have already and are rapidly ensuing after parturition. The bichloride is sufficiently absorbed, and passing into the circulation antagonizes the septic material that is being absorbed by the contused lymphatic vessels. The bandage prevents evaporation, increases absorption, acts as a stimulating astringent, supports a relaxed abdominal wall and a weakened peritoneum.

The third indication is to eliminate from the system as much as possible. There are four great emunctories, the lungs, skin, kidneys and bowels, and since practicing *intra-uterine medication* for puerperal fever I have added the uterus and vagina as the fifth great eliminator of the system during this fever.

During parturition there may occur one or more injuries to the vagina and uterus that are scarcely ever observed. These injuries result in congestion and inflammation, retarding involution and the lochia requiring intra-uterine injections to restore the injuries and eliminate the retained lochia, which, if allowed to remain, will, within three to five days, form into an organizable exudation of a glutinous fungoid substance and is of such a tenacious nature that it may be necessary to curette the uterus in order to remove it.

What I like better is a flat uterine applicator armed with absorbent cotten, dipped into campho-phenique, passed into the uterine cavity and by manipulations the tenacious substance is broken up and disintegrated. The application may be repeated several times at every third treatment every seventy-two hours,

followed by intra-uterine injections of a fifty per cent solution of hydrogen peroxide and the treatment finished with any good antiseptic properly diluted. This treatment is more efficacious than curetting and without the danger of perforating the uterus or additional shock to the system. The campho-phenique part of the treatment may be needed three to four times three days apart, but the *intra-uterine medication* should be continued every second day for a while, using the elaterium and glycerine pack against the os.

Whenever these injections are practiced or continued until the uterus is restored to its normal condition and all septic material eliminated from the pelvic organs there will occur no puerperal insanity during the puerperal state, from delivery to the cessation of the lochia.

Internal medication should be administered according to the indications, whichever form may be present, the inflammatory or infectious. In the inflammatory form I would use some of the following well-known remedies: veratrum viride, aconite, gelsemium, belladonna, rhus tox, bryonia, potass. bromide, salicylic acid made from oil of wintergreen, salicylate of sodium, phyto-lacca and diaphoretic or Dover's powders. Patients who exhibit a sallow and swarthy complexion indicative of retained fecal matter, with nausea frequently present should receive aqua calcis or calcium sulphide in large doses several times daily. The latter remedy has a decided influence against early effusion and sup-puration, thus securing time for better results from other remedies.

Every increase of the temperature of the body is associated with rapid tissue-waste, with enfeebled heart-action and with exhaustion of the nerve centers. The recognition of the deleterious effects of high temperatures has made the antipyretic remedies popular, in place of the old-time cardiac sedatives.

As an internal antipyretic agent quinine is an excellent remedy and especially in the remitting forms of fever, it may be administered in five grain doses at intervals of four to five hours. Given thus in medium doses, it moderates the fever, diminishes sweating, and in most patients lessens gastric and intestinal disturbances. In continued fevers it should be given in a single dose large enough to procure a distinct remission. Thus by ameliorating the febrile symptoms, if only for a few hours' duration, a retardation of the destructive processes is accomplished.

Sodium salicylate possesses antipyretic properties, though in a less degree than quinia. It is, however, rapidly absorbed, relieving pain and nervous irritation and circulates through all the parenchymatous organs, and finally is discharged unchanged in the urine.

Salicylic acid made from the oil of wintergreen, administered in capsules of seven or eight grains when indicated by inflammation and pain, scarcely ever fail to secure beneficial results. While the writer believes in prescribing single remedies to meet specific indications, yet, should they fail, with quinia and salicylic acid, I would give Warburg's tincture to patients whose stomach will tolerate it.

Whenever the typhoid or infectious symptoms predominate, the bowels should be immediately evacuated and the uterus washed out, first for its cleansing, and secondly for completing the diagnosis. The intra-uterine injection should be performed according to the instructions in this work given in another chapter, with peroxide of hydrogen and followed with a solution of bichloride of mercury once every twenty-four hours, at first in the usual proportion of 1:2000; after the third treatment it should be reduced to 1:3000. In these infectious cases where the symptoms plainly indicate an injury to the peritoneum, endometrium or lymphatic vessels the bichloride and aromatic external pack act magically. With retained particles of placenta or the lochia intra-uterine injections will remove all the disturbing element that is loosened, and frequent repetition of the washing out clears the uterus of all detritus before it attains the stage of decomposition. Writers have objected to the frequent use of the vaginal speculum following parturition, but with experience, care of inserting, the parturient will realize no suffering comparable with manual manipulations. The following named anti-septics have been used in puerperal fever and when administered according to their specific indication usually obtain fair results: Echinacea angust, potass. chlorate, sodium sulphite, sulphocarbolate zinc, corbo vegetabilis, baptisia, hydrochloric, boric, carbolic and tannic acids, creosote, alcohol, aqua chlorinii and salol. In these infectious cases the three chlorides have proved highly serviceable.

SYPHILIS.

There is no disease known, which exhibits such a lack of knowledge, and offers such diagnostic weakness of the medical profession, as syphilis. The practitioner is a novice, who is unable to observe that syphilis is not an original disease, but at its contraction, it becomes a complication of the following perversions: Cell ptosis, diminished capillaries, indigestion, acidosis, hyperalkalinity, metabolism, anemic blood and predisposition to cold. These perversions are all present in tuberculosis, malaria, scarlet fever, malignant tumors, jaundice, leprosy, beri beri, pellagra, and alcoholism and it has been found that these are the diseases which respond to the positive reaction of the Wassermann test. This shows that in certain conditions, the secretions, not known, aid and interfere with the Wassermann reaction, which proves it unreliable.

The spirochaeta pallida produces an irritant state of the blood, which affects the glands and membranes and intensifies all of the perversions. If the presence of the spirochaeta in the blood was the only preventive of a cure, then their destruction would be the immediate end of all treatment.

Treatment: The treatment must inhibit the stimulant foods, which produce the perversions and deficiencies in the blood, that cannot be improved as long as they are allowed. Anoint the skin once a week and apply dry towel rubbings every morning; prescribe for a month the following remedies: ℞ Calcarea fluor ix. Grs. x. Fl. Ext. or Specific med. Belladonna Gtts. viii., Distil, Hamamelis oz. i. Aqua q. s. oz. iv. M. Sig: One dram every three hours.

Then change the treatment to:

℞ Potassii iodid ℥iii. Fl. Ext. or Specific med. Iris ℥iii. Fl. Ext. or Specific med. Podophyllum Gtts. xx. Aro. Sy. Cascara oz i. Aqua q. s. oz. iv. M. Sig: One dram every four hours. Four tablets of Kali mur 3x. alternated or given every four hours, which restores this cell salt deficiency in the blood.

Syphilis yields to any treatment, which overcomes the original functional perversions, that the individual had at the time he contracted it.

CANCER OF THE UTERUS.

This is the disease that has shortened the lives of many wives and mothers, during and following the menopause, simply because physicians have never given due consideration to participating complications. The physician who knows how to overcome complications, has the proper instruments, and a workable knowledge of intra-uterine medication is qualified to cure cancer of the uterus. We invite anyone to disprove that stimulant foods do not cause cell ptosis and diminished capillaries, which are the repairable forces of the system. Cancer of the uterus is absorbable, but not with weak cells and a perverted circulation. Diagnosis of uterine cancer:—If the uterus is affected with cancer, certain conditions must be determined: *i. e.*, enlargement, thickening of the anterior and posterior walls; enlargement, hard and nodular cervix to the touch, and fixed; presence or absence of a sanious exudation. If there is no discharge, use the sound to determine depth, location, weight, sensitiveness, secreting or nonsecreting metritis.

General Condition: Determine the condition of the tongue, eyes, temperature, enervation, by pinching the flesh, to ascertain hyperesthesia of the nerves. White skin means capillary destruction; cyanotic sallow complexion indicates cell paresis and diminished elimination; plethora or marasmus shows perverted metabolism; exudations, deficiencies of the blood; fatigue, infection by autointoxication or at some of the apertures of the body, or growths; enlargement of the glands in the groin. Examine the tongue and urine for acidosis or alkalinity of the secretions. This is important for those affected with growths are liable to alkalinity of the urine and to achylia, which must be corrected with the dilute hydrochloric acid, egg and milk prescription, as given elsewhere in this work. To treat successfully different kinds of cancer of the uterus the physician should be familiar with intrauterine medication. Some think that the frequent use of the vaginal speculum is unnecessary and meddling, but they have never known the advantages of the interuterine method for con-

trolling infection, removing broken-down tissue and obtaining rapid absorption by the daily use of the speculum with the indicated medications.

The prevailing opinion is that cancer must be excised or destroyed with caustics, but I have found that they can be removed by absorption. Internal growths are much more absorbable than those situated externally; and inflammations which accompany cancers and other uterine growths are easily overcome by injections and absorbing applications. The author has successfully treated several uterine and face cancers and believes that his method may be of interest.

Treatment: Case one, in March, 1911, Mrs. B., aged 42, of Indiana, was affected with a scirrhus cancer of the uterus which had been discharging a sanious exudation for six months; uterus fixed and enlarged, cervix-uteri hard, nodular and open, breaking down of tissue was attended with the cancerous odor. Her participating complication exhibited the following food markings; cell ptosis, diminished capillaries, straw-colored complexion, dynamic rate of the heart increased to ninety pulsations, specific gravity of the urine 1008, and constipation due to the excessive use of salt, sugar and coffee. The uterus was washed out every second day with a solution of peroxide of hydrogen alternated with the alkaline solution; followed with a solution of ferrous sulphate (green vitriol) 2 to 5 grs. to the ounce, the strength increased as the uterus could tolerate it.

A two-ply piece of absorbent gauze, one-half inch wide and six inches long, with a string at the ends, was saturated in the iron solution and with a sound, pushed into the cavity of the uterus, to remain for 48 hours. A cotton or wool pledget was wetted with the following absorbent solution: ℞ Sulphate of magnesia oz. i. Fl. Ext. or Specific med. oz. i. 33 1/3% phenol ℥ss. Aqua q. s. oz. iv. and inserted against the cervix to remain 48 hours. This local treatment was repeated every second day for two months and the ratio of the acid secretion restored by: ℞ Dilute hydrochloric acid oz. iss. Aqua q. s. oz. iii. M. Signa: One dram with a beaten up egg and glass of milk before the morning and every meals. Such stimulating foods as coffee, sugar and salt and those cured with the latter were prescribed.

Internal Medication: ℞ Merrell's Fl. Ext. or Specific taraxacum oz. ss. Echinacea oz. ss. Glycerin oz. ss. Aqua q. s. iv. M. Sig: One dram every three hours. One soap and water bath, followed with one of carbolated magnesia once a week, the body anointed with olive oil, and dry crash-towel rubs every

morning ordered. She was instructed how to control colitis and its infection with a home treatment, as follows: Every morning take the fountain syringe containing a pint of warm carbolated magnesia solution and after evacuating the bowels, one half of the solution was thrown into the rectum, the hips were elevated and it passed off, then the other half was introduced and discharged. The colitis was overcome during the two months' treatment.

In thus treating uterine cancer it was necessary in order to assist absorption to proscribe the stimulating foods which produced cell ptosis, and emptied and diminished the capillaries.

The baths, oiling and dry-rubs restored the metabolic processes, strengthened the cells, and renewed and refilled the capillaries; the local treatment controlled inflammation, infection, removed septic substances and increased absorption.

Case Two: Mrs. P., age 48, of Chicago, Ill., who had a continuous uterine hemorrhage for twelve months, which so weakened her that she was unable to walk a block, developed a malignant Epithelioma of the uterus. I submitted a specimen of the growth for examination to the Chicago Laboratory at 25 East Washington Street, Chicago, Ill., and received their following report:

CHICAGO LABORATORY.

No. 125558.

The Specimen of Tissue (uterus).

From Mrs. Posack, age 48, received December 18th, 1920, shown on examination: Tissue shows malignant Epithelioma.

Dr. Chas. Woodward—Chicago Laboratory.

The following conditions were noted after a thorough examination: The cervix and entire body of the uterus were involved by the growth. The uterus was very large, hard and immovable; cervix breaking down, and sloughing off, with the characteristic decaying odor; intense backache; pulse 92, temperature 97 degrees Fah., the characteristic sallow complexion, accompanied with alkalinity of the secretions, and urine and deficient oxidation. The treatment was begun November 25, 1920, by washing out the uterus with the alkaline and peroxid solutions, followed by a solution of iron sulphate (copperas). The growth had so diminished the uterine cavity, that it was difficult to insert a cotton pledget, size of a pea, wetted in a solution of the iron, more than two inches; with a string attached. An absorbent solution of R Sulphate magnesia oz. i. Merrell's Fl. Ext. Phytolacca

oz. i. 95% Phenol Gtt. xv. Aqua bulliens q. s. oz. iv. A pledget of cotton, nearly the size of an egg, with string attached, was wetted in this solution and inserted against the cervix every day, for three weeks; after which the local treatment was repeated every 48 hours. Oxidation and the ratio of the secretions were restored by ℞ Dilute hydrochloric acid oz. iss. Aqua oz. iss. M. Sig: One dram was added to a beaten up egg and seven ounces of milk. Taken before the morning and evening meals. Tea, coffee, sugar, salt and salty foods were proscribed; vegetables, cereals, milk, oranges and other acid fruits were suggested. Internal medication consisted of Merrell's Fl. Ext. Phytolacca oz. ss. Specific med. Taraxacum oz. ss. Specific Med. Echinacea oz. ss. Simple Sy. oz. i. Aqua q. s. oz. iv. M. Sig: One dram after meals.

At the expiration of two months' treatment, this woman is doing her housework, sleeps well, has a good appetite, complexion cleared and backache only for a short time after the local treatment. The local treatment has so reduced the size and hardness of the uterus, that its cavity is nearly of normal size which makes it easier to insert larger absorbent pledgets of iron.

In publishing the treatment of this case of cancer of the uterus, I do not assert that it is cured, but I have not the least doubt of her recovery from another month's treatment.

ABORTION.

The text books describe a variety of methods for inducing abortion in essential cases, and while mentioning some of the methods in use for rupturing the ovum and its expulsion, I shall not offer any new plan for inducing feticide, but shall present a treatment after it has been induced, which experience has shown will not only save life, but will prevent secondary effects.

The great mortality resulting from induced abortion, either primarily or secondarily, is sufficient evidence that the subsequent treatment in vogue has never fully met the requirements of such varied conditions as arise at its different stages. A few primary and secondary effects may be given to show that the treatment commonly practiced has never proved satisfactory.

1. The expulsion of the fetal shell will not prevent infection occurring from retained secundines, shreds and decomposing blood.

2. Not being able to control or prevent decomposition or infection, by the old treatment, perfect involution was impossible in many cases.

3. Subinvolution frequently results in acute inflammation following a recent abortion and terminates in endometritis, accompanied by a catarrhal uterine exudation, a secondary condition not easily remedied.

4. Laceration of the cervix often occurs during abortion between the sixteenth and twenty-seventh weeks of gestation. Trachelorrhaphy performed weeks or months after the injury will restore the cervix but not the effects of inflammation, endometritis, salpingitis, degenerated ovaries and enervation.

5. Reflex sciatica frequently arises from inflammation and intra-uterine irritation following abortions.

6. The Orificial surgeons, together with intra-uterine medication, present sufficient evidence, that the many cases of insanity are caused by intra-uterine irritation as the result of instrumental manipulations in early utero-gestation. Frequent intra-uterine injections would have controlled the irritation and insanity.

There are several reasons for the great mortality resulting from abortion: One is the wrong conception of the statutory restrictions against producing feticide. It ought to be apparent to those who will read the statutes that the laws are for the purpose of preventing the destruction of life; and these restrictions were never intended to prohibit the physician from becoming sufficiently able to save life, and especially in all accidental and unavoidable criminal cases. In every community, there are unscrupulous physicians who will induce abortion and advise the patient to call another physician, that is, if she needs any assistance, thus throwing the whole responsibility of her illness and probably her life on an innocent person. These are the unavoidable criminal cases, which every physician meets during his professional career, and if he is not able to treat them successfully, he is not properly qualified to induce and manage cases of premature delivery or justifiable abortion.

Another reason is the universal belief by the laity and physicians, that abortion is attended with the least danger at and after the expiration of twelve weeks. The intra-uterine method has proved conclusively that justifiable abortion at four, five and six weeks, following the last normal menstruation, is attended with less danger, illness, infection, subinvolution and other secondary effects.

Another reason for the great mortality is the neglect of washing out the uterus every twenty-four hours, after it is induced, for three days, then every forty-eight hours to the expiration of twelve or fourteen days. Again neglecting to apply properly the intra-uterine method with the small recurrent douche and half ounce syringe, just because the old elevated douche or continuous stream method frequently produced uterine colic.

Another reason is the shock to the system, and injury to the uterus by curettement, after a woman has suffered severe pain from inflammation and infection for ten or twelve days. The proper time to curette the uterus during and following abortion is within three or four days at the farthest, after the flow begins, with a half spiral curette and finish with a dull one.

Following the curettage the uterus should be washed out with the alkaline solution and alternated with a solution of peroxid hydrogen, continue with \mathcal{R} Sulphate of magnesia \mathfrak{z} iss. 95% phenol Gtt. x. Aqua q. s. oz. viii. after which a hot water bag should be applied to the abdomen for several hours.

It is not necessary to give a disquisition on generation and embryology; but the practice of intra-uterine medication by the

interrupted stream method has settled some of its disputable points, with which the physician should be familiar if he wishes to comprehend the subject of abortion.

To illustrate: During coition the fimbria, fibers and muscles compress the ovaries and tubes against the sides of the uterus; the round ligament contracts and tilts the uterus fundus toward the sacrum to conform to the vaginal axis, and when the organism (not possessed by all women) is complete, the ovule is thrown into the uterine cavity in a tenacious, elastic, semi-fluid condition but is never separated from its origin. To further: As a ball is thrown from the hand, yet holding on to the twine, so the ovule is never completely separated from the tubes at the ostium internum; the same stimulating excitement shortens and dilates the cervix for receiving the zoosperm which comes in contact with the ovule in the cervix and impregnate it. With copulation finished, immediately or shortly thereafter a relaxation and divergence of the fimbria, tubes and ovaries commence to drag the impregnated ovule back into the uterus and oviduct as they assume their normal position.

Washing out the uterus for twelve consecutive days following a fruitful coition has proved beyond a doubt that fecundation of the impregnated ovule never occurs in the uterine cavity; but by washing out the uterus on the twelfth day, immediately thereafter a bright scarlet flow would commence, showing that the ovum had been ruptured; but, unlike the menstrual flux which terminates in the usual number of days, will continue to flow for weeks and in some even months, unless interrupted by treatment, presenting positive evidence of the absence of the impregnated ovule from the uterine cavity for twelve to fourteen days following a fruitful coitus.

Fecundation is the temporary fixation of the impregnated ovule which takes place at the ovary to complete germination. What I wish to convey is that fecundation, called germination, never occurs in the uterus, and in the fallopian tubes, only when obstructed by inflammation or adhesions; and in the abdominal cavity when the ovule fails to enter the tube during its migration to the uterus.

From the eighth to the twelfth week the placenta is the all-important element as regards abortion. In many cases it produces serious hemorrhage because its size is large enough to excite determination of blood with relaxation of the arterial vessels, and yet too small to receive sufficient pressure to close the vessels and expel it from the uterus. The only reason why twelve weeks

became a popular time for inducing abortion is because the size of the placenta is large enough to excite contractions for its expulsion in a majority of cases without artificial assistance.

Abortion occurring at five and six weeks will always cause secondary effects unless the uterus is washed out every twenty-four hours for three days, then every forty-eight hours for twelve to fifteen days, or at least until the characteristic oxidizable substances cease returning from the uterus.

Abortion may be spontaneous, accidental, or designed and may occur at any time prior to the twenty-seventh week; but all spontaneous cases are more likely to occur at a time when the physiologic action of the system attempts to repeat the menstrual period. Intra-uterine medication has proved that spontaneous abortions occur from the effects of constitutional syphilis; but it happens oftener by inelasticity of the uterus, a diseased condition, lacking expansion. Abortion is not usually considered a serious accident at its initiatory time, but the majority of pelvic diseases are attributed directly or indirectly to its secondary effects. The principal primary dangers are hemorrhage and infection; secondly, inflammation, adhesions, growths and systemic exudations by metastasis.

Some of the diseases which are capable of causing abortion are scarlatina, smallpox, measles, tuberculous diseases, scrofula, phthisis, anemia, pelvic peritonitis, typhoid fever and malarial poisoning. Among other causes are prolapsus, retroversion, anti-version, uterine irritability, fibroid tumors, polypus, diseases of the tubes and ovaries, corroding ulcers, cancer of the cervix, and adhesions.

The various methods of medication for artificial induction of abortion may be grouped together as a reference for the convenience of the practitioner. It may be stated first to the medical student that the dangers which are likely to follow abortion or premaure delivery are many, and that the responsibility should be assumed only after a consultation. Whenever it is known that the prolongation of pregnancy will destroy life or permanently ruin the health of the patient, abortion or premature delivery should be induced, and especially when violent conditions exist in the following diseases: Contracted or malformed pelvis, recurring or uncontrollable convulsions, chorea, whenever its violence threatens the life of a patient; aneurismal tumors, if a rupture is feared; abdominal tumors, recurring attacks of uterine hemorrhage, and especially placenta previa when it commences about the twenty-sixth or twenty-eighth week of gestation. At the first appearance of exhaustion by loss of blood from placenta previa, the physician

with consultation should induce abortion or premature delivery. Should the consulting physician disapprove, another may be selected.

Many women die every year from vomiting, caused by intra-uterine irritation during pregnancy, which simulates gastritis, and occasionally the two conditions arise in the latter months of gestation. As a complication it becomes very dangerous, justifying a premature delivery even if only a few days remain to complete gestation. A dead fetus is always of itself a cause for the operation. Any physician who is confident that a woman has a dead fetus is trifling with her life at every moment of delay and especially in the absence of menstruation; or on learning that the breast had begun to develop and then suddenly became flaccid and accompanied with a sick feeling.

In grouping together a few conditions, I have enumerated only a few of the most urgent cases which justify interference; in extreme and abnormal cases the judgment of the consulting physician should be the guide.

Methods of inducing abortion.—In mentioning the various methods recommended for premature expulsion of the fetus, I wish to repeat the statement given in the forepart of this chapter that I will offer no new method of inducing abortion, because I believe that the method of inducing abortion is of no importance compared with the after-treatment.

A majority of physicians believe that the successful termination of abortion is wholly dependent upon observing proper antiseptic precautions while it is skilfully induced. But experience has proved that it depends on the condition of the patient and by obtaining complete antisepsis of the whole generative passage every twenty-four or forty-eight hours for twelve to fifteen days following its induction. Complete antisepsis can be obtained only by removing all of the blood from the uterus that has accumulated every twenty-four hours for the first three days and every forty-eight hours for twelve to fifteen days.

One method is "to pass a sound into the uterus, feel around with it for the placenta, and detach a small enough portion of its periphery to cause a little blood to flow;" this belongs to the expectant method and is not reliable, nor safe with women who are constipated, for reaction may not occur for ten or twelve days, and as the accumulated blood is not properly removed, the case may become desperate.

To all who find it necessary to produce premature delivery, it should be remembered that it ought never to be induced unless

the condition of the patient justifies it, and even then only after deliberate consultation.

Piercing the membranes is always accompanied with great danger; it may be successfully accomplished several times and then with fearful results at the next attempt. The situation of the uterus, the size, toughness and proximity of the membranes to the cervix present a condition of circumstances which often make it impossible for any physician to know what he is piercing, although he may be using only a small amount of force.

The third scientific and harmless method of inducing justifiable abortion or premature delivery is to introduce a speculum and cleanse the vagina with a solution of 1/1000 bichlorid of mercury; measure the depth of the uterus with a small adjustable sound; dilate the cervix one-quarter of an inch with uterine forceps; remove the wire from a hard rubber catheter; immerse it in the bichlorid solution; cut it in two parts, using the pointed part by binding a cotton pledget over its outer end, with string attached for protecting the vaginal folds; now pass the prepared hard-rubber catheter through the cervix into the uterine cavity and saturate another cotton pledget with string attached in a glycerine and antiseptic solution and pass it into the vagina and up against the cervix to hold the catheter in place. The catheter having been immersed in the hot bichlorid of mercury solution becomes so soft that, when introduced into the uterus, it curls up and acts sufficiently as a foreign body to cause slight or unnoticeable uterine contractions, which rupture the ovum and start a little blood; this method may be applied for any stage of justifiable abortion from four to twelve weeks; but the catheter should be removed in twenty-four hours and the accumulated blood washed out, and if the breast has not become flaccid and reaction not occurred (means pain, or flowing, or both) another catheter should be inserted for another twenty-four hours. This is the safest method known, and especially when the accumulated blood is washed out every twenty-four hours for three or four days, then every forty-eight hours thereafter for twelve to fifteen days.

Only the novice could fail to comprehend that without the introduction of a foreign septic material the fragments separated from the placenta and its circulation will take on a putrescent state caused by their retention, and from the heat of the body. My experience has proved beyond any reasonable doubt that the whole management of abortion should be written, recognized and treated semi-monthly; and in order to be successful in the treatment of abortion the attitude of the physician must be wholly an artificial

one. Hitherto the method of considering abortion has been an expectant one, i. e., the physician has expected the uterus, an undeveloped organ, to perform the same physiologic functions that it will when normally developed.

1st. At the end of gestation the os internum is obliterated and submerged parallel with the muscular fibers of the uterus, and requires no artificial means to dilate it.

2nd. During abortion, which occurs between the fifth and twenty-eighth weeks of gestation, the os internum is thick and unyielding, but in a normal (still unprepared) condition, and requires artificial means to secure its dilation.

3rd. In the latter months of pregnancy the muscles and fibers of the uterus are in a maximum condition and when contracting are capable of reducing the capacity of its cavity four-fifths.

4th. During abortion, which occurs between the fifth and twenty-eighth weeks of gestation, the muscles and fibers of the uterus are limited in their power of contraction and are unable to reduce the capacity of its cavity more than one-eighth to one-quarter.

5th. At the end of gestation the capacity of the uterine cavity is from eight to fifteen pounds.

6th. In abortion, which occurs between the fifth and twenty-eighth weeks of gestation, the capacity of the uterine cavity is from two ounces to three pounds.

7th. During parturition the uterus, with extensive development of its muscles and fibers, exerts a force in connection with the assistance of the abdominal walls that never has been definitely estimated or measured for dilating the external os and expelling its contents.

8th. During abortion the uterus, with limited development, rigid os internum and no abdominal assistance, presents under such disadvantages an insufficient power to dilate the cervix and expel its contents, thus necessitating artificial means.

With such a portrayal of differential force of the uterus, it ought not to be difficult for anyone to see the necessity of artificial means for successfully terminating abortion. Whenever the uterus fails to empty itself and control hemorrhage, the physician should assist by artificial mean. Why? Because he is able to do what an undeveloped organ could not accomplish.

To the physician who can comprehend the disproportionate force exerted by the uterus during the early and latter months of gestation, there can be no application of the old adage, "Meddlesome midwifery is bad."

ABORTION AT FOUR WEEKS

If disease justifies abortion at three months, the same condition must have been present at four weeks of pregnancy. An abortion at twelve weeks is apt to produce hemorrhage, retention of secundine fragments, infection, headache, prostration, subinvolution, inflammation and eventually retroversion. When abortion is induced at four weeks after conception the membranes are too small to cause hemorrhage, and if the accumulated blood is washed out every twenty-four hours for three days, then every forty-eight hours for twelve to fifteen days, headache, prostration, infection or subinvolution are not likely to ensue.

There is no more reason for inducing abortion at four weeks, on account of secondary effects, than at three months, unless the patient's condition warrants it and then only with the approval of a consulting physician.

To induce a justifiable abortion at four weeks, insert a speculum into the vagina and cleanse the parts with a solution of 1/1000 bichlorid of mercury; measure the depth of the uterus with a small uterine sound; dilate the cervix about five-sixteenths inch; pass a hollow silver-plated catheter into the uterus which has only a slight curve; rotate it in the uterine cavity several times, but never use any pushing force. This usually causes a slight pain while rupturing the ovum, but the introduction of quite hot water in the vagina afterwards controls it. An active cathartic should always be given immediately after rupturing the ovum.

The patient returns in twenty-four hours, when her uterus should be washed out with the alkaline and peroxid solutions; and if the characteristic dark foam returns from the uterus without causing pain it shows that the ovum is ruptured. Reaction may not occur for three or four days, which means flowing; but the uterus should be washed out for two more days, then every forty-eight hours for twelve to fifteen days.

Following the second, third and fourth treatments, the dehydrating glycerin packs, with string attached, should be inserted up against the cervix to remain twenty-four hours for inducing normal involution.

Another method for inducing abortion at four weeks is to insert part of a hard rubber catheter into the uterus to remain twenty-four hours, which will cause sufficient uterine contractions to rupture the ovum without producing pain, but the uterus should be washed out, as has been stated.

ABORTION AT SIX WEEKS

The general practitioner should be fully qualified to treat successfully spontaneous, accidental and unavoidable criminal six-week cases of abortion, also those that have been self-induced. The conditions to be met in one may be to control hemorrhage, in another infection, and in others to see that the bowels are emptied and remedies and applications prescribed to prevent a threatening peritonitis. Many of the six-weeks abortions become cases of emergency from being complicated with pneumonia, cystitis, infection and various diseases.

Married women often abort from physical exertion in caring for an invalid husband, sister or mother; consequently their condition, being at low ebb, needs a supporting treatment in connection with intrauterine medication. Abortions resulting from a rough ride or automobile collision are not uncommon. Women have aborted from inhaling dioxid gas, others from sleeping in newly painted rooms, still others from prolonged chilling while in swimming.

It is sometimes difficult to determine a six-weeks pregnancy by the statement of women, when a measurement of the uterine depth, which increases from three-quarters inch to an inch and a quarter, will determine it. A justifiable abortion at six weeks may become serious from hemorrhage, in those cases where emmenagogues have been taken freely for several days previous to the rupture of the ovum, which have relaxed and engorged the pelvic vessels.

Again, the ovum and its surrounding tufts have developed sufficiently to invite a determination of blood to the uterus in its effort to empty itself; yet, the development is too small to be expelled by the limited contractions of the uterus. The cervix in this condition being rigid and insufficiently dilated to pass a dull curette, small pledgets of cotton may be saturated in a solution of persulphate of iron and passed through the cervix into the uterus. A cotton pack saturated in the same solution, with string attached, should be inserted up against the cervix to remain twen-

ty-four hours, when the uterus should be washed out at the regular stated periods.

There are several advantages to be obtained by inducing a justifiable abortion at six weeks, instead of twelve weeks. Treated at six weeks the patient is not obliged to assume the recumbent position; she will have slight pains if she has dysmenorrhea and some may have severe periodical pains either in the morning, afternoon or at night from contracting a cold, followed by a slight infection. At twelve weeks the patient must keep the recumbent position, will have pains which may continue from three to forty-eight hours, and may have partial or complete retention of membranes, which may cause serious hemorrhage. She frequently acquires subinvolution, which results in endometritis; and, by contracting a cold, is more likely to have peritonitis. Having shown the advantages of inducing abortion at six weeks, I will proceed to give its management.

Introduce a vaginal speculum and cleanse the parts thoroughly with a solution of bichlorid of mercury 1/1000. Use a small uterine sound to obtain the curve of the cervix and situation of the fundus. The cervix should be dilated, and either of the two methods given in the chapter on Four-Weeks Abortion may be employed for inducing abortion at six weeks. Neither of these two methods should be employed other than to induce a justifiable abortion, and then never unless followed by washing out the uterus every twenty-four hours for three days, and then every forty-eight hours for twelve to sixteen days.

ABORTION AT EIGHT WEEKS

The belief has prevailed that the appropriate time for inducing a justifiable abortion is at twelve weeks and by custom has become recognized as the least liable to danger, the uterine growth being then developed to a size which enables uterine contractions to expel its contents with little or no assistance. Experience has proved that eight and nine-weeks abortions are attended with more danger, for it is necessary at these periods to render assistance on account of the small development of the ovum.

When called to a patient who has not menstruated for eight weeks, is enceinte, and has met with an accident, followed in a few hours or days with symptoms of abortion, an examination should first be made to obtain the condition of the os, and if found only slightly dilated, accompanied with a little hemorrhage, every effort should be made to stop its further progress. Have the patient remain in bed and let the date of her last menstruation be obtained. Ascertain whether impregnation occurred following the last menstruation or preceding the anticipated period. The patient's statement will often aid the physician to estimate what state of gestation it is necessary to manage.

If all means have failed to stop the progress of abortion, artificial assistance should be rendered, which will not only prevent secondary effects but will also save life.

The necessity for applying the intrauterine treatment increases according to the condition of the patient and the time elapsed since the accident occurred; i. e., if, at the expiration of seventy-two hours after the injury there is hemorrhage and uterine contractions, the intrauterine injections will usually control the hemorrhage, remove decomposed blood and other loose septic material.

At the expiration of six or seven days after the accident the injections will correct the odor, control pain and hemorrhage, and will also prevent further septic absorption, a feature worth remembering. At the expiration of ten or twelve days after the accident the patient may exhibit all the symptoms of putrid in-

fection, high fever, rapid pulse, dry skin, dry tongue with red center, intense thirst, edematous abdomen and severe pain in the uterus, accompanied with an offensive discharge.

It is not always easy to give the prognosis of so serious a case or to obtain its exact condition until the uterus is washed out two or three times with peroxid of hydrogen. If it is only in a mild septic state the injections will give relief for thirty to forty hours, but if the pain returns within one or two hours there is a part of the placenta retained, ascertained by the hemorrhage it may excite, or there may be metritis, a condition which favors rapid absorption of the retained septic material.

If metritis is present and the hemorrhage not alarming the practitioner should not curette the uterus for fear of producing serious injury. It is better to treat such a condition by washing out the uterus every twenty-four hours with

- ℞ Sulphate of magnesia.....ʒii
- 95% Carbolic Acid.....Gtt. x
- Aqua q. s.....Oz. viii

Apply cloths wrung out in hot carbolated Epsom Salts every five minutes and prescribe

- ℞ Spec. med. or normal tinct.
- Gelsemiumʒ ss
- BryoniaGtt. x
- Aqua q. s.....iv
- Misce Sig.: One dram every half hour for three hours, then every hour.

When this treatment is actively applied there is little or no danger of peritonitis.

In menorrhagia or metrorrhagia resulting from accidental, designed or justifiable abortion following eight weeks from previous pregnancies and abortion, the uterus acquires subinvolution, atony, ulceration of the endometrium and edematous obstruction of the pelvic circulation. The uterus should be washed out every twenty-four to seventy-two hours with the alkaline solution, alternated with the peroxid; or with carbolated solutions of sulphate of magnesia, or either of these two solutions may be followed with sulphate of iron (copperas), three grains to the ounce.

It has been observed that the adhering membranes will not decompose, nor slough off; the endometrium, becoming sensitive to touch, is covered with small tubular elevations which excite hemorrhage. The normal hemorrhage and sloughing process which occurs during abortion at eight weeks will usually terminate

within ten to twelve days; that is, if the uterus is washed out every twenty-four hours for three days, then every forty-eight hours for twelve to fifteen days.

It is not expected that anyone will induce abortion at eight weeks unless the case is so urgent as to endanger life by waiting till twelve weeks. But frequently there is accidental abortion at eight weeks, which requires sufficient knowledge to prevent it or, if necessary, to terminate it successfully. If the os is dilated and the pains regular and strong, accompanied with a flow, and when advanced too far for controlling, it is advisable to defer action a few hours unless the hemorrhage should necessitate the immediate emptying of the uterus. In such a case, when the natural efforts of the uterus fail to expel its contents and the os is dilatable three-quarters of an inch, the half spiral curette may be passed into the uterus and rotated slightly. If the pain is unbearable, an anesthetic may be given just short of anesthesia, when the slow and careful rotation of the curette will expel all of the growth except a few adhering fragments that may be removed with a dull flat curette.

Follow by washing out the uterus with the alkaline and peroxid solutions and finish with a solution of

R̄ Sulphate of Magnesia.....	zii
95% Carbolic Acid.....	Gtt. xx
Aqua q. s.....	Oz. viii

Have the patient assume the recumbent position, with a hot water bottle on the abdomen for several hours. Continue to wash out the uterus every twenty-four hours for three days, then every forty-eight hours until recovery.

ABORTION AT TEN WEEKS

Whenever gestation has advanced to ten weeks, with the uterus and system in a normal condition, the expulsion of a fetus and its secundines from the uterus by periodical contractions may be considered a physiologic process. But not, however, from previous confinements, abortion or other causes, the physical efforts are unable to expel a foreign body from the uterus. The difficulty of determining whether conception has occurred within a few days after the previous menstruation or just before the next anticipated period makes the induction of a justifiable abortion at ten weeks quite uncertain. When there is no extreme urgency, the physician should protect the life and health of any woman who is entitled to abortion, by compelling her to postpone its induction to the thirteenth or fourteenth week.

There is more certainty that the membranes will completely separate from the uterus at thirteen weeks than at ten or even twelve weeks. At fourteen weeks of gestation the os acquires more dilatable elasticity, with greater compensatory results than at ten or twelve weeks. It is not expected then that abortion will be induced at ten weeks; but every practitioner should be thoroughly qualified to prevent a threatened abortion, for he will meet accidental and spontaneous cases at this time which require special assistance.

Spontaneous abortion has for ages been an unsolved problem, but clinical observation of the result obtained from the application of intrauterine method of washing out the uterus has reasonably solved this question. Spontaneous abortion usually occurs, with primipara or multipara, between the tenth and sixteenth week of gestation.

When washing out the uterus in cases of spontaneous abortion I observed that at the following pregnancy, gestation was prolonged to maturity. The treatment of so many women who had spontaneously aborted several times and then carried to maturity after a course of uterine medication conclusively proves that the uterus develop to a certain stage of gestation, then ceases. There are many slight affections of the uterus which obstruct its physiologic functions: different reflex irritations,

removing all doubt as to the cessation of its development at a certain stage of gestation, followed by spontaneous abortion. Clinical observation has further proved, beyond a doubt, that unobserved reflex irritation of the uterus causes the gastric glands to secrete a sensitized fluid, which is the result of the morning sickness.

Most practitioners have been called to control hemorrhages between eight and ten weeks of gestation, occurring from accidental, spontaneous and unavoidable criminal cases of abortion. The unavoidable cases are those where a woman obtains an induction of abortion by one physician and calls another to terminate it, giving as explanation that she injured herself when alighting from a car, or some other plausible excuse. These are very undesirable cases, for one assumes a punishable responsibility; but if a physician refused his services and the patient flowed to death, he would be rightly censured by the public.

Most all hemorrhages from abortion are those of emergency. Therefore, a physician should always be prepared with efficient hemostatics, antiseptic, anesthetic, and instruments for emptying the uterus at a moment's notice. There are safe and unsafe times to empty the uterus during abortion, which occurs between the eighth and tenth weeks of gestation. When called to control hemorrhage during abortion, learn of the lapse of time that occurred between the rupture of the ovum and reaction, i. e., when either flowing or pain started. For the longer the time, there is more muscular atony and lack of physical power of the uterus. The uterus is tenacious and resisting to injury from the curette following the first three or four days after the rupture of the ovum, which is a safe time to empty the uterus. I was called in February, 1919, to control a hemorrhage occurring from abortion at ten weeks of gestation. The woman had had the membranes ruptured by some physician six days earlier. On my arrival I learned that she had fainted from loss of blood, but without pain. I gave her a dram of ergot but wasted no time waiting for its action; my instruments were made aseptic with an antiseptic and hot water; then a speculum was introduced into the vagina and the parts cleansed as well as possible with such flooding; the half spiral curette was passed into the uterus, and on rotating it to loosen the membranes, she fainted; as soon as she was resuscitated I gave her an anesthetic short of anesthesia, which enabled me to empty the uterus quickly and with a dull, flat curette to remove the adhering fragments. Her uterus was washed out with the alkaline and peroxid solutions and followed with a solution of \mathcal{R} magnesia sulphate \mathfrak{z} ii. 95% carbolic acid Gtt. x. Aqua q. s. Oz. viii.

and a hot water bag placed over the abdomen for two or three hours. The uterus was washed out every twenty-four hours for three days, then every forty-eight hours for eight days more, followed with dehydrating packs after the first three treatments, which resulted in perfect involution and an excellent recovery.

There are incidents occurring at either eight, nine or ten weeks of gestation with women that might be determined as accidental or spontaneous abortions. Mrs. J. R., on May 10, 1895, had passed two weeks over her second absent menstruation. Two weeks earlier she had begun the decoration of several rooms. On arriving at ten weeks of gestation she began to feel ill and called to explain her feelings, saying that she was restless and sleepy but could not sleep; there was a thin brown coating on her tongue, a loss of appetite and a sallow skin; distressing sensations would start from the pelvis and pass up through the body, making her feel deathly sick, tired and languid. Her condition was worse during the morning hours. Her symptoms, together with the knowledge that women are attacked frequently with malaria during the early months of gestation, made me prescribe for that disease. At the expiration of one week she called again and said that she received no benefit from the medicine and was growing weaker. A more thorough examination and solicitous inquiry proved that her breasts were developing naturally until she began decorating, when they became flaccid. I was then convinced that she was pregnant and that the fetus was dead. A consulting physician agreed that abortion should be induced. A speculum was introduced and the parts thoroughly cleansed with a bichlorid of mercury solution of 1/1000. In order to run no risk of injury when rupturing the membranes, we inserted a hard-rubber catheter into the uterus to remain twenty-four hours. On returning the next day there had been no action; so the catheter was removed and the membrane ruptured with a silver catheter. Eight ounces of offensive straw-colored liquor amnii escaped. We then prescribed \mathcal{R} Potassae chloras \mathfrak{z} ii. Specific med. Echinacea \mathfrak{z} vi. Aqua q. s. oz. iv. Misce. Signa: One dram every two hours

In forty-eight hours I visited her and washed out her uterus with the alkaline and peroxid solutions. The brown, characteristic foam returned from the uterus, showing that a septic condition had resulted from the retention of the dead fetus. No recurring pains nor flow had occurred. After the second forty-eight hours I washed out her uterus, which showed the peroxid foam modified; she was feeling a little better, but no pains nor flow had occurred. A third forty-eight hours had passed when

I washed out her uterus again; no pains nor flow appeared and yet she improved slowly. Thus it will be seen by the escape of the liquor amni and by intrauterine medication repeated every forty-eight hours that the further absorption of septic material was prevented.

Vaginal douches of astringents were resorted to daily, and parturient medicines given to arouse the physical power of the uterus, but all efforts failed to produce uterine contractions. Ten days passed and the physical power having made no attempt to empty the uterus of its contents, it became necessary to render artificial assistance.

The cervix was easily dilated on account of the atonic condition of the uterus. I then introduced the half-spiral curette into the uterus and rotated it so slowly that it required no anesthetic to empty the uterus of its decaying fetus and membranes. A dull, flat curette removed the few retained adhering membranes, and following their removal a mild flow began. Her uterus was washed out with the alkaline antiseptic and peroxid solutions every forty-eight hours during the next ten days, and the glycerin and wool dehydrating packs inserted against the cervix after each treatment to induce involution. This woman made an excellent recovery and has since given birth to another child.

On January 25, 1919, Mrs. G. L. had passed three weeks over her second absent menstruation; sixteen months previously she had a child taken by the cesarian operation. She was less than four feet in height and had an extensive posterior curvature of the spine, being so seriously crippled she did not want to have another child by that method. So she took nearly one hundred grains of quinine in twenty-four hours. In forty-eight hours her breasts, which were developing, became flaccid, pulse rapid and weak, temperature 102 $\frac{4}{10}$ Fahr. One week after taking the quinine I was called and found her in the above condition. I called a consulting physician who agreed that she had killed the fetus with the quinine, and said it ought to be removed, but thought that it would imperil her life. Seven days after she had taken the quinine we adjusted a hard-rubber catheter in the uterus to remain till the next day when it was removed and her uterus emptied with a half-spiral curette and adhering fragments removed with a dull curette. Her uterus was washed out every twenty-four hours for three days, then every forty-eight hours for fourteen days, at which time she had fully recovered.

There has never been a treatment comparable to the intra-uterine method in connection with the potassae chloras and

echinacea for saving life when removing a dead fetus from the uterus that has been retained for several weeks. The decomposition of the fetus and secundines are absorbed and produce muscular atony of the uterus, which overcomes its physical power for expelling its contents.

ABORTION AT TWELVE WEEKS

Textbooks contain antiquated methods for inducing justifiable abortion at twelve weeks. This being a fact, should innocent mothers and wives be subjected to an unreliable treatment who are so unfortunate as to become pregnant when affected with an incurable disease? The medical schools teach students the quantity of arsenic and strychnine that is beneficial and the amount that will cause death. Do honorable physicians give these poisons to destroy life? Should the use of these poisons be prohibited because some physician has criminally used them? Is a doctor who knows how to induce and manage a case of justifiable abortion less honorable than one who is ignorant and applies an obsolete or inefficient method?

Thousands of women have died whose condition justified abortion and who had it produced by a physician or midwife whose knowledge was based on an expectant method to manage it. This can be shown by the following instructions of textbooks: "During abortion the attitude of the physician, beyond the control of hemorrhage, should be an expectant one." From puberty to the approach of the menopause, the uterus acquires a great many conditions which absolutely require a special assistance to help it empty itself, besides that of hemorrhage.

Who has not seen cases of abortion, where there was hyperplasia and hypertrophy of the cervix, that had resisted all uterine efforts to empty itself for several days and then failed? Retroversion does not always prevent conception; but it obstructs the expulsion of the secundines during abortion and needs assistance. A rigid os often resists uterine contractions to empty the uterus until the patient is exhausted and needs assistance. The author has seen cases of abortion in which there was infection that caused only uterine contractions. In such a condition the uterus is unable to expel its contents without the alternating expansive efforts to separate the growth; but within a few hours after the infection was washed out the normal contraction and expansive efforts of the uterus expelled its contents. There are cases of self-induced abortion where the uterine efforts

expelled most of its contents, but the adhering membranes set up infection which had to be artificially removed. There are cases of abortion where domestic remedies are given to control pain that develop complications requiring assistance to overcome, empty the uterus and prevent infection.

A woman employed a physician to produce abortion, who told her to call another physician if she needed any assistance; when reaction occurred as pain, she took several grains of quinine which changed the recurring pains into a continuous one that was endured for thirty hours without relief. In this case I dilated the cervix with the help of an anesthetic, then washed out the decomposing blood, which restored the recurring pains and enabled the uterus to expel its contents.

Abortion an Injury.—Abortion consists of an injury. The destruction and removal of the fetal shell is a laceration of tissues and an injury to the uterus. With this proposition a question may be raised. Has the palliative vaginal douche treatment given satisfaction, and will it prevent secondary effects? We must answer in the negative.

A recent method of the criminal abortionist is the removal of the whole fetal shell at one treatment by the use of an anesthetic and the curette. Women subjected to such an injury, with antiseptic precautions, will not die but they will flow for two weeks and sometimes months and very profusely at the next menstruation. This method of abortion produces subinvolution, sterility, irritation and inflammation, which eventually develops cancers, fibroid tumors and other pelvic diseases requiring operations.

Septic Peritonitis.—There are many causes that develop peritonitis during abortion: Chronic metritis, which aids rapid absorption of septic blood; retention of the membranes; injury of the endometrium; and perforation of the uterus with the curette; puncture of the uterus while rupturing the membranes; contraction of cold and constipation. Every one of these causes can be controlled except puncture and perforation of the uterus by the intrauterine method of washing out the uterus. If these injuries are known when produced, an operation may save life. There is a great difference between peritonitis produced from decaying membranes in the uterus where it can be controlled by washing out the uterus, and one developing from perforation or puncture of the uterus with the poisoning in the abdominal cavity, where it may be controlled only by an operation. When curettment has injured the endometrium, decomposing blood will sometimes be absorbed and cause abscesses in contiguous parts,

but when lanced and washed out with peroxid and mild alkaline antiseptics, drainage may be maintained by inserting absorbent gauze into the lanced aperture.

Diagnosing Conception.—Most people believe that a doctor ought to know whether a woman is pregnant or not. It is difficult to determine early pregnancies of women who have borne and nursed their infants; but there is one positive sign of pregnancy of those who have never given birth to a child; that is, their breast develops a lump harder than the glands of a natural breast, and within one month after conception occurs. This lump is always present in the primipara regardless of the morning nausea.

Artificial Production of Abortion.—Physicians must be on their guard, or they may sometimes be imposed upon. Women may be divided into two classes—those who desire children and those who do not. The latter class will practise various deceptions; but the physician is safe if he never induces abortion without first having a consultation. Remember, in the first place, that a human life depends on your decision; it is better, therefore, that the responsibility should be shared. If the consultant does not agree with you that abortion should be induced, the pregnancy may be allowed to go on; but if he does agree with you on this point, your position is materially strengthened.

Indications for Artificial Abortion.—Whenever it is known that the prolongation of gestation is going to destroy life or intellect, or permanently ruin the health of a patient, abortion should be induced. It is a well known fact that a large number of patients die every year from vomiting, due to pregnancy. It was to this condition that the gifted Charlotte Bronte, "who married somewhat late in life and was believed to be suffering from acute gastritis, unfortunately fell a victim."

Many women have used various drugs to produce vomiting, or they suffer nausea only when the physician is in the room. The practitioner must be on his guard and obtain truthful evidence of a trustworthy nurse, or friends who know the true condition of the patient. Whenever the vomiting becomes intractable and is a reality, and the woman will die if she is not relieved, it would be nothing less than criminal not to induce abortion. Some women exhibit very little correlative sympathy, during gestation, between the stomach and uterus while others experience enough sensitized reflex action to produce exhaustion and death. There are other conditions besides uncontrollable vomiting which justify artificial abortion. It is well known, however, that a great many women die annually of puerperal nephritis which does not

begin until after the fourth month, but in exceptional cases it occurs even earlier than this.

When a woman is pregnant with a cardiac disease of such a character that you believe her life endangered, it is your duty to produce abortion. If a patient has cancer, or in the advance stage of phthisis, abortion ought not to be induced, because, in the first class of cases, there are two lives to consider, as the patient may have a long life before her while in the latter it is scarcely possible that she would live under any circumstances.

A physician will not be called on often to induce a justifiable abortion when a woman is affected with chorea for it is a condition which usually responds to direct medication. If a patient has a contracted pelvis which is recognized by measurement, it is my belief that abortion is safer than cesarean section, Porra's operation.

In the case of violent convulsions from any cause whatever, abortion is indicated. It makes little difference whether the convulsions are choreic, epileptic, uremic, or of any other character except hysterical. Even if the seizures are controlled for the time being, it is improbable that gestation can go on for several months more, without a return of the convulsions, and most likely in such an aggravated form as to result in death.

Uncontrollable Uterine Hemorrhage.—Placenta previa is an abnormal attachment of the decidua reflexa in early pregnancy, dividing the cavity of the uterus into two parts. The ovum develops in the upper part or fundus of the uterus. The abnormal attachment which separates the uterine cavity into an upper and lower chamber in placenta previa is constructed of more tenacious and inelastic fibers than those of the membrane. Therefore, the abnormally attached placenta continues to grow as rapidly as the uterus and ovum up to five and a half or six months of gestation, when it ceases to develop. The further development of the uterus causes its walls to separate from the abnormally attached undeveloping partition, which is the cause of the hemorrhage. Some practitioners may have brought on a premature birth at six months or delivered a child at the end of gestation where placenta previa was present, and then congratulated themselves on their accomplishment. It should be known that the abnormally fibrous attachment has divided the cavity of the uterus longitudinally, obliquely, or parallel through its center. When the placenta attachment divides the cavity of the uterus longitudinally with adhesions lining the cervix, and the patient is willing to remain in bed until maturity of gestation, the two lives may be saved, because the fetal development

has room to grow at the fundus or center of the uterus. In the oblique form the lower part of the attachment may be so near as to divide the cavity into unequal parts with the ovum in the larger, which allows uterine development with very little hemorrhage. When the central placenta previa attachment divides the uterine cavity into two equal parts, it will cause death unless abortion is induced at the time of the first pronounced hemorrhage, or the patient remain in bed to maturity of gestation.

The conventional method of inducing abortion with the assistance of the uterine contractions will fail when the placenta previa is centrally attached. A patient with placenta previa centrally attached should be placed upon an operating table and anesthetized. A physician with a small hand should then pass it into the vagina and slowly dilate the cervix with his fingers, next pass the hand into the uterus and separate the tenacious attachment, while steadying the uterus with the left hand on the abdomen. By withdrawing his hand back into the vagina the detached membranes will be expelled, and if the uterine contractions are unable to expel the fetus, the fingers should encircle its head and slowly deliver it while withdrawing the hand. The uterus should then be washed out with the alkaline antiseptic and peroxide solutions and finish the treatment with a solution of \mathcal{R} Magnesia sulphate \mathfrak{z} i. Phenol Gtt. x. Aqua q. s. Oz. viii.; place the hot water bag over the hypogastrium for two or three hours. Continue to wash out the uterus every twenty-four hours for three days, then every forty-eight hours for twelve to fourteen days.

Methods of Abortion.—I refer to a few methods in order to warn physicians to avoid them. The first method is to introduce a silver-plated sound into the cavity of the uterus and push it forcibly through the fetal shell. This is a very dangerous method for no one can positively tell whether he is shoving it through the ovum or through the walls of the uterus. If through the walls of the uterus septic infection is set up in the abdomen, and usually with fatal results.

Another method is to introduce into the cervical canal a tent or sponge, or sea-tangle, which is to cause sufficient dilation to empty itself. This is an antiquated and faulty method for there may be hypersplasia or uterine edema caused by former abortions or births which prevent contractions of the uterus. The first contraction of the uterus pushes the tents out of the cervix, with delays, which necessitates the replacing of them, during which time the retained blood is decomposing and setting up infection that may be difficult to control. Biologic exam-

inations have been made showing that sea-tangle tents, prepared with every antiseptic precaution, were permeated with bacterial life and on this account should never be employed. A third method is to pass a silver-plated catheter carefully into the uterus and along its walls, separating the decidua reflexa from the decidua vera. In this way abortion is often delayed from three to ten days, during which time infection is producing conditions that are difficult to control by the conventional means associated with this method.

A fourth method is the use of certain drugs, such as savin, nutmeg, penneroyal, cotton root, ergot, viscum album, or mistle-toe. These drugs are always used with cathartics which often produce intestinal hemorrhage. When these drugs are given strong enough to induce abortion they frequently poison the patient or injure her health without emptying the uterus. There is nothing that would discredit a physician more than to use drugs, to induce justifiable abortion, which are so dangerous to life.

Having written disparagingly of a few conventional methods, you will expect me to offer some safer and better way. Let us suppose that you have a patient at the end of twelve weeks of gestation in whom conditions, in your opinion, warrant your calling a consulting practitioner, and he agrees with you that abortion should be induced.

A better way to induce a justifiable abortion at twelve weeks is to put the patient on a gynecological chair, insert a speculum and thoroughly cleanse the vaginal canal with a solution of bichlorid of mercury 1/1000; dilate the cervix about one-quarter of an inch, which is sufficient; remove the wire from a hard-rubber catheter and immerse it in the bichlorid solution; fasten a cotton with a string attached on its outer end to protect the vaginal folds; then anoint the catheter with vaseline and pass it into the cavity of the uterus; now saturate a cotton pack, with string attached, one inch in size, in some mild alkaline antiseptic and insert it up against the cervix to hold the tube in position for twenty-four hours. Give or order a physic that will evacuate the bowels several times. At the end of twenty-four hours, if there have been no pains, the catheter should be removed, and the blood, which its presence created in the uterine cavity, should be washed out with a mild alkaline antiseptic. Now reinsert another fresh rubber catheter, which usually causes reaction, pains starting sometimes within the second twenty-four hours, which may begin a half-hour apart but come closer and closer together until they appear every five, three or even two minutes.

If the os is dilatable the time is approaching when the uterus will expel its contents. At this stage of abortion the patient may become nauseated or even vomit, which often occurs when the os is relaxing or rapidly dilating, and is a good omen, for sure enough the fetus and membranes are soon expelled. If the membranes are torn in two, the half spiral curette should be introduced immediately into the uterine cavity and rotated slowly to see if the patient can endure the pain, without an anesthetic, while the curette is loosening the retained part. If her suffering is unbearable an anesthetic should be given, short of anesthesia, when the membranes may be easily removed.

It having been expelled, the small adhering fragments should be removed from the endometrium with a dull flat curette. The uterus should then be washed out with the alkaline antiseptic and peroxid solutions, followed by a solution of \mathcal{R} Magnesia sulphate \mathfrak{z} ss. carbolic acid Gtt. x. Aqua q. s. Oz. viii and the hot water bag applied over the hypogastrium for two or three hours. The uterus ought to be washed out every twenty-four hours for three days, then every forty-eight hours for ten, twelve or fourteen days or until the peroxid solution returns from the uterus free of its characteristic effervescence.

If the uterus is unable to expel any of its contents the physician should proceed according to the instructions given where the membranes were torn in two, and follow the completion of that treatment. The separation of the membranes from the uterus by curettement is an injury which should always be treated by washing out the uterus with the alkaline and peroxid solutions and finished with the magnesia sulphate solution. When there is an offensive odor one may prescribe: \mathcal{R} Potassæ chloras \mathfrak{z} i. Specific med. Echinacca Oz. ss. Tincture Arnica Gtt. Aqua q. s. Oz. iii. Misce Signa: One dram every two hours.

By this method the physician does not rupture the membranes, which averts one of the greatest dangers associated with abortion. Neither does the rubber tube rupture the ovum; it merely irritates the uterus so that when continued for twenty-four hours the irritation usually brings on mild uterine contractions, which separates enough of the membranes to start a little flow. By washing out the blood and inserting another tube infection is avoided for another twenty-four to forty hours, when reflex uterine contractions will become more powerful and closer together and finally rupture the ovum and expel its contents.

The patient passes through these different stages, covering twenty-four, forty-eight or seventy-two hours without experi-

encing any shock, hemorrhage, sick feeling or infection; then the recurring pains produce little or no prostration.

This proves conclusively that hemorrhage, headache, fever, offensive odor, aching sick feeling and prostration all result from not removing the decomposing blood often enough to prevent infection.

USE OF THE CURETTE

The following article is quoted from an abstract in the Chicago Clinic:

"The dangers of the curette are numerous. The first danger is perforation of the uterus; however, the perforation may be due to preliminary dilation. Perforation by the curette is not uncommon in malignant disease. Large numbers of operators report such perforation.

"In a septic uterus the walls are very friable and extremely easy to perforate. After abortion or labor, perforation by the curette is most frequent, and easy, at the old placenta site.

"Most inexperienced operators perforate the uterus while incautiously introducing the curette. To prevent perforation by the curette, it is well to hold the hand on the fundus and to locate the points which one wishes to curette. Should the curette slip beyond the resistance, it is well to withdraw the curette and measure with a blunt sound. With a perforated uterus use ergot and opium.

"Uterine perforation by the curette does not call for hysterectomy.

"If intestinal hernia occur, it would require hysterectomy. Death occurred in a London hospital two days after curettage from sepsis. The curette makes rapid pyosalpinx out of salpingitis.

"In some cases the passing of the curette through the uterine walls is only the evidence of a metro-peritoneal fistula.

"Never curette without previous careful bimanual examination.

"A physician curetted a patient from whom a membrane was expelled; death followed rapidly. The autopsy showed that the woman had an ectopic pregnancy which a bimanual examination would have revealed sufficiently to have avoided the use of the curette.

"By curetting the uterine cavity when salpingitis is present, the inflammation of the fallopian tubes is made to suppurate rapidly and become an abscess, or pus cavity. It is then appar-

ent, that any treatment which injures the tubes so seriously will disturb their function of participating in conception, thus directly causing sterility. Great caution, then, should be used, while making a bimanual examination, to determine the presence or absence of salpingitis, before curetting the uterus.

"Experience has proven to me, while practicing intra-uterine medication that it is not necessary to injure one organ, in order to cure an inflammation of another.

"The endometrium is always injured, more or less, by curettement, and can be restored only by washing out the uterus with the alkaline and peroxid of hydrogen solutions, every forty-eight hours, for ten or twelve days."

DIMINISHED CAPILLARY CIRCULATION

Virchow emphasizes the cell as the initiative and primary element of organism and scarcely admits of any other force. "The absorption of matter into the interior of the cells is unquestionably an act of the cells themselves." "Cellular Pathology," by this author, demonstrates the fact that all disease is caused by altered or abnormal cells, but does not make known the cause of this condition and suggests a preventive or restorative treatment. The various organs, constructed for different purposes, perform different functions. By absorbing nourishment and expelling waste products the cells of the circulatory system perform their functions.

It is difficult to believe that the cells can become diseased and the capillaries remain healthy, or vice versa. This article is written to show the importance of maintaining 100 per cent capillary circulation and how a lower percentage affects physical functions and mental activity.

When these acid and alkali secretions are proportioned, the blood with oxygen and the aid of the cells and capillaries supplies mental activity, energy to the nervous system, tonicity to the muscles, and elasticity or expansive and contractile energy to the heart, arteries, capillaries and cells.

When these acid and alkali secretions fluctuate from one extreme to the other for a short time only, these energies are not affected. But when for a long period a diet predominates of foods blended with chemicals and stimulant irritants which interfere with electrical energy and colloidal reactions during digestion, the ratio of these secretions becomes broken and all these energies are weakened, as observed in chronic diseases, substantiated by inflammation, adhesions, growths, plethora, edema of the lungs, viscera and enteroptosis of various parts of the body.

We know that diminished capillaries reduce the efficiency of the skin. Anemia of the skin, therefore, means diminished capillaries in every part of the body. It further means little protection to the nervous system, which becomes irritable and subject to concealed reflexes from the slightest centric and peripheric

irritation, as colloidal reactions during digestion and cold. It weakens muscular capacity and causes inelasticity, functional and organic heart troubles, arterio-sclerosis, venous stasis, varicose veins, ineffectual peristalsis, sphincter incapacity, enlarged and indurate lymphatics and semi-cell dynamics.

If low per cents of capillaries produce enervation, pervert metabolism, and weaken physical functions, their absence in the brain produces greater injury than anemia. Observation proves that their absence incapacitates the mind to originate thought and dulls intellectual comprehension of the five senses which form the electrical register of mental impressions. The ability to concentrate is weakened and one becomes incapable either of originating thought or intelligently expressing it. The victims of diminished capillary circulation are morons, defectives, epileptics, idiots, maniacs, nymphomaniacs, melancholiacs, suicides, inebriates and criminals.

A knowledge of the functional failures produced by capillary deficiency is worthless unless their primary cause is known. Wm. M. Bayliss, D. Sc., F. R. S., in his "Monograph on Biochemistry," states that enzymes are colloids and that "one of the most important physical properties of enzymes is their colloidal nature, as shown by the fact that they do not pass through parchment paper, or do so with extreme slowness."

Alfred W. McCann terms enzymes and colloids as the stimulating principle and vitalizing energy of the soluble salts in vegetables, grains, meats, etc. Professor John Uri Lloyd, in the *Electric Medical Journal* for August, 1916, writes: "The stepping onward and the transferring of vitality from cell to cell, and from organism to organism, in the support of life, seem to depend wholly upon the movements and actions of colloidal bodies, which in their formation and transformation remain still, if healthy, colloidal;" further, "Colloids may be classed, as I now view the subject in its relationship to life, as formless vitalized structures, capable of creating nourishing, and next destroying creatures composed of cell aggregations."

It is impossible to estimate the importance that Professors John Uri Lloyd and Wolfgang Ostwald have given to the dietetic and nutritive subject by the classification of sugar and chlorid of sodium as colloids. Investigators of the digestibility of foods have stated that antiseptics interfere with the enzyme or colloidal reactions. Sulphurous acid is an antiseptic used to crystallize sugar; chlorin is an antiseptic and enters the composition of chlorid of sodium. Do sulphurous acid and chlorin lose their antiseptic properties in forming the composition of sugar and

salt? If these elements retain their antiseptic properties, they interfere with colloidal reaction. Permanent perversions of the system prove that there are stimulant and non-stimulant, irritant and nonirritant, refrigerant and nonrefrigerant, and aphrodisiac colloids. Again quoting Professor Lloyd, in the same journal, "The colloids have long been closely connected with scientific research in chemistry, physics, pharmaceutical manipulations, and in therapy."

It is then high time that practitioners should learn by clinical observation how colloidal foods act during reactions and digestion, and which ones create irritation and imperceptible reflexes. A few observations show some of their effects; the excessive use of sugar produces capillary hyperemia. Crystalline sugar may disappear in the formation of amorphous or colloidal bodies, which may be reactions during digestion, separate and prepare nourishment for absorption. But it does not prove that part of their properties do not create irritation, which, by unconscious overstimulation and relaxation, cause capillary stasis, ineffectual peristalsis, and lymphatic enlargements.

The colloidal composition of chlorid of sodium may possess one of the principal elements for carrying on osmosis, but its excessive use breaks the proportion of the acid and alkali secretions and produces acidosis. With the ratio of the secretions broken for a period, the blood becomes irritant and causes unobserved and imperceptible reflex contractions of the cells. A triple daily repetition of these unnoticeable contractions temporarily empties and shortens the capillary circulation, without refilling, by determining blood to the larger vessels.

There are two reasons why these factors are not easily seen to be the cause of capillary deficiency. The first is the enigmatic power which the human organism possesses for performing countless phenomena; the second is the length of time required for the broken ratios of the secretions to so mark or pervert parts of the system as to make clinical observation more or less doubtful. In order to grasp the method of producing deficient capillaries one should recognize the distinction between the effects of two physical phenomena, one unobservably carrying on assimilation the other imperceptibly conveying irritations to the vasomotor centers that by reflex contractions empty the capillaries, weaken cell dynamics and pervert metabolism.

Treatment—The capillary circulation can be greatly increased in the young and middle-aged but only partially in elderly persons. The first step is to inhibit foods which interfere with

enzyme or colloidal reactions during digestion. Carbolic, sulphurous, benzoic, boracic, and salicylic acids; alcohol, granular sugar, salt, essential oils and smoke are a few of the antiseptics. If foods that have been bleached or blended with these antiseptics are proscribed, the colloidal reactions will not develop chemical changes which create irritations and reflex contractions. In order to increase a diminished capillary circulation of 50 or lower per cent, accompanied with deficient oxidation, it is sometimes necessary to practice daily slapping of the skin. Followed by ten or twelve different exercises and between each exercise placing the palm of the right hand over the abdomen and the left hand over the right, make several deep rotary pressures on the bowels. With a proper amount of raw and cooked vegetables and fruit, these rotary pressures secure daily evacuations. When there is 60 to 70 per cent capillary circulation, dry towel rubs, followed by exercises and deep rotary pressures on the bowels, improve metabolism and refill the capillary vessels. Those with a predisposition to cold should take a sponge bath once a week or two weeks, a dry towel rub every morning, anointing the body every fourth day with olive oil. Sleeping with wide open windows is also recommended.

SUMMARY

1. Blended foods interfere with colloidal reactions, causing irritation and imperceptible reflex contractions which empty the capillaries by determining blood to the larger vessels.
2. Some blended foods cause acidosis and others hyperalkalinity, either causing irritation and reflex contractions, which empty the capillaries.
3. Colds produce peripheral irritation and reflex contractions, which impair the circulation by diminishing the capillaries.
4. Centric irritation and aperture infection cause reflex contractions, which diminish the capillaries.
5. Capillary anemia obstructs and incapacitates mental and physical function and thus produces criminals, defectives and inmates of eleemosynary institutions.
6. It is impossible to restore reparative action and cell dynamics and increase diminished capillaries by serum injections without correcting the diet.

RETENTION OF A DEAD FOETUS

Unpleasant emergencies sometimes occur in criminal abortion. On the discovery of pregnancy and particular environments, some women, to bring on menstruation, resort to methods which are dangerous to life, such as manipulating the uterus with hard rubber catheters, knitting needles, throwing aqua ammonia into the uterus, taking tansy tea and strong emmenagogues; dangerous amounts of turpentine or nutmeg; large quantities of quinine and cathartics. Some of these methods occasionally produce abortion by destroying the life of the foetus, but so weaken uterine nerves and muscles as to inhibit expulsive efforts.

In many instances death occurs because physicians are not generally well versed in the intra-uterine constructive method, and do not know what can be accomplished with it. Text-books contain many signs and symptoms caused by the retention of a dead foetus, though only a few are of importance. The breasts of a pregnant woman who has not too recently nursed a child will become soft and flaccid, although menstruation does not return.

More or less infection occurs from the liquor amnii and cessation of development with the death of the foetus in early pregnancies. A dead foetus has been retained for weeks and months without a fatal issue. Minor signs are deteriorated health, low fever, loss of appetite, sunken countenance, dark areola around the eyes, fetid breath, hurried respiration, repeated rigors and periodicity. The latter sign makes diagnosis somewhat uncertain.

The removal of a dead foetus is always justifiable, but a consulting physician forms a protection in case of the patient's death.

Treatment—Whenever the symptoms positively indicate the retention of a dead foetus; a half of a hard rubber catheter made aseptic, with a string attached, should be fastened in the uterus by a pledget of cotton with a string attached for removing it in 24 hours. If no pains have occurred at the end of 24 hours remove the catheter and wash out the accumulated blood and septic material, and if the cervix is not dilatable three-quarters of an

inch reinsert a fresh catheter for another 24 hours. The cervix then will usually be sufficiently dilated to empty the uterus.

Pass a half spiral curette through the cervix and to the fundus and slowly rotate it. If the pain is unbearable administer chloroform short of producing sleep; then continue rotating the curette until the foetus and most of the secundines are removed; now remove the remaining attached fragments with a flat dull curette; then wash out the uterus with a three-ounce half-strength solution of peroxid of hydrogen, alternated with a five-ounce alkaline antiseptic solution given in this work and finish the wash-out with epsom salts two drams, 33 per cent phenol gtt. xv aqua q. s. oz. viii; place a hot water bag over the uterus for 2 or 3 hours. Repeat the washout every 24 hours for two days, then every 48 hours until the uterus is free of oxidizable substance. Evacuation of the bowels every day. If fever is present, showing early infection, prescribe \mathcal{R} potassi chloras, \mathfrak{z} i. Spe. echinacea, \mathfrak{z} iv. Spe. veratrum gtt. xx, with full pulse or Spe. aconite gtt. x when rapid and weak, aqua q. s. oz. iv. M. Sig.: One dram every two hours.

In an obstetrical practice one meets with a great many emergencies that are not surgical, but which are easily overcome with the proper instruments and a knowledge of the intra-uterine constructive method.

INTRAUTERINE MEDICATION

Surgery, therapeutics, electricity, intrauterine medication, X-ray, massage and physiological adjustments, intravenous and hypodermic medications, are treatments which have specifically indicated fields, but whose interchangeable application has never given satisfactory results.

Practical experience has proved the absolute necessity of the emphasis given to the word "conditions" for determining the nature of disease by J. M. Scudder, who propounded the more important Eclectic principles and became one of the greatest reform medical writers of the nineteenth century.

The question arises, Will the practice of intrauterine medication help determine a sufficient number of pelvic conditions, the comprehension of which cannot be reached by any other method, to warrant its continual application as an expedient to diagnose definitely uterine and pelvic diseases? The physiologic functions of the generative organs are frequently interrupted by acute and chronic diseases, making it an absolute necessity to understand fully these perverted conditions.

INFLAMMATION

Whenever intrauterine medication is repeatedly applied, and at the right time, it will control metritis and prevent its developing into the chronic stage; will control backache caused by misplaced, congested or inflamed pelvic organs, and lateral endometritis, the etiology of pains in the hypogastric region in one or both ovaries. Uterine irrigation applied with deterrent medicines will induce anemia of the uterine vessels, thus inhibiting nutrition to submucous and interstitial fibromata and other benign growths and causing their absorption. It controls cervical endometritis which results from corporeal endometritis with exudations; retroversion without adhesions, caused by endometritis; edema and atony; uterine prolapsus due to metritis and atony; antelexion resulting from interstitial metritis and atony. Intrauterine medication controls metritis caused by contracting colds which suppress menstruation, and prevents it from developing into peritonitis; dysmenorrhoea due to metritis or stenosis of the cervix; parametritis extending to contiguous organs, resulting in prolapsus and other displacements; perimetritis and vaginitis, causing hyperesthesia and repugnant appetite. It restores scanty and suppressed menstruation caused by non-secreting metritis; removes subinvolution due to chronic metritis. It empties the uterus of decomposed substance, relieves pain and restores suppressed lochia.

AUTO-TOXEMIA AND INFECTION

When treating women for syphilis there is no auxiliary treatment equal to intrauterine medication for inhibiting further infection, controlling pelvic metritis and irritation. Its application following the contraction of gonorrhoea will determine whether the gonococcus has infected only the endometrium or become gonohemia. The practitioner who qualifies himself to apply this method in connection with therapeutics is armed with a specific preventive for inhibiting toxemia of the lymphatic glands following phlegmasia dolens. This treatment is a specific for controlling auto-toxemia resulting from retained dead fetus. Applied in connection with therapeutics, it is also a specific for puerperal fever. Phlegmons, fistula of the genital labia and phlyctenæ of the mons veneris, resulting from uterine toxemia, are readily controlled by irrigation. It controls vaginitis caused by septic exudations from the uterus, and applied before and after menstruation it inhibits headache and acne rosacea. There is a form of uterine auto-toxemia following abortion, with symptoms simulating the menopause, in which irrigation causes the rheumatic pains and general edematous condition to disappear. Uterine auto-toxemia occurs during the latter months of gestation. When therapeutics fail, local medication is indicated, which if carefully and skillfully applied, will give satisfactory results. Many cases of cancer of the breast are due to uterine toxemia and reflex action, but with the septic substance removed and irritation controlled they will yield to an X-ray treatment.

OBSTETRICS

Uterine medication applied in an obstetrical practice gives one confidence to meet and overcome the majority of emergencies or incidents which may occur before, during or following puerperium. Any abnormal condition which occurs during delivery that is not classed as natural labor may be taken as an incident. Contraction of the uterus and closure of the cervix following delivery, retaining the afterbirth, is an incident of nervous irritation and reflex action which temporarily inhibits normal contraction and expansive energy. Warm antiseptic solutions thrown into the uterus control the irritation, producing normal contraction and expansion efforts and the expulsion of the secundines. Partial or complete suppression of the lochia, that causes the cessation of the lacteal secretion, is an incident, and the removal of decomposed material from the uterus restores both secretions. Post-partum hemorrhage results from a determination of blood to the uterus that is due to temporary suspension of the normal reflexes to contract recently opened vessels, and is easily controlled by throwing into the uterus a solution of Monsel's salts. Injuries of the uterine vessels and lymphatic glands that may develop puerperal fever or phlegmasia dolens can be quickly repaired and further absorption inhibited by uterine medication, thus jugulating either condition. Metritis, hyperplasia and constitutional toxemia caused by laceration of the cervix are easily prevented by medicating the uterus. Peritonitis developed from puerperium is more readily controlled by therapeutics when assisted by timely uterine cleansings. Auto-toxemia induced by inserting the hand into the uterus for turning the child, is easily prevented. Uterine medication is without an equal for repairing injury and inhibiting toxemia following a successful separation of the secundines and uterus in placenta previa.

Practitioners with a large obstetrical practice are confronted with many incidents and emergencies arising from accidental, spontaneous and criminal abortion, which cause much anxiety to themselves and patients. The fear and timidity attending any form of abortion disappears when the uterus has emptied itself

of the product of conception, although the already serious condition of the patient may be made worse and the physician's reputation placed at stake if he waits until toxemia develops before medicating the uterus. Abortions are not classified with physiologic functions, therefore, separating the product of conception from the uterus at any stage of gestation is a solution of continuity which requires topical medication to inhibit metritis, hyperplasia, edema, auto-toxemia, and to stimulate involution and restoration of the uterus. The application of this method enables one to control in their acute state nearly all conditions which occur as incidents at any stage of abortion, thus inhibiting the development of chronic stages.

STERILITY; INABILITY TO PRODUCE YOUNG

Sterility is one of those conditions of the system that cannot be classified as a physiologic function, although it occurs both from lack of development and acquired conditions, and should be treated more fully by text books. A lack of congenital development is a factor of its etiology, but the majority of causes is diseased conditions of the generative organs acquired during the procreative period, and many of which may be corrected by an indicated treatment. The mechanical and membranous forms of dysmenorrhea cause sterility, but may be overcome by uterine medication. The frequent act of entering the uterus with instruments for applying this method, induces normal expansion of the cervix, thereby removing stenosis and strictures. Sterility is caused in hundreds of cases by some part of the uterus being affected with a non-secreting metritis. Uterine medication establishes secretion and then resolution.

Catarrhal endometritis extending to the Fallopian aqueducts, developing salpingitis, is the etiology of many cases, and establishing resolution of the endometrium often removes the cause. Retroversion, anteversion, metroptosis and other displacements of the uterus and pelvic organs are factors of sterility that can be corrected by this method. This condition frequently occurs following the acquisition of specific diseases, and when their invasion is confined to the vagina and uterus their effects can be removed by topical medication. Sterility is also due to chronic metritis and hyperplasia, but more recently termed sclerosis of the uterus, and there are stages of this condition that are quite amenable to local and absorbent medication.

Sloughing myomata or fibrous polypi is another cause of sterility, and in the earlier stages can be controlled by local medication and deterrent medicines. Women treated for submucous and interstitial fibroma, and who had previously borne children, have, following several months of local medication with deterrent medicines, become pregnant and given birth or aborted. Acid exudations offer numerous factors in this trouble, and are easily controlled by uterine cleansings. Curettement is the etiology of many cases of sterility, and only a few cases can be made subject to conception by this method.

UTERINE REFLEXES

Uterine irritation has developed many phenomena that are not well understood by those who do not practice uterine medication, and there are few unrelieved conditions of the system that so destroy confidence in practitioners as being unable to recognize and control uterine reflexes. To comprehend uterine reflexes it must be remembered that irritation in any part of the body induces local contraction of muscular tissues with impingement of nerves.

There are hundreds of both married and unmarried women who have suffered with sciatica for months and even years, to whom the treatment given to overcome congestion or metritis, restore the circulation of the skin, dilate the rectum and control intestinal irritation, failed to bring relief, but have been quickly cured by a few applications of uterine medication. A girl of seventeen who suffered with inflammatory rheumatism in her right hip for several months, which dislocated and shortened the limb two inches, with relief only when under opiates, was given entire relief from pain by five uterine irrigations, although left a cripple. A single woman, twenty-eight years old, affected with epilepsy for sixteen years, due to uterine reflex action, was cured by six weeks' local medication.

Backaches are frequently due to metritis and reflexes, and are easily inhibited by local medication. Melancholia is often due to reflexes and is easily controlled. Many cases of insanity resulting from uterine reflexes, caused by probing the uterus to induce the menstrual flow, are quickly restored to sane conditions by uterine irrigations. Thousands of women are affected with indigestion and fermentation of food from uterine reflexes, which immediately cease following one of these treatments.

Uterine reflexes are the etiology of hundreds of cases of tic douloureux and other neuralgias that have been given immediate relief by this method. Women are frequently troubled with constriction of the rectum as the result of uterine reflexes, and with their interruption by local medication are brought relief. Women are compelled to endure pain in one or both ovaries from

uterine reflexes, which a few medicated applications to the cavity of the uterus would control.

It is no uncommon thing to meet women with irregular action, palpitation and functional weakness of the heart, the etiology of uterine reflexes, which may be inhibited by this method. The etiology of nearly 30 per cent. of the neurasthenia cases can be traced to uterine reflexes, and cannot be physically and mentally restored until the reflexes are controlled by local medication. It is difficult to estimate the number of women who are compelled to endure uterine reflexes due to curettement. Headaches occurring before and after menstruation are due to reflex action. The etiology of many cases of irritable cystitis is due to uterine reflexes, and when controlled by local medication cease. Women who endure nervousness from a dry or moist and atonic skin, with thermal loss due to uterine reflexes, following local medication have experienced more normal action of the skin.

The etiology of angina pectoris, paroxysmal thoracic pain and suffocation due to vasomotor spasm, has been traced to uterine reflexes and relieved as soon as the reflex action was inhibited. A great many suffer from aphasia due to uterine reflexes, and can be cured by irrigation. Paroxysmal closure of the cardiac and pyloric apertures of the stomach is frequently caused by uterine reflexes, for after being controlled by specific gelsemium and lobelia the attacks have even continued to return until the reflexes were interrupted by uterine medication.

MENOPAUSE

For ages the medical profession has failed to control the pathological phenomena and inhibit sequelæ which arise during the menopause. because of a lack of definite knowledge obtained from symptoms partially exhibited and the effect of therapeutical remedies. but now that we have intrauterine medication there should be no further excuse for failure to determine the etiology of nearly all phenomena.

The uterus performs physiologic functions when in a healthy state, but the occurrence of puerperium, abortion, metritis and auto-toxemia frequently induce a pathological condition which weakens and inhibits the uterus from exerting its physiologic functions during the menopause, or as long as it is in a diseased condition. Uterine medication has proved beyond doubt that whenever the diseased condition of the uterus has been controlled during the menopause its energy was reacquired and its physical functions again performed. The reason that physicians do not comprehend that controlling diseases of the uterus during the climacteric period does not interfere with the physical functions, but on the other hand restores them, is because they have not considered that the uterus is more liable to disease at this time of life, as the result of a perverted circulation and deficient elimination.

Almost all women who have borne children and who have had metritis acquire a perverted circulation and an edematous condition of the pelvic organs previous to reaching the pre-cessation period; but with these wrongs righted they will be free of any effects that may be attributed to the menopause. Elimination is always diminished during the cessation period, presenting a condition favorable to metritis, ulceration and auto-toxemia of the endometrium, and these characteristics develop some alarming and dangerous condition during and following the cessation period.

When applying this method for controlling unnatural phenomena appearing at the cessation period, one easily learns that they all are induced by common-sense causes. For example,

women who have passed the cessation period quite comfortably are then subject to nervous irritation of the uterus, as reflex action for years, and obtain relief following the introduction of medicated moisture to the cavity of the uterus; others are affected with retroversion, which inhibits drainage; and in others atrophy of the cervix is acquired earlier than that of the uterus, thus retaining decomposed blood. Metro-salpingitis is present with some, and induces ovarian and uterine pains. Headache, back-ache, melancholia and insanity are caused by metritis, toxemia and reflex action. Increased plethora and rheumatic pains at the cessation time are due to toxemia and deficient elimination. Bloating, hot and cold flashes and profuse sweating are due to uterine absorption and reflex irritation. Menorrhagia and metrorrhagia result from metritis, atony and ulceration of the endometrium. Many cases of sciatica, supraorbital and other neuralgias which attack the system at the cessation period are caused by deficient drainage, retained septic substance, ulceration of the endometrium, auto-toxemia and reflex action. Some of the severest cases of gastro-enteralgia are due to intrauterine reflex irritation.

Malignant and benign growths which attack the uterus at and following the menopause are due to a perverted circulation, edema of the uterus, a determination of blood and degeneration of pelvic tissues.

While it is generally believed that atrophy of the uterus and ovaries always occurs during the menopause, there are thousands of women who arrive at the pre-cessation period with the uterus in a diseased condition which inhibits atrophy for years and even till death, because arterio-sclerosis affects the pelvic organs. Those who treat the menopause by the intrauterine medication method are able to recognize cellular death and auto-toxemia caused by arterio-sclerosis as the etiology of insanity, malignant growths and mysterious and unobserved conditions which result in sudden deaths. The uterus and ovaries are predisposed to arterio-sclerosis more than other organs of the body because their physiological functions are so frequently interrupted by incidents during puerperium, abortion, metritis, toxemia and specific infections. Insanity and sudden death occurring during the menopause are frequently caused by unrecognized gangrene, a result of the degenerative influences of arterio-sclerosis.

It does not redound to the credit of the medical profession, or to the physician himself, who, after knowing these facts, intimates to a woman that all others of her sex have had to endure such suffering at this time of life, and that she must do likewise.

GYNECOLOGY AND ITS NON-SURGICAL TREATMENT

Gynecology treats of a large class of diseases, mostly chronic, which sympathetically or pathologically affect the whole human economy and it can scarcely be said that their etiology is well understood. This will be the case so long as temporary or exciting symptoms are accepted as causes. We must know the *primary* causes, and be able to trace their indirect effects to their ultimate or exciting causes. To trace logically the effects between the primary and the exciting causes, the importance of understanding the reciprocal phenomena existing between the alimentary canal and the skin should be recognized, which knowledge the physician can acquire only by extensive experience in non-surgical treatment of gynecological diseases.

The primary and indirect effects leading up to the exciting causes may be hypothetically illustrated as follows: A woman, aged thirty, an invalid from wrong living, was persuaded to fast thirty days, which resulted in perfect health. For several years afterwards she ate foods that irritated and over-stimulated the nerves of the alimentary canal, and that by reflex action emptied the capillaries and diminished transpiration, thus preparing the system for the development of exciting symptoms of gynecological diseases.

The primary causes or symptoms are irritation, indigestion, constipation and overstimulation; the indirect causes or symptoms are enervation, muscular atony, organic condition of the general circulatory system, subnormal temperature or slightly elevated, sallow, waxy pallor or muddy complexion, and local reparation inhibited; the exciting causes or symptoms are uterine irritation and reflex action, puerperal septicemia, peritonitis, pyosalpinx, ovaritis, menopause, phlegmasia dolens, effects of spontaneous and criminal abortions, and specific diseases: effects from injuries during puerperium, as cervical laceration; cervicitis; endometritis; parametritis; exudations; cancers polypoid; fibroid, and other benign and malignant growths.

The regular physician determines a disease, and then names it, using nosology as a suffix to define pathology; thus ends their

investigation. for after a disease is known and named, who wants to know any more about it? The Eclectics determine disease by symptoms of the third or exciting set of causes. their investigation terminating here, since they maintain that in forming conclusions they have recognized the condition. The only difference of knowledge obtained from the two methods is derived by results of their different treatments. which greatly favor the Eclectics. though I cannot believe that either system will control the perversions that have been developing for years. and which is the true etiology of the exciting symptoms.

Medical men of authority who for ages have denied that foods are the cause of disease have recently pronounced the most harmless food to be the greatest cause. Foods act in the system like drugs but less pronounced. Like drugs, there are irritant and non-irritant foods, the non-irritants furnishing nourishment for maintaining health. while irritants supply nutrition but prepare the system. by weakening certain functions, for developing exciting symptoms.

It is impossible for anyone to prepare himself to treat successfully most chronic diseases without the knowledge of how and what irritant foods seriously pervert certain functions of the system. With such a knowledge irritant foods may be proscribed, and whenever cell destruction is not too great a treatment adopted which may reasonably insure restoration.

Before presenting a treatment a sketch and prognosis of a single case may be of interest. A woman. aged forty-five. for several years affected with cervicitis and endometritis and suffering with the primary symptoms. irritation. indigestion. limited oxidation and constipation. An examination disclosed that the perversions or indirect symptoms were enervation. muscular atony, organic condition of the circulatory system. cutis pendula, waxy pallor. thermal condition subnormal. chilly sensations during winter and the reverse in summer. The exciting symptoms were irritation. inflammation and hyperplasia of the cervix with headache. irritation. inflammation. utero-toxemia with reflex headaches. pain in the right ovary. passive hemorrhage and profuse exudation from an ulcerative endometrium and endema of the uterus. In forming a prognosis of this case it is necessary to consider further perversions of the primary and indirect symptoms. In the former there was mercurial perversion of the mucosa of the alimentary canal. and of the indirect symptoms the circulatory system was beyond repair. With these perversions the local conditions and reflex actions can be controlled. and the

general health may be satisfactorily improved though never perfectly restored.

It may be thought that the local treatment of gynecological diseases is of greater importance than the constitutional treatment. but a well-adapted treatment which will reestablish perverted conditions is indispensable

Treatment.—When adapting a specific treatment the first act is to proscribe irritant foods and suggest non-irritants; second, advise medicated baths. how often taken so as not to increase the subnormal temperature, and secure reaction with stimulant application. If these instructions are properly applied, irritation will decrease and digestion improve. Third, constipation with hyperesthesia of the bowels, and especially with women who drink too little water, the following mild antiseptic alkaline laxative or some similar substitute should be given:

℞

Quadruple senna infusion stock.....	℥ii
Glycerine	℥j
Bourbon or rye whisky.....	℥j

Misce. Sig.—One dram in a glass of hot or cold water before breakfast every morning; at night also if necessary. This is an ideal preparation for controlling irritation and intestinal reflexes; restoring tonicity to the lacteal glands, overcoming hyperesthesia and for maintaining normal evacuations. Fourth, if the patient lives on non-irritant foods the blood will become cleansed, but pure blood reestablishes these serious effects so slowly, which have been developing for years, as to require therapeutic assistance to overcome enervation, reflex pains, muscular and circulatory atony, as:

℞

Kali phos	3x ℥ii
Distilled ext. hamamelis.....	℥ss
Specific medicine lobelia.....	gtt. x
Aqua	q. s. ℥iv

Mis. Sig.—One dram every three hours.

With anemia, deficient oxidation and a defective condition of the circulatory system, prescribe:

℞

Ferrum phos.....	3x ℥ii
Specific veratrum	gtt. xx
Distilled hamamelis	℥iv
Aqua	q. s. ℥jv

Mis. Sig.—One dram every three hours.

Local Treatment: The object of a local treatment is, first, to stop suffering by controlling local irritation and inflammation, which through reflex action may be causing supra-orbital or a neuralgic tooth or headache, gastric and intestinal fermentation, sciatica or spasmodic contractions of the rectum, pain in the back and at one or both ovaries, in the rectum or urethral tenesmus. With these conditions there are usually present a purulent, decomposed, specific or non-specific exudation and ulcerations followed by utero-toxemia, which causes insomnia, melancholia and insanity, profuse transpiration, plethora and sexual neurasthenia, reflex action and rheumatic periodicity.

The examination and first treatment should determine the density, size and aperture of the cervix, location, mobility and depth of the uterus, whether there is hyperemia, dry or discharging inflammation, the consistency and color of the exudation, also the weight, complexion, sensitiveness over the ovaries, and general aspect of the pelvic and abdominal walls.

With subinvolution, retroversion and other displacements and edema of the uterus and pelvic tissues and accompanied with a thick or thin purulent exudation, the uterus is washed out with an alkaline antiseptic solution and alternated with a 25-35 or 50 per cent solution of peroxide of hydrogen every second or third day. If there is a dry inflammation of the endometrium, which causes more suffering than an exudation, a treatment every third day will establish secretion, and if the treatments are continued resolution will take place.

If there has been metrorrhagia for weeks the treatment should be repeated every 24 hours for a few days, then further apart with the two former solutions and followed by a solution of sulphate of iron, four to six grains to the ounce of water and then a pack inserted against the cervix, saturated with 3 drams of distil. hamamelis and 2 drams of dark pinus canadensis.

It is well to follow the specific indication when inserting hydrating packs, for the condition of the uterus and pelvic tissues requires different influences, as for instance, specific phytolacca, Calc. fluor and glycerine when hyperplasia and indurations of the cervix require absorption; specific belladonna, tincture opii and glycerine for hyperemia and pain; for pelvic atony, proclitica or retroversion, dis. hamamelis and dark pinus canadensis; for edema of the uterus and pelvic tissues, elaterium and pinus canadensis; for hypersecretion of the cervix and vagina, powdered stearate of zinc.

Metrorrhagia: It is believed that many intractable uterine hemorrhages are uncontrollable unless the uterus is first curetted, but a broad experience has proved that they can be controlled by intrauterine medication in connection with restoring tonicity to the circulatory system. Hemorrhages which occur from pyosalpinx following the exit of the pus through the uterus and those from obliterated oviduct, due to extra-uterine pregnancy and to some forms of fibroma, belong to surgery. But hemorrhages resulting from breaking down of cancer tissues, some forms of fibroma, neglected abortions, ulcerative and vegetative growths of the endometrium, the menopause, defibrinated condition of the blood and atony of the circulation may be controlled by uterine medication. An expert of chronic diseases—one who is familiar with uterine medication—can absorb benign and even malignant growths of the uterus.

A dozen or fifteen pledgets of cotton, fourth of an inch in size, may be saturated in a solution of per-sulphate of iron and shoved into the cavity of the uterus, and a large one then inserted against the cervix with a string attached, and repeated every 24 hours for three or four days for uncontrollable hemorrhages arising during the menopause.

Some of these hemorrhages will yield to medicating the uterine cavity with sulphate of iron following the use of peroxide and other antiseptics; others may be controlled by injecting the following mixture into the uterus immediately after cleansing the cavity with peroxide:

℞

Salicylic acid	drams	2
Alcohol	drams	2
Specific belladonna, thuja and sanguinaria, of each	drams	2
Distilled hamamelis	ounce	1½
Glycerine and olive oil, of each.....	ounce	1

Mis. Sig.—Warm and inject two half-ounce syringefuls into the uterus and repeat every 48 hours.

Hemorrhages, which are the most difficult to control, are met in those who exhibit a defibrinated condition of the blood, perverted circulation and deficient elimination. In these cases there is atony and relaxation of the circulatory system to that extent which inhibits reparative action and is too weak to respond to the most powerful local and internal astringents.

There are a great many women who approach the menopause with some form of metritis accompanied with an acrid

exudation which ulcerates the endometrium and in connection with enervation, perverted circulation and edema of the uterus results in metrorrhagia, and if not controlled develops fibroids, cancers and other growths. Hemorrhages from cancer of the uterus, if not controlled, will develop pnychasthenia, a condition in which the patient loses all hope of recovery or even of relief. The attending physicians in the Berlin hospitals, some twenty-five years ago, kept those affected with cancer of the uterus from bleeding to death by the application of carbide of calcium—powdered acetylene. This is a substance used for lighting houses and bicycles.

Whenever a uterine hemorrhage is difficult to control, the diseased part should be made thoroughly aseptic; then 2 No. 2 capsules should be filled with the powdered carbide of calcium and inserted or placed against the bleeding parts and held in position by a cotton tampon, the treatment repeated every 48 hours. This remedy controls hemorrhage, odor, and a greater part of the pain, as well as prolonging life.

Procidentia and other displacements, without adhesions, are easily restored by local medication. Recent cases of gonorrhoea and those in which the specific infection has not invaded the fallopian tubes are easily cured by uterine medication: i. e., if the patient does not know that she has the disease, but incurable if she knows it. Recent cases of syphilis are curable with combined treatment which prevents any further local infection, controls irritation of the alimentary canal and maintains normal elimination; the seriousness of this disease if known secures much aid when treating it.

The field for non-surgical treatment of gynecological diseases has never been supplied, and practitioners who have never practiced local medication do not know what remarkable cures can be accomplished. Gynecological diseases all being chronic, the practitioner builds up a wide reputation and prevents his patients from visiting neighboring physicians.

In order successfully to treat gynecological diseases, non-surgically, the practitioner must be able to determine and distinguish the different effects on the system between the primary, indirect perversions and the exciting causes, and adapt a treatment indicated by the three groups of symptoms.

Sodium Chlorid

PART II

FOREWORD

Forty-two years of clinical observation of the effects of salt on the system, when used in excessive quantities, is sufficient proof that because of its being a food, the medical profession has overlooked the greatest factor of disease. As evidence, physicians have prepared all kinds of serums, to overcome cell atony by an untenable short route, yet allow those affected with chronic diseases to continue the excessive use of salt, which produces cell ptosis. What amount of salt does the system require daily, and who eat excessive quantities? Everybody who eats more than fifteen to thirty grains daily.

Physicians who deny these assertions, are those who have used salt as a medicine, and observed its temporary benefit from its stimulant effects, but who do not know how it increases the dynamic rate of the physiologic functions; and its excessive use disproportions the acid and alkali secretions—produces auto-intoxication, by diminishing the capillaries—makes the blood irritant, which develops so many forms of eczema and psoriasis, diseases in which the fats of the body are destroyed by salt.

If one hundred people eat excessively of salt, they may exhibit seventy-five different effects. Some will have stiff joints—eczema—psoriasis—backache—acidosis—indigestion—dry skin and nervous irritation and perverted circulation, which develops local inflammations and growths. Others will have early impotency—nymphomania—deafness—impingement of terminal nerves, which diminishes the capillaries, and produces nervous exhaustion and insanity.

For obtaining indisputable evidence, and to substantiate forty-two years of clinical observation, the writer found that a majority suffering from different effects, recovered following the reduction of salt, without any treatment being applied.

SODIUM CHLORID.

Formula: NaCl. Molecular Weight 58.37

Chloride of sodium, or common table salt, is a true chemical compound of chlorine and sodium. Every 100 parts of pure salt invariably contain 39.6 parts of sodium and 60.4 parts of chlorine gas.

Its active properties are alterative, emetic, cathartic, antiseptic, preservative, tonic, stimulant, vermifuge, refrigerant, astringent, irritant, and, the writer adds, aphrodisiac.

It is the irritant, stimulating, and aphrodisiac properties of salt which so injuriously affect the system when eaten in excessive quantities. Its lifelong use develops the following conditions of the system, the majority of which are present, in those affected with chronic diseases:

- Hyperesthesia of the nerves;
- Destruction of the capillaries;
- Perverted metabolism;
- Cyanotic sallow complexion;
- Exudation;
- Fatigue;
- Local aperture infection;
- Nerve impingement;
- Predisposition to colds and growths.

Through the unconscious effect of its irritant over-stimulation, the physiologic function of cell activity is inhibited, to an extent in the aged of obstruction of absorption, repair and elimination.

For the reason that chlorid of sodium is one of the cell salts, which participate in all physiologic functions and season's nourishment, it has always been used without limit, and considered harmless. The amount of the different cell salts varies slightly, which may be observed, when the deficiencies of the blood occur, by the small amount required to restore its equilibrium. Whenever there is an excess of one cell salt, the supplying of others does not always produce a normal ratio of the blood.

Hundreds of disappointments have occurred, with all forms of medication, which are due to an excess of one or more cell salts, obstructing an equilibrium of the blood, when deficiencies are supplied. Unrecognition of this fact has been, for ages, a stumbling-block to therapeutists, and lessened confidence in medicine. The name of substances of the blood does not wholly correspond with those by which the cell salts are known; therefore, a microscopic examination cannot show all of the cell salt deficiencies.

The author has prescribed Ferrum Phos. for anemia, and has many times been disappointed, but when limiting the use of sodium chlorid, results were obtained. I have given Kali Mur. and Kali Sulph, when positively indicated, from 3x. to 30th x. for months, with failure, but when sodium chlorid and salty foods were limited, beneficial results were obtained, as shown by their controlling chronic leucorrhea.

Whenever the ratio of the acid and alkali secretions is nearly normal, the supplying of cell salt deficiencies usually acts satisfactorily.

THE ORIGINAL PROPAGANDA AGAINST SALT.

At Springfield, Illinois, nearly thirty years ago, the author read an original paper at a medical convention, entitled "The Sodium Chlorid Habit," since which time he has talked and written against its excessive use, until some of the most eminent men of the medical profession are limiting its use, when treating chronic diseases. Some forty years ago, we noticed that some individuals were affected with a sore throat, others, with scalp incrustation, and others, with eczema, psoriasis and constipation, which would not respond to treatment, until the use of salt was diminished. These statements have been verified hundreds of times, but they are assertions, and the reader wants better proof, and to furnish it, we have seen a great many skin and functional diseases overcome by diminishing the use of salt, and without any treatment.

Biologists have found that antiseptics and inorganic chemicals interfere with tube testing research. If they interfere with tube testing they will delay digestion.

How does he excessive use of salt produce disease?

It prolongs chemical reaction during digestion; the ferments then acquire an irritant state which is imperceptibly conveyed by the afferent nerves to the vasomotor centers. The afferent nerves, by reflex action of the vasomotor centers, then convey and reflex the stimulating irritations to the cells. The system then determine large quantities of mucus to overcome the irritating ferments, the vasomotor reflex stimulating contractions become exhausted and the cell relax. A repetition of prolonging of the ferment irritations produces cell ptosis and perverts the metabolic processes.

Serums are being produced, all over the world, to permanently overcome cell ptosis, which have failed; but when the excessive use of sodium chlorid was reduced to the requirements of the system the cell, have in a few months, assumed their normal contraction and expansion and without medication.

A doctor's wife stated that she had been treated for twenty-two years by the ablest physicians of Chicago, Ill., for increasing stiffness of the joints and admitted the excessive use of salt.

The writer suggested that she reduce the salt to a minimum amount; she complied and recovered perfect elasticity of her joints in five months and without medication. One physician injected one ounce of olive oil into the gluteal region three times per week for three months without benefit. This proves that the excessive use of salt destroys the fats in the body.

Forty-two years of clinical observation of the effect of the excessive use of chlorid of sodium have conclusively proved that it is the greatest factor of cell ptosis, diminished capillaries and perversion of metabolism.

This shows the importance, when treating chronic diseases of proscribing antiseptic and inorganic chemicals, and the necessity of restoring tonicity to the cells.

CLINICAL OBSERVATION OF THE EXCESSIVE USE OF SALT.

Most physicians know that diseases start from irritation, which develop local inflammation. It is not possible to give all the causes of irritation, but a few of the most frequent factors are improper nourishment, irritant blood, and broken ratio of the secretions.

Salt is a stimulant, and its excessive use breaks the ratio of the digestive acid and alkali secretions, and results in an irritant and stimulant nutrition, which develops deficiencies in the blood. The reason why organic diseases are increasing, is because the main articles of foods have been changed, by preparation, from their natural condition, with irritants and stimulants, which interfere with chemical reactions.

"If you want to avoid Bright's disease use very little salt," is the advice of Dr. G. Tracy, of New York. The death of Charles T. Yerkes and the increasing mortality in that city due to Bright's disease were responsible for Dr. Tracy's declaration, "It seems a fitting time to say something of the danger attending the excessive use of common table salt." Bunge claims that a person using mixed diet requires only from 1 to 2 grams (15 to 30 grains, daily. Most people, however, consume an excessive amount, from 10 to 20 grams, or 150 to 300 grains.

Professor Widal found that when a patient with kidney disease was given 150 grains of sodium chlorid for several days, he increased in weight, the salt producing a dropsical condition resembling uremic poisoning. Professor Widal was able to make the dropsy appear and disappear at will, by increasing or withdrawing the amount of salt, showing conclusively its irritant effect on the kidneys. The excessive use of salt, then, obstructs osmotic pressure and metabolism, produces irritant blood, and the urine, becoming irritant in turn, irritates the kidneys, until inflammation is produced, resulting in Bright's disease and other organic conditions.

In the following paragraphs, are clinical observations of diseased conditions, due to the excessive use of salt, which was overcome, by its reduction, with or without medication.

Mrs. J. was treated twenty-two years by several eminent physicians for stiffness of the neck and joints. By reducing the use of salt she recovered in five months.

Mrs. B., age 36, mother of three children, suffered for five years with nymphomania. As a consultant I advised less salt, and she recovered in a few months without medication.

Miss H., age 20, had one, and sometimes two abscesses around the rectum every year, and a sore or salt throat. She was advised to use less salt, which stopped the appearing of abscesses, and controlled the sore throat without medication.

Mr. K., age 25, a singer, lost the pitch of his voice, and by reducing the use of salt for six months, recovered its tone.

Mrs. M., age 42, became very deaf from the excessive use of salt for eighteen years. A diet free of salt, supplemented by the application of a mild current of electricity, from the nape of the neck to the auditory aperture, or two hours at a seance, for fifteen days, restored her hearing.

Mr. M., age 45, developed muscular stiffness, which incapacitated him for work. He was treated six years for rheumatism. He was induced to use less salt and became able to work again.

Mr. C., age 36, a superintendent of a school, was unable to study evenings on account of sleepiness. He used less salt with little benefit, but by also omitting butter, from his diet, he became able to study evenings.

A traveling salesman, age 33, weight 240, was troubled with a sore throat, and after using less salt for several months, he recovered. His brother, from the excessive use of salt, became a plethoric, developed tuberculosis, and died.

Mrs. S., age 25, had incrustation of the scalp, half of which disappeared in three months, after diminishing the use of salt; but on resuming her former diet, the whole scalp became involved again.

Mrs. L., age 28, developed an unnatural appetite, but by the use of less salt and butter for three months, the desire became normal.

Mrs. A., age 50, was unconscious for three days from uremic poisoning, and told by three attending physicians that she would die with Bright's disease. By complying with the author's advice to eat less salt, she has fully recovered, and now, seven years later, is enjoying good health.

Mr. and Mrs. G., ages 27, were attending a chiropractor school, but could not grasp or retain their lessons. Both exhibited markings of the excessive use of salt, and upon diminishing its use, were enabled in a few weeks, to progress in their studies.

A man, age 30, whose thigh became diseased, from a baseball injury, had two operations, and his leg kept in a plaster paris jacket, most of the time, while under treatment for three years. An examination determined that he was an excessive user of salt. On being told that suppuration of the limb would never cease until he ate less salt, he heeded the advice and recovered.

Miss T. E., age 25, a plethoric, under treatment and advice for general weakness, was eating salt freely, using it as a nasal douche, as a bath, and taking it as a medicine. Its excessive use liquified her blood and destroyed the fats, until she had a profuse and odorless perspiration and extreme prostration. By using less salt she recovered in a few weeks.

Mrs. P., age 44, suffered with lumbar backache for nine years. Baths at sanitariums and physiological adjustments failed to control it. She ceased the use of the rocking chair, ate less salt, and was cured by six weeks of medication.

A butcher, age 60, had frequent attacks of lumbago, and all the time mental inertia. By using less salt, the lumbago attacks ceased, and the mental faculties improved.

SALT AS A CRIME PRODUCER.

Eaten in excessive quantities, salt liberates too much chlorine gas with the food, is absorbed, disproportions the alkalinity of the blood, making it irritable, and intensifies acidity of the urine, to an irritant degree, that induces itching from infancy to puberty. The chastisement for relieving genital itching among children has rarely been known to remove the trouble, and parents should seek the cause before they can hope to find the cure for a habit seemingly harmless in childhood, but disastrous in many cases to the period of adolescence and to later life. On arriving at the puberal age the intolerable irritant itching changes, exerting an aphrodisiac effect which so excites the sexual impulses as to pervert the thoughts, establishing a reciprocal erethism between the mind and genital organ. A most serious injury to the human race is this effect of salt in producing early impotence by overstimulating the normal reciprocal erethism between the brain and the sexual organs.

THE ADOLESCENT AGE.

Adolescents who acquire an early appetite for salty foods are generally affected with hyperesthesia of the nerves and skin, which indicates erotic desires often misconstrued to be the natural promptings of instinct or evil tendencies inherited. Some foods exert a local aphrodisiac effect by producing acidosis, others by determination of blood to the generative organs. Chloride of sodium perverts the digestive ferments, lessening the ability to neutralize normal acid products of metabolism, which, when eliminated with the urine intensifies its acidity and locally irritates the nerves and erectile tissues of the generative organs.

The foods that, eaten excessively, excite or develop sexual impulses are tea, coffee, sugar, salt, salty soup, meat and fish, white bread, pickles, vinegar and tobacco. The early sexual irritations produced by a diet predominating with these foods are the incipient factors of onanism, epilepsy, insanity, degenerates and murderers. Wardens of prisons and supervisors of asylums know that many of the inmates are annoyed by sexual excitement, and bromides and nitrate of potassiae, if given, only weaken still further the mental faculties. What hope have the relatives of such victims of a nourishment that consists of denatured, blended and aphrodisiac foods?

The writer incidentally met the purchasing agent for an asylum of one of the Southern states, who, in answer to the question as to the relative amount of fresh and salty meats supplied the food, said: "About five pounds of salty to one of fresh, because it is a great saving." Should the reader after perusing the article on Salt Markings visit an asylum, he could readily detect the victims of the excessive use of chloride of sodium.

ODORLESS PERSPIRATION.

A healthy perspiration is characterized by an inoffensive odor, but with anemic skin, the system may eliminate its poisons, as exudations from body apertures, and loose tissue as in the axilla. Some plethorics, who overeat, and are of uncleanly habits, may have an offensive perspiration and breath.

The perspiration from the majority of those who are affected with chronic diseases, except growths, is odorless and is due to the excessive and refrigerant effect of chlorid of sodium, or salt, which has destroyed the fats of the system.

Such individuals suffer with predisposition to colds, and it is difficult to improve their health until the fats are restored to the system and a normal odor to the perspiration.

Treatment.—Reduce the use of salt and salty foods to a minimum, eat more fats, olive oil, etc.; take a dry towel rub every morning, if winter time, and anoint the whole body every third day with three parts olive oil and one part alcohol. This usually overcomes dryness, increases the perspiration with natural odor, and restores much of the capillary circulation and elasticity to the skin.

SALT MARKINGS.

Salt, like many other articles of nourishment, when eaten in excessive quantities, marks the body. Excessive drinking of beer has been known to mark the body by producing both plethora and maramus, and salt induces these same conditions. When eaten in certain quantities for a few years salt in some cases whitens the skin, and its excessive use for a few years longer causes the skin to assume a blue, sallow, muddy color, and many grubs or blackheads to appear on the face and neck. There is what is known as a "salt throat," in which are exhibited alternate red and white streaks accompanied with more or less soreness. Salt is the greatest cause of dandruff with people of all ages. The pernicious habit of biting the finger nails is attributed to excessive salt eating.

Another prominent marking is the red circle on the fingers back of the nails, the redness at that point being more pronounced than on other parts of the hand. Whenever it has almost or completely destroyed the capillary circulation of the skin and especially that of the hand, the marks back of the nails become faded, necessitating a reliance on other signs, as the cyanotic sallow complexion, for determining its excessive use.

A PATHOLOGIC FOOD MARKER.

Sodium chlorid combined with all of the other cell salts, regulates osmosis, an excessive amount of it obstructs osmosis and thus perverts, more or less, every physiologic function in the body and especially the metabolic processes. Illness always exhibit a degree of cell ptosis; empty and diminished capillaries and obstructed reparative forces. Whenever therapeutics fail to restore health to any one he should consult the food tables to ascertain if he is eating an obstructive amount of salt.

Beef, sirloin	10 to 15	grs. per eight ounces
Beef, steak	10 to 15	grs. per eight ounces
Lamb, chops	10 to 15	grs. per eight ounces
Pork, chops	10 to 15	grs. per eight ounces
Pork, chops	10 to 15	grs. per eight ounces
Pork, chops	10 to 15	grs. per eight ounces
Chicken, fried	10 to 15	grs. per eight ounces
Chicken, fricassee	10 to 15	grs. per eight ounces

An amount added to boiling meats

Beef, boiled	25 to 30	grs. per lb.
Beef, stew	25 to 30	grs. per lb.
Pot, roast	25 to 30	grs. per lb.

Fresh baked meats

Beef, roast	20 to 25	grs. per lb.
Pork, roast	20 to 25	grs. per lb.
Turkey, roast	20 to 25	grs. per lb.
Goose, roast	20 to 25	grs. per lb.
Duck, roast	20 to 25	grs. per lb.
Chicken, roast	20 to 25	grs. per lb.

Amount of salt in baking

Bread, white	80 to 120	grs. per lb.
Bread, rye	80 to 120	grs. per lb.
Bread, bran	80 to 120	grs. per lb.
Bread, graham	80 to 120	grs. per lb.
Biscuits	80 to 120	grs. per lb.
Rolls	80 to 120	grs. per lb.
Coffee cake	80 to 120	grs. per lb.
Johnny cake	25 to 30	grs. per lb.
Pie crust	20 to 25	grs. per lb.
Oatmeal	10 to 12	grs. per dish
Cereals	10 to 12	grs. per dish
Peas, canned	90 to 120	grs. per lb.
Corn, canned	90 to 120	grs. per lb.
Beans, string	90 to 120	grs. per lb.
Spinach, canned	90 to 120	grs. per lb.
Pumpkin, canned	90 to 120	grs. per lb.

ADENOID OPERATIONS.

Adenoid glands are being removed to improve the mental condition of children, but not one-half of those who show an inaptitude for study are affected with adenoids. More than thirty-five years ago I observed that the excessive use of salt causes inertia of the mental faculties with both children and adults, and during this period, hundreds of opportunities came up to verify this discovery. Children unconsciously acquire these conditions by toxic exudations, eliminated by the system, through the throat, which are the true causes of adenoids, atrophic, croupous, diphtheretic and catarrhal pharyngitis.

A surplus of nourishment, which decomposes in either the alimentary tract or in the blood, weakens the mental faculties, but it has no comparison with the effect of chlorid of sodium, for inhibiting the capacity to think, or to grasp knowledge and retain it. Principals of schools and students of various professions have complained that they were unable to concentrate their thoughts with that intensity necessary for grasping their studies. Those who attend night schools find it impossible to study, because of sleepiness. In all such cases that came under the writer's attention they were advised to reduce the use of salt and all salty foods, and soon were able to keep awake and make greater progress in their studies.

HARDENING OF THE ARTERIES

Hardening of the arteries is not necessarily concurrent with old age, for it is the effect of diminished capillaries caused by chemical reactions and reflex irritations in the alimentary canal. The irritations in the alimentary tract, by reflex action, disturb metabolism with improper nourishment which inhibits the normal contraction and expansion of the cells. The overstimulation of the heart and arteries by the excessive use of crystallizing acids in sugar, caffeine in tea, and coffee, chlorine in salt, nicotine in tobacco, and alcoholic drinks diminish the capillaries by reflex local determination of blood.

Whenever from forty to eighty per cent of the capillary circulation is destroyed, metabolism is unable to maintain a normal nutritive standard of the arteries. Then the three coats of the arteries, intima, media and adventia, will become hardened and their elasticity destroyed by lime and other infiltrated deposits.

Treatment.—The treatment should consist in proscribing all stimulating foods and drinks. Potassii iodid is said to stop the progress of hardening, but it is doubtful as long as foods are eaten which diminish the capillaries and pervert metabolism. The fats form a part of the elastic tissues of the arteries, which may be restored, by the internal and external use of olive oil and other fats, as salt pork, from which all salt is removed, by boiling for three hours, and changing the water two, or three times.

The diet should be mostly milk, eggs, fruit and vegetables. There should be very little bathing but the skin ought to be thoroughly rubbed with the hands and dry towels every morning and night, the body anointed with olive oil, and followed by exercises for about fifteen or twenty minutes.

When these instructions have been persistently applied the hardening is absorbed and the arteries resume their original elasticity.

CAUSE OF PTOSIS

Ptosis, or relaxation, now attracting the attention of physicians, appears to be one more of the unsolved problems of pathology. Just as a piece of rubber drawn too taut often will lose its elasticity, or contractile force, so are the nerves consciously, or unconsciously, repeatedly overstimulated by irritant foods, and the cells, fibers and muscles alternately contracted and relaxed until ptosis is acquired. Sodium chlorid, salty foods, coffee and granular sugar are the irritant stimulants which irritate the nerves and by reflex action, taut the cells, fibers and muscles until their elasticity is exhausted.

Of what use are elastic bandages, stockings, supporters and pessaries, which exert a continuous pressure, without any hope of restoring the elasticity to the cells, fibers and muscles? When the irritant and overstimulating foods are properly reduced, tonicity or elasticity may be restored to the cells and fibers by taking the following:

℞ Calcarea fluor 3XZ SS
 Distil. HamamelisZ SS
 Aqua q. s.OZ IV.
 M. Sig.: One dram every three hours,
 supported by dry rubs every morning.

DANDRUFF

Dandruff is defined as "fine brawny scales of epidermis caused by dermatitis."

In order to remove the cause of dandruff one must know the cause of dermatitis. Foods, which cause indigestion or centric irritation, and imperceptible reflex action, or contractions determine blood from the capillaries, to the larger vessels. There is stagnation of blood, with its determination, and an accumulation of CO₂, or carbon dioxid, followed by fermentation of tissues, which develops inflammatory action.

To prevent dandruff the dermatitis should be controlled by correcting the diet and not suppressed by applications.

IRRITANT URINE

To comprehend fully the wide range of the effects of salt on the system, during a lifetime, single experiences will be given, representative of hundreds of cases, which may be verified by observing the action on those who have eaten excessive amounts.

A mother stated that her little daughter, aged two years, would frequently manipulate her genital organs, and was unable to control the habit. The parent was advised to reduce the amount of butter and other salty foods in the child's diet, and in a week's time the irritant effect of the urine became so modified that the intense itching ceased, and the habit was overcome.

A girl, aged eleven, often found practicing masturbation, was fond of ham, bacon, butter and other highly salted foods. The mother reduced such foods, and the girl was given two electrical treatments of two hours' duration, which broke up the reciprocal erethism between the brain and the genitals.

On being called to see a girl, aged twelve, who had a fever and sore throat and whose fingers and complexion indicated the excessive use of salt, I informed the mother that her daughter practiced onanism. At my next visit the mother stated that she had obtained a confession from her daughter sustaining my statement. A change to less salty foods resulted in a mastery of the habit.

Another mother stated that she had remonstrated with her son (aged eleven) for several years to stop handling his genitals. were inhibited, so modifying the irritant effect of the urine that The boy, who had been circumcised when a child, told her that he could not stop the habit because of the intense itching of those organs. Foods containing excessive quantities of salt the habit.

A woman from a neighboring state wanted an abortion performed on her daughter, justifying her request by stating that the girl should not be blamed for her condition, for since twelve years of age she had been affected with nymphomania. From childhood to the age of nineteen she wanted all of her food very salty, and she often ate salt between meals. For a quarter of an

inch back of the nails her fingers exhibited red circles, and her general cyanotic sallow complexion confirmed her acknowledgment. The mother's request was indeed justifiable, for the girl's shattered nervous system and mental faculties were evidences of a pitiful condition. The mildest current of electricity was applied several times for two hours at a seance. This treatment, in conjunction with the proper diet, controlled the erethism of the generative organs, cured the nymphomania, and restored her nerves to a normal condition.

A Chicago practitioner relates his experience with a young married woman, aged nineteen, who was affected with chronic cystitis and nymphitis. She had previously been treated in and out of hospitals by a number of eminent physicians with scarcely any relief. She was under his care for some time without improvement, when he remembered what the writer had told him about the effect of salt. He then proscribed all salty foods and continued the treatment, which had hitherto failed but which now overcame the cystitis in ten days and gave great relief to the nymphitis.

A man, fifty years of age, but who appeared seventy, affected with nervous exhaustion and impotency, asked if his health could be improved and his nervous system reinvigorated. In early life reciprocal erethism had so occupied his thought as to induce impotency at the age of forty. He was advised to avoid ham, bacon, dried beef, butter, salted fish, and to reduce other salty foods. The mildest current of electricity was then applied for three hours at a treatment,—the anode to the nape of the neck and cathode to the genitals—which revived the nerves and restored tonicity to the weak muscular and circulatory systems, giving him a new lease of life. This proves that the amount of salt he had eaten prevented his recovery at the hands of many eminent physicians.

A married woman, aged thirty-eight, of a nervous temperament, and mother of three children whose ages were fourteen, twelve and eight, cultivated an appetite for salty foods which, four years after the last birth, excited her sexual impulses to an extent that nymphomania was developed, causing her to worry almost to the point of insanity, over what she termed a degrading condition. She was promised relief by several practitioners and many drugless healers, but failed to obtain it. Salty foods were proscribed, and the mildest current of electricity was applied for two hours at a time, from the nape of the neck to the clitoris, controlling the erethism and saving her from the asylum.

From unquestionable authority it has been stated that in orphanages it is frequently necessary to tie up the hands of the children for protection.

A schoolteacher stated that she had seen both male and female children manipulate their genitals during school hours, and some much oftener than others, indicating perhaps that salty foods were more prevalent in some families than in others.

ACCUMULATION OF SALT

Medical writers state that sodium chloride is all eliminated, except what is appropriated by the economy of the system. However, when eaten in excessive quantities, for long periods, it perverts metabolism, and when the metabolic processes are obstructed the system cannot eliminate the excessive salt, for it then is incapable of throwing off its other waste products. In early life the system is able for years to eliminate and control imperceptible irritations produced by salt, but at last the nerves acquire hyperesthesia, then the cells and tissues become more sensitive to reflex action, overstimulating and relaxing effects.

This weakening influence of salt affects all of the arterial and venous vessels, until they are unable either to eliminate it, or to transmit enough mucus for controlling its irritations. Then the system sets up defenses against its absorption. Nearly all elderly people and those who are affected with growths have a deficiency of gastric acid, and are frequently troubled with flatulency, bladder and prostatic irritations from alkaline urine.

SALT AS A REFRIGERANT

Salt eaten in excessive quantities acts as a refrigerant irritant to the blood. Thus it produces hyperesthesia of the nerves, diminishes osmotic transudation, induces anemia, and as a factor to produce irritations and reflex contractions, develops cell ptosis and destroys the capillaries.

As long as foods predominate, which produce these conditions of the system, there is little hope of a recovery from chronic diseases. What is needed are tables giving the approximate amount of salt to the ounce of foods, so that, after trying various treatments and despairing of recovery, by examining the tables it can easily be estimated whether one is eating an amount which prevents restoration.

Chemists have endeavored to analyze the amount of salt blended with foods, but have found that it cannot be accurately accomplished. The writer has therefore taken butter as a unit of comparison. One pound of butter contains one ounce or 480 grains of salt, and when divided by 16 equals 30 grains to the ounce.

The following table gives the approximate amount of salt per ounce as estimated by taste comparison:

Ham, raw	120	grains per ounce
Ham, fried	100	grains per ounce
Ham, roasted	100	grains per ounce
Ham, broiled	100	grains per ounce
Ham, potted	100	grains per ounce
Ham, puffs	50	grains per ounce
Ham, boiled	75	grains per ounce
Bacon, raw	100	grains per ounce
Bacon, fried	90	grains per ounce
Bacon, broiled	90	grains per ounce
Bacon, steamed	90	grains per ounce
Salt Pork, pickled	120	grains per ounce
Salt Pork, fried	100	grains per ounce
Salt Pork, boiled with beans or cabbage.....	75	grains per ounce
Salt Pork, boiled 4 hours and water changed 2 or 3 times	15	grains per ounce
Beef, dried and smoked	200	grains per ounce
Beef, prepared with gravy.....	100	grains per ounce
Beef, prepared in hash	75	grains per ounce
Tripe, pickled	100	grains per ounce
Tripe, fried	75	grains per ounce

ELASTICITY OF TISSUES

Obstetricians are frequently asked why the injuries of childbirth are increasing parallel with organic diseases. Scientifically, "elasticity is that property of a body which causes it to resist deformation, and afterwards, to recover its original shape and size." Considering the injuries occurring during parturition, the elasticity of the genital organs of woman, do not conform to this definition.

The aforesaid injuries cannot be ascribed to the frequent use of the forceps, for the ratio of injuries from their use was less at an earlier day. Chemically prepared foods possess the stimulant and irritant properties of medicines, although in a modified form, but when eaten in excessive quantities are capable of overcoming elasticity of tissues.

Illustrations: A woman, age forty, an excessive salt eater, had been treated by many eminent physicians for twenty-two years for inelasticity of the muscles and tissues. An ounce of olive oil was injected into the gluteus muscles three or four times a week for several months without relief. I advised the cessation of treatment and the reduction of salt, and in five months she regained elasticity of the tissues. A farmer near Green Bay, Wis., was treated for rheumatism six years. The reduction of the amount of salt and salty foods restored elasticity to his muscles without treatment.

Considering the restoration of such pronounced cases of inelasticity, who can doubt that the frequent rupture of the cervix and perineum results from the destruction of fats and the removal of elasticity in the muscles by chemically prepared foods?

SALT AS A STIMULANT

As a stimulating food, salt is without an equal, in producing growths and degenerative conditions of the various organs. These injuries are developed by its continual stimulation and alternating relaxation of the abdominal and pelvic muscles and vessels until the circulatory system is unable to carry on constructive repair of the organs. A further example of its effect on the abdomen are the various abdominal hernias, floating kidneys and pelvic procidentia. When snuffed into the nostrils, for controlling nasal hyperemia and inflammation, or for removing catarrhal exudations, its stimulation induces another injury. Under such treatment the vessels and Schneiderian membrane acquire a watery or edematous condition, that induces stenosis of the nasal passages, producing more injurious effects for operations.

Besides the excessive use of salt in their nourishment, individuals snuff it through their nostrils, use it in the bath, or are known to take it internally in doses of five grains in a half glass of water every two hours for months, or fifteen or more grains in a glass of water every morning for indefinite periods.

What are the conditions of those who have formed the habit of using too much salt? Some are in a state of collapse from exhaustion. Many are plethorics and exhibit general relaxation; their skin and flesh hang on the body flabbily; the least exertion causes the transpiration to pour profusely through the skin, showing that the cells, tissues and glands of their whole organization are waterlogged or in an edematous condition. The pulse is weak and rapid; the complexion varies from an extreme pallor to a cyanotic purple or muddy sallow. The circulation of the extremities presents a motley stasis, similar to the dapples on an iron-gray horse; the skin is covered with a moist, clammy perspiration. Their appetite is one that can never be satisfied. The mucous membrane of the throat may be compared to sliced bacon, with alternating streaks of lean and fat, or red and white; the skin encircling the fingernails is highly reddened.

Physicians who have met many cases of hemorrhage, or post partum, have not offered any reason why some women, during or after childbirth and abortion, lose very little blood and others lose their lives at these times by an uncontrollable sanguinary loss. There are few, in fact, who know that excessive overstimulation with chlorid of sodium is always followed by relaxation, which removes the elasticity of the arteries and veins almost to a degree of paresis, and that the most powerful astringents are unable to contract or close the gapping vessels that have been freshly opened.

Another serious effect of overstimulation caused by sodium chlorid, is blindness. Whenever examining individuals affected with cataract, the writer permits no opportunity to escape for determining the etiology or primary cause, which could possibly induce opacity of the lenses. There is little difficulty in determining the destruction of the capillaries and atony of the circulatory system from overstimulation and resultant relaxation by salt. The opaque condition of the lens is due to a deposit of calcium, and whenever the circulation becomes too weak to nourish the eyes, cataracts will form in some individuals.

Hundreds of intractable diseases are generated by overstimulation and resultant relaxation. As an instance Angina may be cited, and determined as: "Any disease marked by spasmodic suffocative attacks. The relative condition of these diseases is given and accompanied with their immediate causes, as: *A. acuta*, *A. simplex*, sore throat, *A. cruris*, due to arterial obstruction of the limbs, *A. laryngea*, laryngitis, *A. lugwigii*, purulent metritis seated around the submaxillary gland, *A. pectoris*, paroxysmal thoracic pain, with suffocation and syncope, due to vasomotor spasm." The etiology of these Anginas is irritation and overstimulation, and was primarily generated years ago, followed by several intermediate factors and by aggravation of the blood, which ultimately developed into what is recognized as immediate cause.

Another instance of its injurious effects of stimulation and power to induce atony of the circulation is appearing of so many serious conditions of the lower extremities, which are not produced by tight shoes but by a weak circulation and the habit of crossing the legs. With a normal circulation this habit is not a factor in destroying the capillaries, inducing neuralgias, rheumatism, edema, dropsy and pseudo-sarcoma of the popliteal space. Women have sometimes been

advised to take from five grains to a tablespoonful of salt in a glass of warm water every morning for controlling what they thought to be stomach and intestinal irritations, with ensuing headaches, whereas a uric acid condition of the blood was determined as the cause of the headache. It is evident that such a large quantity of salt and water taken up by the blood would certainly modify the uric acid condition. In a few months following the enormous use of salt these women presented increased weight or plethora, capillary stasis and atony of the circulation, rapid weak pulse, skin covered with a profuse and odorless transpiration, craving appetite and constipation, nervousness and great exhaustion.

The arthritic form of rheumatism, accompanied with deposits of uric acid crystals, is another instance of the injurious effect of salt on the circulation. Arthritis resists the best-known treatments, but with the circulation corrected by haemospasia, the uric acid crystals and edema are quickly absorbed, resulting in restoration of the joints.

NYMPHOMANIA

The following conditions have been attributed as factors of nymphomania: Pin worms, adherent clitoris, anomalies of the urine, reflexes from the ovaries, masturbation and erotic thinking. If any one of these conditions is present, it is due to local irritation, and the cause of the irritant not well known. Individuals with a delicate nervous system, whose nourishment consists excessively of foods which exert an aphrodisiac influence, are liable to this disease. Tea, coffee, sugar, salt and salty foods produce an alkali deficit of the blood, and break the ratio of the systemic secretions. The secretions then produce hyperesthesia of the nervous system, and sensitization of the clitoris. Sexual promptings become so persistent and irresistible that the individual is unable to repress the local sensory stimuli or to control the thoughts.

The asylums contain many affected with nymphomania whose nourishment perpetuates their pitiable condition.

Treatment.—These cases are easily cured if the aphrodisiac foods are inhibited, the electropositive held against the clitoris and the electronegative over the cervical vertebrae, and the mildest, electrical current applied for from one to two hours at a seance and repeated every four or five days for several times.

The secretions become nonirritant to the sensitized part, and with their ratio restored, the irresistible promptings diminish and the electrical current breaks up the reciprocal erethism between the brain and genital organs.

FOOD MARKS THE CHARACTER OF MAN

Every now and then a minister who is not familiar with the aphrodisiac effects of chlorid of sodium and other foods, expresses himself in our newspapers like this: "At the threshold of our child's school;—what shall we demand of the school to which we send the boy or girl whose life means so much to us, and with whose character and career we would bless the world? The first thing we must demand, if we would be true to any of the interests, is purity and loftiness of personal character. President Eliot has mentioned as a fifth book on his five-foot shelf, which is to afford the reader of these books the essentials of a liberal education, Milton's Tractate on Education. We have three hundred years of the influence of John Milton. He has had a mighty influence on theology." But of what avail to the human race is a scientific knowledge of God and his relation to man so long as some unforseen cause, like aphrodisiac foods, compels it to form degrading, social and irresistible habits from the cradle to the tomb?

Ancient history proves that character has never been able to protect people of any age from obtaining relief for their erotic and diseased desires. In Chapter XIX of Genesis, for example, we read that Lot entertained two angels who informed him that the Lord had sent them to destroy Sodom and Gomorrah and commanded: "Arise, take thy wife, and two daughters which are here, lest they be consumed in the iniquity of the city." And when outside of the city they were again commanded: "Escape to the mountains lest thou be consumed." It appears that during the destruction of Sodom and Gomorrah Lot's wife disobeyed the command to her husband, "Look not behind thee," and she became a pillar of salt. Why was Lot's wife thus dealt with unless her sympathies were with the wickedness of Sodom and Gomorrah which tempted her to behold the terrible fate of loved ones?

Seeking, in the 20th Century, for a cause which led to the sins of Sodom and Gomorrah, we find that no other chem-

ical used as food, has any comparison with sodium chlorid as an excitement of the sexual impulses to an irresistible degree. Who, then, can doubt that the pillar of salt was created as an emblem symbolizing the cause for the destruction of Sodom and Gomorrah and as a warning to future generations against practicing their sins? The Lord could have turned Lot's wife into a gold, stone, iron, brass or silver pillar, but probably salt was chosen as a reminder that its abusive use had led to the degradation of the children of God.

Acid and Alkali Secretions

PART III.

FOREWORD

Every physician has had an opportunity to add his moiety to pathology, but if he fails to offer anything for future use, he must be considered an imitator. A newly born child possesses the acid and alkali secretions and at the first breath of oxygen the physiologic functions are started by an appropriate dynamic rate for maintaining life and development. During adult life various combination of foods fluctuate these secretions to extremes. They then become stimulating irritants, which increase the dynamic rate of the physiologic functions beyond a constructive or allotted action.

Human electricity fluctuates exactly as the acid and alkali secretions assume extreme conditions. We find the ratio of these secretions broken in persons who are affected with degenerative growths. This emphasizes the necessity for restoring the ratio of the secretions when treating growths and other intractable diseases. Also for becoming familiar with the foods which disproportion these secretions.

It is difficult to comprehend the advantages for determining idiosyncratic conditions until one learns, by clinical observations, how stimulant foods diminish the capillaries, induce hyperesthesia of the nerves, break the ratio of the secretions and increase the dynamic rate of the physiologic functions.

ACIDITY AND ALKALINITY

Under this heading some important functional effects of the human organism will be discussed for the purpose of showing their relationship to health and their injurious effect for producing disease when acquiring hyperacidity or hyperalkalinity. Writers have given very little consideration to these important builders and health regulators. Close observation of their regulating functions should convince one of their value to health through maintaining their natural proportion.

The blood elaborates these secretions, and when the system is supplied with an excess of acid nourishment the acid secretions of the lungs, stomach, skin and urine acquire hyperacidity. With the acid secretions intensified for a length of time, there will be acid irritations of the stomach, itching, eruptions, or eczematous conditions of the skin; itching, burning or distressing sensations of the urinary passages. People thus affected are very nervous, for when these secretions acquire extreme conditions and are transuded through the tissue meshes, they start reflex irritations producing enervation. Experience has proved that when hyperacidity is overcome all local irritations and general nervousness cease.

The blood elaborates the alkaline secretions also, and when the system is furnished with an excess of alkaline nutriment for some time the parotid and stomach glands, liver, pancreas, intestines and the urine acquire hyperalkalinity of these secretions. With these conditions present, irritation is the predominating symptom, for the intensified alkaline secretions of the parotid and stomach glands weaken the gastric, or acid, juice, resulting in fermentation, irritation and indigestion. There will be fermentation, irritation, intestinal indigestion and reflex spasmodic contractions of the bowels, which obstructs peristalsis and induces one form of constipation. The irritations are usually more intensified by

extreme alkalinity than by hyperacidity, for the itching of the skin is often unbearable and the urinary irritations soon induce tenesmus and frequent micturition, which rapidly exhausts the nervous system.

If the blood elaborates an excess of alkaline secretions for a period in infants, middle-aged or old people the deleterious effect on the nervous system is noticeable by local or general tremor. When the blood is in an extreme alkaline condition it is unable to maintain an equilibrium of the cell salts and will result in deficiencies, as proved by restoration when the indicated salts were supplied. Extreme conditions of the secretions overstimulate the circulation and excite the nervous system, resulting in reflex contractions and alternating relaxations, which produce enervation and arteriosclerosis.

It is a well-known fact that those affected with a straw-colored complexion, tuberculosis, fibroid tumors and cancers nearly always exhibit a deficiency of acids. This can be verified by noticing the improvement when acids are supplied. There is a law which governs the chemical effects of hyperacidity and hyperalkalinity: alkalis darken the flesh and skin; acids whiten flesh and fades the skin. A bad complexion may also be present with excessive acidity of the system resulting from coffee-drinking and perverted circulation, or Addison's disease.

Laboratory experts advocate an examination of the blood, urine, and secretions of the stomach and bowels of anyone who is affected with a disease difficult to diagnose, in order to determine the trouble scientifically. Those suffering with intractable stomach troubles, resulting from the abuse of calomel or mercury, and from deformed-anthrititis, have taken these examinations and been treated as indicated without obtaining any permanent benefit. Instead of examining for micro-organism, why not determine the extreme degree of these secretions? When abnormal they are irritants and cause reflex irritations, perverting the acid and alkali ratio, which inhibits cell osmosis. Can there be any doubt but that disturbed cell osmosis is the greatest primary factor of many undetermined diseases?

Physicians may be excusable for overlooking hyperacidity and hyperalkalinity as the greatest incipient factors of hundreds of unsolved problems of the system. Admitting they are excusable reminds one of Dr. Andrew Jackson Howe,

an eminent surgeon and writer of the Eclectic School, who wrote that "the science of medicine is full of mysteries; so full that the mind of one man can master but few of them. The student of medicine need not, like Alexander weeping for more countries to conquer, grieve over problems already solved; there are enough unsolved to gratify the ambitions of a thousand generations."

There should be no important weight given to the old, obsolete classification of foods, as "proteid, carbohydrates, fats, mineral matter and water," for every one may be so impregnated with stimulant foods as to destroy the ratio of the secretions. Experience obtained from treating chronic diseases, for nearly forty years, has convinced the writer, that with the normal ratio of these secretions maintained, the lining mucosa of the various organs scarcely ever ulcerate at any stage of life. With age these secretions are more liable to permanent perversions, which result in ulceration, growths and degenerative tissues.

The human organism develops hundreds of diseases, of which a microscopic examination of the blood, contents of the stomach and intestines, will not disclose their cause. For instance, in pernicious anemia, an examination of the blood may determine deficient quantity and quality of the blood but not the cause of its deficiency. Suppose that in the case of an individual affected with pernicious anemia, who has unfortunately subsisted on a diet which generated hyperalkalinity, a microscopic examination determines that the red cells are diminished, and the leukocytes increased; this is nosology, not etiology.

Shall we go on prescribing for leukanemia, iron, arsenic and sulphur, and in a short time write death certificates and continue to accept conditions determined by the microscope as causes? Is the majority of physicians ready to accept laboratory diagnosis, for determining diseased conditions—at the expense of their discriminating faculties, becoming obsolete from lack of use and self-reliance? Recent laboratory examinations and medical teaching have certainly presented the greatest factors for developing medical nihilism.

When one learns what foods produce acidosis and hyperalkalinity, or disproportion the ratio of the secretions, he quickly sees why indicated remedies fail. The recital of a few cases may show why physicians are so often disappointed with an indicated remedy.

Mrs. E. N., aged forty-two, had for years eaten an alkaline diet and scarcely tasted acids. She worked in a temperature of from 95° to 110° without perspiring; tongue covered with a nasty, pasty whitish coating mixed with yellow, and little appetite, indicating sulphite of sodium and nux vomica. Her complexion was dark and sallow, bowels irregular, fermentation, indigestion, flatulency and hyperalkalinity present. These conditions developed a cancer in the posterior wall of the uterus. She was given sulphite of sodium, nux vomica, and a preparation of pepsin without obtaining any relief. Then forty drops of dilute hydrochloric acid was given in an egg beaten up in a glass of cream and milk, taken before meals morning and night and accompanied with one-sixth of her diet of fruit acids. The tongue cleared, digestion improved and flatulency ceased; the complexion became fair, fatigue changed to vigor, and excitation of the nervous system disappeared. The local treatment of the cancer consisted of medicating the cavity of the uterus with a solution of iron sulphate and wetting a piece of gauze in the same, which was inserted into the uterine cavity and left there for forty-eight hours. Packs wetted with Epsom salt and phytolacca, as an absorbent, were inserted against the cervix and renewed every second day. The supplying of acid foods restored the normal proportions to the secretions, and physiological osmosis to the cells, with a renewal of the reparative forces, which aided the absorption of the cancer, and recovery.

An elderly gentleman, affected with prostatocystitis for more than eight years, who lived on foods which broke the ratio of the secretions and induced hyperacidity: Four different physicians analyzed his urine for albumen, sugar phosphates and indicans, but no degree of acidity was mentioned, merely acid reaction. This patient had taken alkaline remedies and a great variety of specifics for controlling irritation and inflammation, with only temporary relief; for indicated remedies fail to cure until the diet regulates the ratio of the secretions. Specific remedies may restore, or increase, elimination which will temporarily change the ratio of the secretions, for many of them contain acids, alkalies and chemical salts similar to other plants, but they scarcely ever permanently restore the normal proportion to the secretions equal to a proper diet.

The following foods which intensify acids in the system were prescribed: Salt, salty fish and meats, denatured white bread, butter, coffee, refined sugar, vinegar, pickles, beer and

acid wines. And the following foods that maintain the ratio of the acid and alkaline secretions were suggested: Fresh beef, lamb and fish boiled or broiled and seasoned with very little or no salt, boiled and baked potatoes in their jackets, rye and graham bread, beans cooked without meat, fresh raw vegetables, or boiled without meat, breakfast foods cooked one or more hours like cream of wheat, Pettyjohn's food and oatmeal with cream and milk, with or without light yellow sugar; whole wheat flour mush and puffed wheat with cream and milk; ripe acid berries and other fruits equal to one-fifth or sixth of each meal. These foods restored the normal ratio of the secretions, that in a few months resulted in the recovery of this man from a disease considered incurable in aged men.

A male child, aged two and one-half years, had wetted his bed and diapers so often for a year, and was so restless nights that his parents were worn out and distracted. At every micturition spasmodic contractions of the bladder and urethra elicited screams. He was under treatment for a year, with his urine examined three different times by three practitioners who pronounced his water normal. A specimen of his urine was brought to the writer. I did not analyze it but merely observed its flocculency and touched it with the blue litmus paper, which exhibited hyperalkalinity. The following prescription was prepared and given to the child:

Dilute hydrochloric acid, drams.....V

Aqua, ouncesIV

M. Sig.: One dram, and half of an egg beaten up with half a glass of milk before morning and night meals.

He was coaxed to eat a little ripe acid fruit with his milk diet, and the above prescription brought relief after the third dose, and a perfect cure in four weeks.

By observing the effects of disproportioned secretions in the system we solved the problem, through reflex irritation, of enuresis and why it does not always yield to specific remedies. Again, human milk is a secretion, and with the secretions of the mother in a state of hyperalkalinity, the phosphoric acid is so reduced in her milk, as to cause the infant indigestion and flatulent colics.

A school teacher, aged thirty-five, affected with tenesmus and frequent urination for five years, with only temporary relief; the flocculency of her urine and the litmus test determined alkalinity. The dilute hydrochloric acid and an egg

beaten up with a glass of cream and milk before meals morning and night gave immediate relief and cured her trouble in five weeks.

Another teacher, aged twenty-two, had been troubled for several winters with what practitioners termed "winter eczema." The pruritis involved the entire body and frequently prevented her teaching. The litmus paper disclosed extreme alkalinity of the urine; but thirty drops of dilute hydrochloric acid with the egg, cream and milk gave immediate relief and controlled the intense itching in six days.

It is to be hoped that physicians will give as much consideration to the extreme degree of acidity and alkalinity as has been given, heretofore, to albumen, sugar and microorganisms of the secretions. For there are few ideas that have given the writer as much satisfaction, as determining the ratio of the secretions when meeting such intractable diseases as rheumatism, pernicious anemia, eczema, prostatocystitis, enuresis, insanity, fibrous and cancerous deposits, diabetes and nephritis.

ACID AND ALKALI SECRETIONS

The medical profession has never fully recognized the importance of the acid and alkali secretions, as the greatest involuntary participants of all physiologic functions. The acid and alkalies are the most abundant and important secretions of the system, which combine with oxygen and start life and development at birth. The secretions may fluctuate slightly, without injury to the health, but when their ratio is broken for months and years, restoration is impossible until their proportions are more nearly re-established.

The acid secretions predominate in the brain, lungs, skin, stomach and urine; the alkalies in the blood, saliva, bile pancreas and intestinal juices. Such an equal division of the acid and alkalies is sufficient proof that they possess certain proportions for producing electrical energy and maintaining osmotic pressure and metabolism. Whenever their ratio is broken for some time, they will appear intensified, or as deficits, in each other's field.

About 2,000 years ago, Paracelsus first described the four cardinal symptoms of inflammation as "pain, heat, redness and swelling," but he did not tell how it developed. We now know that whenever the acid and alkali secretions become intensified, their ratio being broken, they acquire an irritant state, and that perceptible or imperceptible irritation produces paretic and stagnated blood vessels, accumulation of CO₂, gas, fermentation of tissue and inflammation.

Dr. Schuessler likewise discovered that disease is produced by deficiencies of the cell salts in the blood, but he omitted to state the origin of these deficiencies. When the ratio of the secretions is broken, new chemical combinations form in the system, and create deficiencies of the cell salts, which in turn produce symptoms indicating the required cell salts, but when supplied, often fail to restore the ratio of the secretions.

Dr. J. M. Scudder found that certain symptoms indicated special remedies, which usually controlled the condition, but

occasionally failed, being unable to restore the equilibrium of the secretions. Hundreds of serums have been devised for correcting certain conditions, but are found to control only a certain per cent of the particular disease when the ratio of the secretions is not broken. The extreme changes of the secretions are why bacteriologic tests produce several negatives, and in a few days, positive results.

The acid and alkalies are incompatibles of mercury, and when the latter is deposited in the bones and tissues, a cold or change of diet may break the ratio of the secretions and produce symptoms that have been determined as malarial or some other cachexia. The blood exerts an irritant effect on the nervous system corresponding to the degree and length of time that the ratio is broken. When the acid and alkali secretions have been disproportioned for a long time inflammation is produced in some organ, proving conclusively how organic diseases develop.

Pathology is overflowing with recent discoveries of zone and reflex irritations, which is ascribed, by the author, to the irritant effect of the secretions, conveyed by the sympathetic nerve. The reflex functions of the great sympathetic nerve have given it such importance that Dr. E. H. Pratt has christened it the "life wire." This "life wire" obtains its electrical energy from the combination of acids, alkalies, oxygen and nourishment, but when the ratio of the secretions is broken, resistance is diminished. Intensified acids or alkalies produce anemia and dry skin by reflex irritation and pervert metabolism.

One person's tongue may indicate acidity, in typhoid fever, and if not modified by a sodium other remedies will not exert their normal action. Another person's tongue exhibits alkalinity (red dry streak in the center), and if hydrochloric acid is withheld, other remedies exert little or no effect for they are unable to restore the ratio of the secretions.

The following clinical observations representing hundreds of cases substantiate these statements:

A woman, age 39, was treated for rheumatism fifteen months at three different hospitals and with baths at Mt. Clemens, without relief. Her diet produced extreme alkalinity and its irritant effect perverted the circulation. She was given hydrochloric acid Gtt. xxx. mixed with an egg, beaten up with cream and milk added, to fill a glass, before the morning and evening meals, which restored the ratio of the secre-

tions. Then—Bryonia Gtt. X., Belladonna Gtt. X., Podophlum ʒss. Aqua q. s. Oz. IV. Misc. Sig.: One dram every three hours overcame her rheumatism.

Mrs. M. W., age 35, suffered with acute cystitis for three weeks, her urine exhibiting alkalinity. Two doses of the acid controlled it.

Mrs. F. C., age 25, had urinated 30 times every 24 hours for four years, various treatments giving little or no relief. Her urine showed alkalinity. She was restored to normal condition by six doses of the acid drink.

Mrs. B. S., age 53, urinated several times every night. The urine's reaction was alkaline. The acid prescription enabled her to hold the urine all night.

Mrs. L., age 38, mother of three children, suffered with nymphomania for four years, beginning four years after the last birth. Her saliva and urine exhibited extreme acid reaction. Her erotism was curbed by a diet of alkaline-producing foods and a mild current of electricity applied four times, forty-eight hours apart, from the nape of the neck to the clitoris for two hours.

Mrs. J. J. H., age 28, of Los Angeles, Calif., an anemic, urinated four or five times nights and failed to menstruate for five months. Her urine gave an alkaline reaction. The acid prescription controlled the frequent urination and restored menstruation.

Mrs. M., age 75, troubled with intestinal gas and frequent urination caused by alkalinity of the secretions. The hydrochloric acid controlled the gases and frequent urination.

A boy, age 3, was affected with cystitis and enuresis for eighteen months. Analysis of his urine was made by three different physicians and found alkaline, yet pronounced normal. He nearly had spasms from pain at every urination. Gave dilute hydrochloric acid ʒv. Aqua q. s. Oz. III. M. Sig.: One dram beaten up with half an egg, cream Oz. SS., milk Oz. II. Taken before the morning and evening meals. This restored the ratio of the secretions and cured the boy in six days.

A woman, age 26, was affected with eczema for fifteen years. Saliva and urine gave intense acid reaction. With an alkaline nourishment the eczema disappeared in three months without medication.

An engineer, age 40, was annoyed most of the time with priapism. An analysis of his saliva and urine exhibited intense

acidity. Advised less acid and more alkaline-producing foods and prescribed one Potassii salts, which modified the aphrodisiac effect of the acid urine.

Miss K. C., age 25, whose face was affected with acnitis and indurations. The excessive use of acid-producing foods had developed acidosis. A change of diet restored the ratio of the secretions and Kali Mur 3X, three tablets every 3 hours, absorbed the indurations and cleared her face.

A woman, age 42, had cancer of the uterus, which was determined by a microscopic examination. Analysis of her urine exhibited extreme alkalinity. The acid prescription restored the ratio of the secretions. Intrauterine medication and absorbent applications overcame the growth.

A woman, age 25, had profuse leucorrhœa for eight years that resisted many different treatments. Her saliva and urine exhibited intense acidity. The diet was changed to restore the secretions, and Kali Mur 3X, three tablets every three hours, controlled the discharge.

Mr. G. B., age 60, affected with arterial hypertension and incipient arterosclerosis. For years his diet consisted of stimulant and acid-producing foods. Advised a non-stimulant and balanced diet of acid and alkali foods, which regulated the secretions. Dry-towel friction every morning; three drams of olive oil daily and skin anointed once a week.

℞ Distilled Hamamelis.....Oz. I
 BelladonnaGtt. VIII
 Aqua q. s.....Oz. IV
 M. Sig.: One dram every four hours.

This controlled the arterial tension and restored elasticity to the vessels.

Mr. B., age 45, a physician who had been treated two years for heart disease by several physicians without relief. His diet consisted of stimulants and acid-producing foods, which caused chemical reaction, irritation and imperceptible reflexes. The reactions and reflexes following indigestion contracted and relaxed the cells until there was general functional cell disease. Metabolism failed to an extent that autointoxication produced the following symptoms of mild periodicity, which had been overlooked: Mental dullness, slight headache, periodical dyspnea, fatigue, yawning and constricted rectum, scanty and intense acidity of the urine; weight 20 pounds too heavy.

Treatment: Advised a nonstimulant and an equalizing acid and alkaline diet for restoring the ratio of the secretions. The rectum was given orificial attention. A weekly skin anointing and dry-towel friction every morning restored the capillaries and improved metabolism. All the mild periodical symptoms were controlled with the following:

℞ Potassii Acetasʒij
 Spe. Med. or Normal Tinct. Echinacea...ʒss.
 Fowler's Solution.....ʒss
 Simple Syrup.....ʒj
 Aqua q. s.....Oz. IV
 M. Sig.: One dram every three hours.

General function cell weakness was overcome with

℞ Calcarea.....3X Grs. X
 Distilled Hamamelis.....Oz. ss
 Spe. Med. or Normal Tinct. Belladonna Gtt. VIII.
 Aqua q. s.....Oz. IV
 M. Sig.: One dram every four hours.

To substantiate these facts further, we frequently meet intractable, reflex cases of cystitis and enuresis in infants; cystitis and prostatitis in all ages, until the acid and alkali secretions are restored to their natural or nonirritant ratio. Hence it is apparent that the disproportioned acid and alkali secretions are the etiology of nine-tenths of all irritations and reflex reactions.

Among the recent discoveries in pathology, none is of more importance than the fact, here stated, that when the ratio of the secretions is broken, a balanced diet of protein, carbohydrates, fats and mineral matter, cannot prevent the perversion of the circulation, osmosis and metabolism.

ACIDITY AND ALKALINITY

Medical text books do not thoroughly discuss or consider the important functions of the acid and alkali secretions. Clinical observation, for more than forty years, has proven that different foods fluctuate these secretions to extreme conditions and which are equally irritant to the nervous system. The intensifying of these secretions for a few hours or a day or two is quite harmless but when foods produce their extremes for months and even years then indigestion, reflex irritation and nerve enervation become permanent affections. It is then scarcely possible to restore health to any person who is permanently affected with acidosis or extreme alkalinity. The need then of a method which any practitioner can readily utilize is absolutely necessary and we offer a new instrument for the estimation of the urinary acidity and alkalinity.

The acidimeter consists of a glass tube with graduation at 5 Cc. and 10 Cc. From this upward the tube is graduated in intervals of two to 100°.

The method of using the acidimeter is as follows: The tube is filled with the specimen of urine to be tested, until the lower edge of the meniscus is just on the 10 Cc. mark. Two drops of phenolphthalein indicator solution are added, and then with an ordinary medicine dropper decinormal sodium hydroxide solution is slowly added, inverting the tube after each addition, until the color of the fluid has been changed from a yellow to a light rose pink. The acidity in degrees is now read off on the tube at the level of the fluid. The normal urinary acidity of a mixed twenty-four hour specimen should be between 30 and 40 degrees.

(With very concentrated urines in which the acidity is above 100° the tube may be filled to the 5 Cc. mark and water to the usual level, 10 Cc. The resulting figures are, of course, doubled). The acidity varies to a marked extent during the 24 hours, therefore, it is essential to determine the total acidity as follows: Multiply the degrees of acidity of a mixed 24

hours' voiding by the number of Cc.s voided. This gives the total acidity. Example: Acidity, 35 degrees; amount voided in 24 hours, 2000 Cc.; total acidity, $35 \times 2000 = 70,000$.

If the urine is alkaline in reaction and it is desired to estimate the degree of alkalinity, which the writer claims is so important, decinormal hydrochloric or oxalic-acid solution must be used in place of the sodium hydroxide, the pink color present being just discharged by the acid.

The advantages of this instrument are:

1. Facility of handling, it can be carried in the pocket or bag and is not easily broken as is the burette. No stand is required.

2. Accuracy of results, the graduations being similar to the standard delivery burette.

3. Price, the first cost is considerably less than that of a burette, and as the acidimeter is far less liable to breakage the eventual cost is very much less.

4. Simplicity, the test can be carried on by almost anyone, the office attendant or the doctor's wife may be quickly taught its rapid and accurate use.

This instrument will simplify the present laboratory facilities of the medical man, thus increasing his diagnostic capabilities and his professional success.

Opposite, I present a cut of the acidimeter and two test tubes. Normal acidity of the urine is 30 to 40 degrees. In tube No. 1, is a specimen of urine intended to represent alkalinity; it changes blue litmus paper to a slight pink color; a condition that most physician consider an alkaline reaction. And so it is alkaline, so far as its irritant effect on those affected with indigestion, subthermal conditions; flatulency; urethrisms, malignant growths, prostatic and bladder troubles, the latter are sequela following specific diseases.

Whenever a specimen of urine showing any of a dozen different shades of pink color by blue litmus paper it should be termed subacidosis. For when examined by the acidimeter method it may contain from 3 to 25 degrees of acid; just below the 30 or 40 degrees of normal acidity, but still contain an irritant quantity of the alkali phosphates.

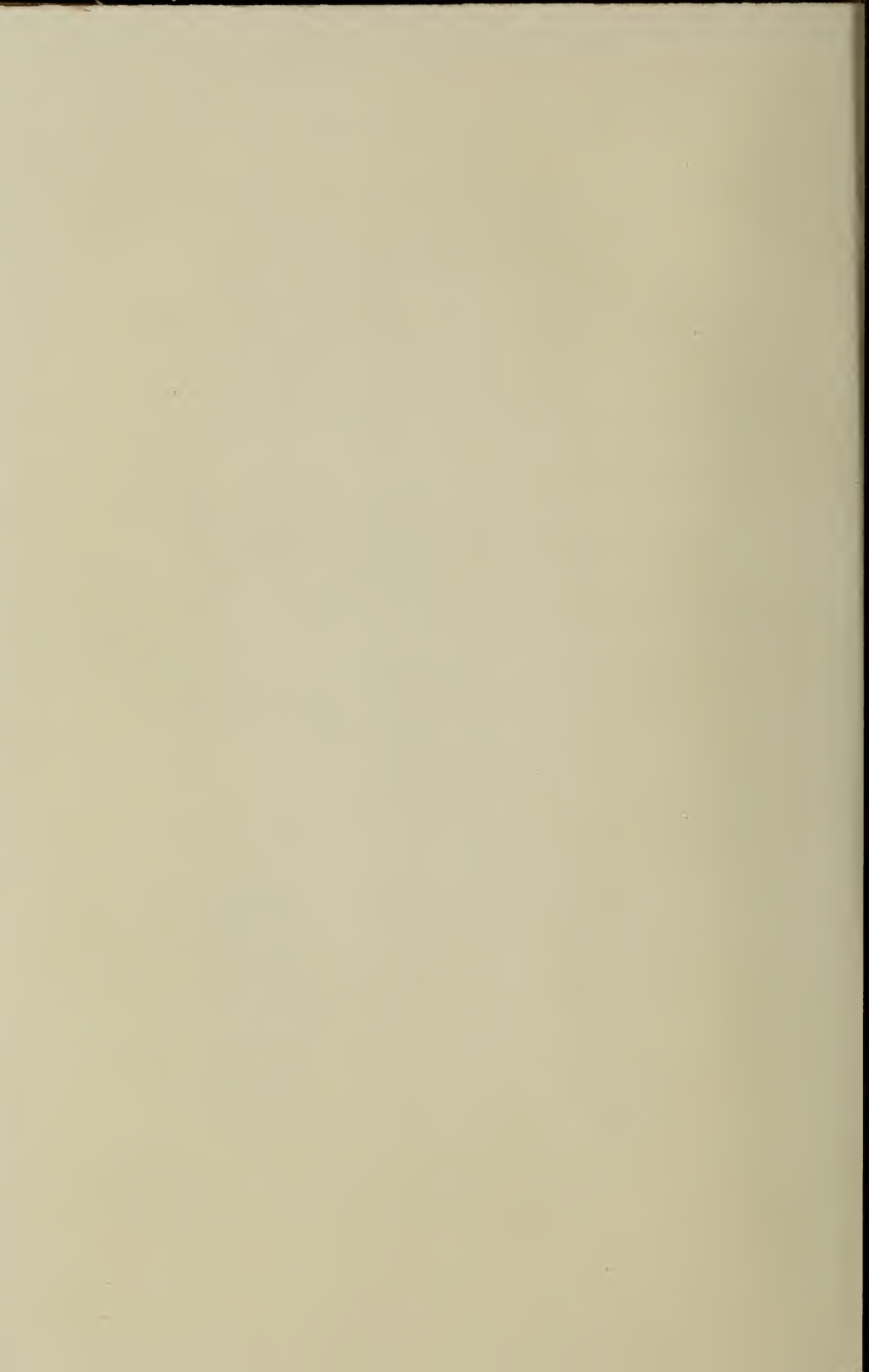
Tube No. 2 represents the amber color of a specimen of urine which changes the blue litmus to a light red of normal acidity of 30 to 40 degrees. The acid and alkali secretions of the system retain their proportions quite closely when the acidity of the urine, by examination shows it to contain 28

ACIDIMETER



No. 1

No. 2



to 40 degrees. Clinical observation has shown that whenever the degree of acidity of the urine fell below 28 or above 43, for a period, the blood became irritant to the nervous system and the urine to local diseases. The utilization of the acidimeter makes it possible for the medical profession to see the advantages of knowing positively the degree of acidity and alkalinity when treating the chronic diseases above given.

The acid and alkali secretions are fluctuating to extremes at all ages of life, and especially during infancy and old age. An acid or alkali producing diet of a mother may seriously affect a nursing child with indigestion, colics and constipation. Observe the condition of five hundred children at school. Their diversified physical condition shows a lack of knowledge of what foods destroy the acid and alkali proportions. The proper nourishing of a child depends on keeping the acid and alkali secretions so closely proportioned that sufficient electrical energy will be developed to supply the mental and physical demands for growth. A child lacking in vigor, weight and clear complexion is usually laboring under the effects of alkalinity. When such a child becomes ill we treat his present condition but by not knowing what foods would restore the ratio to the acid and alkali secretions, we lost an opportunity to permanently improve his health.

The mucous membrane of certain parts were intended to tolerate a predominance of acids; but when the alkalies have a surplus and are intensified they cause a deficit in the region of the acid and produce irritation. And when the acid secretions have a surplus and are intensified they develop an alkali deficit and excite irritation.

Those who consult and become familiar with the acid and alkali producing foods, can suggest a diet which will closely maintain the ratio of the secretions; but there are those who do not want to wait for the foods to regulate the secretions. In such cases we can prescribe some of the potassiums for acidosis and the acids when the alkalies predominate: ℞ Dilute hydrochloric acid Oz. ISS. Aqua Oz. ISS. M. Sig.: One dram added to a beaten up egg and milk to fill a glass, taken before the morning and evening meals.

PROPORTIONING THE SECRETIONS AND OXIDIZING OF FOODS

Every human individual can learn when meats are oxidized, that is to say, when they are digested, either within or burned outside of the body, they yield an acid ash, and that the vegetables generally yield an alkaline ash under the same conditions.

The knowledge that the normal and efficient operation of the human machine is dependent on the maintenance of a certain balance between these two factors, acidity and alkalinity—a balance that may be easily disturbed and even destroyed through the overindulgence in certain classes of foods or drink with most distressing and dire results to the victim—should constitute a substantial part of the intellectual capital of every individual.

As a quick and comprehensive working guide to approximate safety there probably is no table published superior to Sherman's tables of 100 calory portions. The following list shows in the first column the name of the foods, in the second the quantity in ounces necessary to secure 100 calories of energy is given, and in the third the relative acidity or alkalinity after combustion in the body is stated.

A knowledge of oxidizing, or digestion, of foods is very essential but to understand it one should know what important functions the acid and alkali secretions perform when they are normally balanced. The combining of oxygen with the acid and alkali secretions in the body sustains the alkaline ratio of the blood; develops electricity, or vital force; determines their correct proportions to the stomach and intestines for digestion, and performs osmosis and metabolism.

This is to show that a knowledge of foods which exert an influence to fluctuate the acid and alkali secretions to extremes which is a disease producing condition, is a hundred times more important than to know the amount of calory units of heat they contain.

ACID PRODUCING FOODS

Article—	Ounces Per 100 Calo- ries portion	Excess acid per portion.
Bacon, smoked .....	.56	0.8
Barley, pearly .....	.99	2.9
Beef, brisket	1.09	2.4
Chuck	1.62	3.8
Corned	1.18	2.6
Cross ribs	1.13	2.5
Dried, smoked, salted	1.96	8.3
Flank	1.91	5.6
Fore quarter	1.91	5.1
Fore shank	2.47	7.7
Heart	1.23	3.2
Hind quarter	1.76	5.0
Hind shank, lean	2.65	8.2
Hind shank, fat	1.41	4.0
Juice	14.11	9.8
Kidney	3.17	7.4
Liver	2.73	7.9
Loin	1.83	5.8
Neck, lean	2.10	6.6
Neck, medium fat	1.54	4.3
Plate, lean	1.52	3.3
Porterhouse steak	1.30	4.0
Ribs rolled, lean	2.01	5.7
Ribs, lean	1.89	5.2
Ribs, fat .....	.92	1.9
Roast	1.08	3.4
Round, lean	2.26	6.8
Round, free from fat	3.07	10.0
Rump, lean	1.70	5.0
Rump, fat .....	.92	2.1
Sides, lean	1.80	4.9
Shoulder and clod, lean	2.71	7.8
Shoulder and clod, medium	1.96	5.4
Sirloin	1.46	3.9
Black fish	1.43	10.8
Blue fish	3.09	11.0
White bread	1.34	22.7
Whole wheat bread	1.44	3.0

Buckwheat flour	1.01	2.0
Butter, fresh	2.06	5.2
Catfish	1.45	3.0
Cheese, cheddar .....	.77	1.2
Chicken, broilers	3.27	10.0
Codfish, dressed	7.63	12.0
Salted	4.43	12.1
Corn, green	3.49	1.8
Cornmeal .....	.99	1.5
Crackers, soda .....	.85	2.0
Eggs, whole	2.38	7.5
White	6.92	9.5
Yolk .....	.97	7.0
Eels, dressed	2.26	6.0
Flounders, dressed	12.45	11.3
Flour, entire wheat .....	.98	3.3
Patent	1.00	2.7
Straight	1.00	2.7
Frogs' legs	5.53	12.1
Goose, young .....	.90	2.0
Haddock, dressed	4.94	12.0
Smoked	3.71	12.2
Halibut, smoked	1.62	4.7
Steak	2.93	7.8
Ham, fresh, lean	1.55	5.5
Medium fat	1.10	2.3
Smoked, lean	1.32	3.7
Smoked, medium fat .....	.85	2.0
Boneless	1.16	2.3
Ham, deviled .....	.92	2.5
Herring, smoked	1.22	6.3
Whole	2.49	6.8
Lamb, breast	1.22	3.3
Chop, broiled .....	.99	3.0
Fore quarter	1.16	3.0
Hind quarter	1.41	3.9
Leg, medium fat	1.57	4.2
Loin	1.06	3.0
Neck	1.20	3.0
Shoulder	1.04	2.6
Side	1.27	3.1
Tongue	1.68	3.2
Lentils	1.01	1.5

Mackerel, fresh	2.54	6.7
Salt	1.15	2.8
Salt, canned	2.25	6.2
Mutton, Chuck .....	.91	2.0
Flank, medium fat .....	.87	2.0
Fore quarter	1.02	2.5
Hind quarter	1.09	2.5
Hind leg, lean	1.85	5.0
Hind leg, medium fat	1.50	4.0
Loin, medium fat .....	.97	2.2
Neck, medium fat	1.22	3.0
Shoulder, medium fat	1.41	2.5
Side	1.06	2.5
Oatmeal, rolled oats .....	.88	3.0
Oysters, fresh, solids	7.00	30.0
Canned	4.87	30.0
Peanuts .....	.58	.7
Perch	6.32	11.1
Porgy, whole	2.93	7.8
Pork, loin chops, lean	1.40	4.0
Loin chops, medium fat	1.04	2.5
Fat, salt .....	.45	0.1
Side (not lard and kidney) .....	.66	.8
Shoulder, smoked .....	.99	2.2
Sausage .....	.78	1.4
Pork Tenderloin	1.83	4.9
Rice	1.01	2.7
Rice flour .....	.97	2.7
Salmon, fresh	1.75	5.4
Canned	1.80	5.5
Sausage, bologna	1.50	4.0
Frankfort	1.12	3.9
Summer .....	.70	2.5
Sardines	1.31	4.2
Shad	2.19	5.8
Shredded wheat .....	.97	3.3
Smelt	4.07	10.1
Sturgeon, anterior section	3.94	10.0
Trout, salmon	2.15	5.4
Turkey	1.21	3.6
Veal, breast, lean	2.25	6.7
Breast, medium fat	1.75	4.8
Chuck, lean	3.54	10.3

Chuck, medium fat	2.57	7.1
Flank, medium fat	2.01	5.8
Kidney	2.82	6.7
Leg, lean	2.89	8.7
Leg, medium fat	2.18	6.2
Liver	2.85	7.6
Loin, lean	2.67	7.7
Loin, medium fat	1.99	5.6
Neck	2.47	7.1
Rib, medium fat	2.56	7.5
Rump	1.57	4.4
Shank, fore	2.72	7.9
Shank, hind	2.84	8.3
Shoulder, lean	2.84	8.3
Shoulder, medium fat	1.69	4.7
Walnuts, California .....	.50	1.1
Weak fish	3.80	9.6
Wheat, cracked .....	.97	3.3
White fish	2.35	7.6

ALKALINE OR BASE PRODUCING FOODS

Article—	Ounces per 100 Calo- ries portion	Excess alkaline portion.
Almonds .....	.54	1.8
Apples, fresh	5.61	6.0
Dried	2.21	6.0
Apricots, fresh	6.08	11.0
Asparagus, fresh	15.89	3.6
Bananas	3.58	5.6
Beans, baked, canned	2.75	5.0
Dried	1.02	5.0
Beans, lima, canned	4.59	12.0
Dried	1.02	12.0
Fresh	2.88	11.5
Beans, string, canned	17.10	13.0
Fresh	8.50	13.0
Beans, kidney, canned	2.93	2.5
Dried	1.02	2.5
Beets, fresh	7.66	23.6
Buttermilk	9.86	6.1
Cabbage	11.20	18.0
Carrots	7.80	24.0

Cauliflower	11.57	42.2
Chard	9.23	41.1
Cherries, fresh	4.52	7.8
Chestnuts, dried .....	.87	3.2
Fresh	1.46	3.1
Citron	1.08	3.0
Cocoa .....	.71	.1
Cocoanuts .....	.60	1.2
Cranberries	7.57	3.7
Cream, 40 per cent fat .....	.93	.1
Cucumber, fresh	20.53	45.5
Currants, dried	1.10	1.8
Dates	1.02	3.2
Figs, dried	1.12	32.3
Grapes	3.66	2.8
Grape juice	3.53	4.0
Koumis	6.82	2.9
Lemons	7.96	12.0
Lemon juice	9.00	11.0
Lettuce	18.47	38.6
Marmalade, orange	1.02	.1
Milk, condensed	1.08	1.4
Skimmed	9.61	5.0
Whole	5.10	2.6
Molasses	1.23	20.8
Mushrooms	7.86	8.9
Muskmelons	8.91	19.0
Olives	1.18	18.8
Onions	7.24	3.1
Oranges	6.86	11.0
Orange juice	8.17	14.4
Parsnips	5.43	18.2
Peaches, canned	7.50	10.0
Peaches, fresh	8.53	12.2
Pears, fresh	4.65	2.3
Canned	5.57	5.6
Peas, canned	6.37	1.5
Dried .....	.99	1.5
Green	3.52	1.2
Pineapple, fresh	8.18	15.7
Plums	4.18	7.3
Potatoes	4.23	8.6
Potato chips .....	.62	3.9

Potatoes, sweet	2.86	5.4
Prunes, dried	1.17	8.0
Pumpkins	13.72	5.7
Radishes	12.04	9.8
Raisins	1.02	6.8
Raspberry juice	9.38	13.0
Rhubarb	15.27	37.0
Spinach	14.76	113.0
Strawberries	9.04	..
Squash	7.65	6.1
Tomatoes, fresh	15.47	24.5
Turnips	8.95	7.0
Watermelons	11.8	8.8

ACID AND ALKALI SECRETIONS

These two predominant secretions when combined with oxygen participate in all of the vital functions of the body. When medical writers recognize the serious effects of excessive acidity, they clinically emphasize only one of the two important secretions. Few things are more gratifying than to be able to render great assistance to a large class of aged people by being familiar with foods which temporarily and permanently fluctuate these secretions.

If one is not familiar with the acid and alkali producing foods, he will make egregious mistakes. The diet of most persons predominate with acid producing foods, so that when these two secretions appear at the stomach they are disproportioned with acids, which create an appetite that cannot be satisfied by overeating and which develops a predisposition to colds. Colds produced hyperalkalinity of anemics and the aged which aggravates prostatic and bladder diseases. Those who contract colds easily are frequently affected with indigestion, flatulency and deficient oxidization from a lack of hydrochloric acid.

Many times when the ratio of the acid and alkali secretions is extremely disproportioned, digestion becomes so weak that chemical reactions are prolonged and thus develop fermentations and dioxid CO_2 gas. This carbonic acid gas is a stimulating irritant which creates such imperceptible irritation as to contract either the bowels or rectum and by reflex action produce cramps of the feet and legs. This can be substantiated by massaging the bowels and rectum, which relieves the cramps quickly by interrupting the reflex spasmodic action. The stimulating influence of the dioxid gas increases and changes the dynamic rate of the physiologic functions to pathologic conditions.

INEFFICIENCY OF THE WASSERMANN REACTION

The reliability of the Wassermann reaction is being questioned in the determining of syphilis. It must be conceded that locomotor ataxia is more prevalent since the Wassermann reaction came into use. Either more people practice the social evil, or the conventional treatment of salvarsan is inefficient. The efficacy of the Wassermann reaction is founded on the idea that when an individual's blood gives a positive reaction, no other disease or condition need be considered.

While there are quite a number of diseases which respond to the Wassermann reaction, such as leprosy, malignant tumors, scarlet fever, alcoholism, malaria, pellagra, jaundice and tuberculosis, yet its unreliability is found in its inefficacy to determine all of the complicating perversions possessed by the individual at the time syphilis was contracted. Thus the clinician may easily be led astray; for the treatment which destroys only the spirochaeta, and does not correct such complicating perversions as cell ptosis, diminished capillaries and weak metabolic processes, never yet has cured a case of syphilis. Again, the excessive quantity of sodium chlorid, used by the majority, which fluctuates the acid and alkali secretions to extreme conditions, interferes with the Wassermann test, affording another evidence of unreliability.

Syphilis should never be recognized as an original disease, because the individual has several perversions that are complicated by the invasion of the spirochaeta pallida.

A workable knowledge of pathologic food marking, will aid the physician to proscribe foods which produce perversions, then syphilis may be controlled by an indicated treatment.

Diet Principles

PART IV.

FOREWORD

There is no subject which will increase the resources of a physician in pathology, equal to a knowledge of the true principles of nourishment. The diagnostic resources of a physician are limited, if he does not know what foods increase the dynamic rate of the physiologic functions, those which disproportion the acid and alkali secretions; those which diminish the capillaries and produce hyperesthesia of the nerves, and which develop a predisposition to cold. The present principles of nourishment, are founded upon food elements, protein, carbohydrates, fats and mineral matter and calory units.

What practitioners need is a knowledge of what foods exert a stimulant influence, which increases the dynamic rate of the physiologic functions; those exerting an irritant action which produce hyperesthesia of the nerves; those which prolong chemical reaction and thus produce imperceptible reflexes and impingement of terminal nerves; those that decompose in the stomach and produce the alkali potassiums, and those producing hyperacidity; and what combination of foods creates the stimulating dioxid CO_2 gas which poisons and produces so many stomach and bowel diseases.

DIETETIC OBSERVATIONS

The human body is full of mysteries; so full that the student of medicine needs not grieve over problems already solved; there are enough unsolved, to gratify the ambitions of untold generations. We frequently learn of some new problem of the system, that has been solved by scientific investigation or clinical observation, which increases our knowledge of a deficient pathology.

Nourishing the body must ever present profound secrets, which challenge the investigating powers of wisdom and philosophy. If the subtleties of normal nourishment of the body, be not understood, how are we to contemplate with profit, the modifications by activities or irritant and stimulating foods, which pathologically mark the body?

The medical profession has given little or no consideration to the effects of foods which possess the active properties of medicine as alteratives, cathartics, irritants, stimulants, vermifuges, diuretics, astringents, laxatives, refrigerants and aphrodisiacs.

Biologists and radiologists have contributed to pathology. Dr. George Star White, M. D., of Los Angeles, Cal., discoverer of the bio-dynamic method of determining diseases, has definitely improved diagnosis and pathology. The late Dr. J. M. Scudder, of Cincinnati, Ohio, added practical features to pathology when he advanced symptomatology by "Specific Diagnosis." Dr. E. H. Pratt, of Chicago, Ill., founder of the Association of Orificial Surgeons, has increased the ability of physicians to determine many overlooked and neglected causes of disease. But much more can be contributed to pathology, when practitioners learn, by clinical observations, how to determine diseases by pathologic food markings.

Nosology is a misleading feature of pathology; but symptomatology has been proven an advantage, in determining acute and subacute diseases. Scientists may offer technical methods for determining some conditions and suggest inno-

vative treatments, but the majority of diseases will be diagnosed in the future, as **pathologic food markings** and treated by many of the present conventional methods.

When diagnosing diseases, a distinction should be observed between symptomatology and food markings. The transient symptoms cannot be compared with the permanent perversions, or organic diseases. Therefore, chronic and organic diseases manifest food markings.

A lack of food-marking knowledge makes medical nihilists of physicians, who are unable to determine how such irritants and stimulants as tea, coffee, sugar and salty foods permanently pervert the functions and mark the body.

It ought to be apparent to those who have tried to select a nourishing balance of food from protein, carbohydrates, fats and mineral matter, that their effects do not correspond with our dietetic education. It should then be the duty of everybody to learn why foods do not nourish the body, as we have been taught. There is a dynamic rate of contraction and expansion for the heart, cells, and every physiologic function. The reason why disease occurs, is because our predominating foods are impregnated with excessive quantities of stimulating, inorganic elements, which quicken contraction of the cells, and weaken their expansion.

These statements are facts, when it is remembered that all the vital phenomena are performed by imperceptible contractions and expansions of the cells. And when these contractions and expansions quicken and obstruct the cells, they also do it imperceptibly, but by reflex irritations. Chemical reactions and fermentation are prolonged by ingesta containing excessive amount of irritant and inorganic substances. The prolonging of chemical reactions, produces an irritant ferment, irritating the afferent nerves, and conveying imperceptible reflex stimulating irritations to the vasomotor centers. The efferent nerves then imperceptibly accelerate the dynamic rate of the cells, by their reflex contraction and expansion.

There are other ingesta influences which produce disease, namely, the reactions from the three carbons, butter, cream and sugar, that, when combined with oxygen, which is always present, prevents any two carbons, into the irritant deadly poison, known as dioxid CO_2 gas. These carbons are not stimulants, but incompatibles, which form a stimulating ferment and gas, and produce hundreds of perceptible and impercept-

ible reflex contractions, increasing the speed of all physiologic functions. After the dioxid CO_2 gas has been created, from a wrong combination of foods for years, it sensitizes the afferent nerves, until they convey to the vasomotor centers, the slightest centric and peripheric irritations, which suppress the secretions and produces a predisposition to cold. The contraction of a cold, produces an extensive aching irritation, and if one wishes to learn how an irritant sensitizes the afferent nerves, he should apply a crash towel to his body within five to eight hours after a cold has been quickly subdued. These contractions tie up the dioxid gas in the bowels, and produce so much irritation as to occasionally close the sphincters, followed by dyspnea which stimulates angina pectoris. When reflex irritations impinge inaccessible nerves, and spasmodically close the three sphincters, they often result in death. The afferent nerves eventually become intensely sensitized by reflex irritations and spasmodically produce shortening of muscular bundles as (wry neck) and contortions of the face.

The reflex contractions from the alimentary canal often causes shocks or partial and complete paralysis, which have been determined as clots on the brain, occurring at all ages.

Sodium chlorid is an irritant, stimulating, aphrodisiac. When used more than the economy of the system requires, it intensifies the oversensitized afferent nerves, and not only increases their sensitiveness but produces hyperesthesia of the general nervous system, as acknowledged by pain from a slight pinch of the flesh. A biologic examination can show the constituents of the blood, but cannot disclose whether the blood is in an irritant state. If the blood does not acquire an irritant state, then the afferent nerves could not become sensitized, and respond to the slightest irritation.

Some neurologists have claimed that Americans are becoming a race of nervous wrecks, from the effects of drink, prostitution and social evil diseases; but they should know that drink, social evil diseases and aphrodisiac foods, which prompt sexual impulses, produce an irritant state of the blood.

Such skin affections as eczema and psoriasis are usually caused by deficiencies of the blood, but when the use of sodium chlorid is reduced to a minimum, and Kali Mur. is supplied as a deficiency, these diseases disappear. This proves conclusively that when an excessive amount of one cell salt is introduced into the system, it forms new combinations, which

produce deficiencies in some other cell salt. The excessive use of salt produces low specific gravity of the urine and uricemia. Its irritant effects has developed albumen and albuminuric retinitis and glaucoma. It empties the capillaries by determining blood to the larger vessels, which results in high blood pressure and apoplexy; also perverts osmosis, as observed by cell atony, dropsies, local edematous swellings and plethora. When the alkalinity of the blood acquires a deficiency from the acid effect of salt, the urine becomes intensely irritant to the nervous system, and acts as an aphrodisiac, which produces an erethism between the brain and clitoris (nymphomania) substantiated by its victims in the asylums who exhibit the pathologic food marking of the excessive use of salt.

Granular sugar is another stimulant and antiseptic. Its antiseptic properties interfere with, and prolong chemical reactions and fermentation, which develop the deadly irritant and stimulating poison dioxid co2 gas when combined with other carbins or with fruit and starchy foods. What is it that injures the system? Is it the sulphuric and other acids used for bleaching, granulating and crystallizing sugar or because the nutritive properties have been abstracted? Let us suppose we are eating five different foods, all of which contain potassium, sodium, magnesium, iron, sulphur, oxygen, and hydrogen, but all of these properties have been removed from one. Would the system be as seriously injured from a lack of them as by the impregnated substances used in its preparation? Assuredly not.

Many of the predominating foods have had none of their nutritive properties abstracted, but are equally innutritious, because they are cured with salt, sugar, nitrate of potassium, and smoked in coal oil. Other foods are pickled and preserved with antiseptics, without their nutritive properties being removed, but when eaten they prolong reaction, create irritant ferments and irritations which are also imperceptibly conveyed by the afferent nerves to the vasomotor centers. The efferent and sympathetic nerves are compelled by reflex action, to reflect these irritations, until the metabolic processes or reparative forces are too weak to maintain a standard.

By fermentation

One atom of sugar yields . . .	C	12	H	12	0	12
	<hr/>					
2 atoms of alcohol	C	8	H	12	0	4
4 atoms carbonic acid	C	4			0	4
	<hr/>					
	C	12	H	12	0	12

Sugar yields twice as much dioxid gas as alcohol; and it is not definitely known what quantity of this gas is produced by fermentation, when it is combined with other carbons, fruit and starchy foods. After proscribing sugar for several weeks, a biologic examination of the blood showed an increase of haemoglobin and diminishing of such food markings as sallow complexin; less inelasticity of the body; less eruptions and dryness of the skin, and less prostration.

If the cause of the increase of many diseases, resulted from foods with part of their nutrition removed, the victims would show food starvation markings, but clinical observations have found that prolonged chemical reactions, irritations, and reflex contractions, which accelerate the dynamic rate of the physiologic functions, develop inflammations and organic diseases.

The foods most universally used are preserved with salt, sugar, and other irritant and stimulating substances; therefore, it is wrong to exempt any one food, from causing the increase of organic diseases, for all so prepared are contributing factors. Most individuals in early life are not sensitive to atmospheric changes, but all through life the afferent nerves acquire a degree of sensitiveness which predisposes to cold. Every chronic disease is complicated with cell ptosis, diminished capillaries, and oversensitiveness of the nervous system.

Bacteriologists have stated that inorganic elements and anti-septics interfere with and prolong chemical reactions during tube testing. Physicians who know how the excessive use of salt obstruct chemical reactions in the system have proscribed its use for a few days before administering Salvarsan. In nourishing the body, it is necessary to know what foods form faulty combinations and prolong chemical reactions, which subject the afferent nerves to irritable reflexes.

There are many different kinds of fresh meat and fish, that when properly cooked, are more nutritious than those prepared with salt and other inorganic elements, which so seriously injure the system. Milk, eggs, vegetables and fruits, are some of the foods which nourish but do not prolong chemical reactions nor subject the afferent nerves to irritable reflexes.

NOURISHMENT

In order to prove,—for there must be some reason—why so few people “die of old age,” that is, free of disease, it would be essential to ascertain the initiatory cause which perverts the physiologic functions. The heart pulsates at a regular rate, and the vital phenomena functionate at a particular dynamic rate, and any stimulant nourishment that increases or depresses their speed, must be considered as the initiatory factor, which perverts the physiologic functions.

In those cases where the nourishment consists almost entirely of stimulants, the dynamic rate of the vital functions is increased and acidosis produced, resulting in arterial tension (high blood pressure). In other cases, where the nourishment is largely stimulating, enervation is induced and the functional rate obstructed, causing low blood pressure.

To substantiate the foregoing, it is necessary to show how some nonstimulant foods, wrongly combined, generate a stimulating dioxid CO₂ gas, which perceptibly or imperceptibly increases and perverts the physiologic functions. The carbonic acid gas produces capillary irritation and paresis, followed by stagnation of blood vessels, accumulation of CO₂ gas, fermentation of tissues and resulting inflammation. This presents the connection between the perverted functions and inflammation. Local inflammation, the point at which irritation, reflex action and infection start, results in organic diseases.

The inorganic salts found in the ashes of the system are all essential to the growth and metamorphosis of the body. Whenever an excessive amount of any of these salts is appropriated by the system, new chemical combinations will form, resulting in deficiencies of the cell salts, which prevent proper nourishment from maintaining the vital functions.

The author does not expect a radical change in the nourishment, customs or habits of healthy people, but by making known certain foods which imperceptibly increase and obstruct the dynamic movements of the vital functions, developing disease

and preventing their cure, he will have accomplished a worthy object.

The drinks and foods which so affect the physiologic functions, in most instances, are those used in excessive quantities by habit, but when reduced to economic requirements are less injurious to the system.

Tea.—Tea contains from 1.5 to 4 per cent caffein, a volatile oil and a variable amount of tannin; when drunk too strong it exerts a stimulant, irritant and astringent effect. These influences determine blood to the alimentary canal, producing slight hyperesthesia of the nerves, which causes reflex headache and constipation, and diminishes the capillary circulation.

Coffee. Coffee is a strong stimulant, irritant, antispasmodic, anti-emetic and aphrodisiac. By habit its use is increased with many until it produces alarming effects. From the age of twenty to thirty, when the system tolerates its irritant and stimulant effects, its excessive use induces a mild sensitiveness of the sympathetic nerve, which results often in impingement of its pelvic terminal branches. From the age of thirty to forty, it increases sensitiveness of the sympathetic nerve, heart action, dynamic rate of the functions, excites sexual impulses, weakens the cells and intestinal muscles, and produces constipation, indicated by its typical complexion. From forty to fifty it intensifies the irritability of the sympathetic nerve, subjecting it to many unknown reflex contractions or nerve impingements. The stimulant influences of coffee participate in arterial tension, and by its aphrodisiac effect contributes to early impotency. Through its lasting influence it increases endurance for physical labor. By its diffusible and stimulant influence it is one of the greatest participants for increasing the dynamic rate of all of the physiologic functions, and it has developed more conditions which require operations than any other food or drink.

Sodium Chlorid. Salt, while it is considered the most indispensable food, is one of the greatest factors of disease, for it is one of the habit-forming nourishments. What would one think of a physician who wrote a prescription which exerted the incompatible properties of salt as: emetic, cathartic, alterative, irritant, stimulant, astringent, refrigerant, hemostatic, antispasmodic, vermifuge and aphrodisiac? When salt is given as medicine in different sized doses it perceptibly and imperceptibly exerts all of these influences. These incompatible properties stimulate the dynamic speed of the vital functions and by infiltration of tissues, obstruct osmosis and induce plethora and anemia.

Some excessive users of salt have blackheads on the face and an eruption on the chest and back, that will not yield to treatment until its use is reduced; eczema of twenty-five years' duration has disappeared after its reduction, without treatment.

Sodium chlorid is the greatest factor of an unrecognizable condition which predisposes people of all ages to paralysis. Its excessive use produces a nerve hyperesthesia which subjects people to paralytic shocks, sometimes from the slightest centric or peripheral irritation, with those who have developed this sensitiveness to reflex action. With this sensitiveness developed, a wrong combination of food may produce a shock from centric reflex irritation and a cold draft may cause a shock from a peripheral irritation. Many of these shocks occur as hemiplegia or of a group of bundles of one or more muscles about the head and neck (cramp) which do not yield or relax to therapeutics, but do to a mild current of electricity, when applied from one or three hours.

Insanity and nerve specialists deny that salt predisposes to nervousness, but we will make an illustration: A sore is more sensitive than normal flesh; hence it can be proved that hyperesthesia of the nervous system predisposes to nervousness.

Cocoa. Cocoa is a powerful stimulant and astringent which increases and interferes with the movements of the vital functions, perverts metabolism, weakens digestion and peristalsis by determining the secretions to the internal organs, for controlling irritation, which empties the capillaries. The sphygmograph shows that cocoa produces arterial tension, but its stimulant effect is much shorter than that of coffee, which, being an astringent, induces constipation. Cocoa, sweetened, lessens hunger and by diminishing elimination it increases weight.

THREE INDISPENSABLE BUT DESTRUCTIVE CARBONS.

Butter. Many believe that butter supplies the system with a much-needed fat, and so it does, but being almost a pure carbon it becomes a great disease producer when combined with other carbons. Butter is one of the three carbons, which, when eaten in combination with cream and sugar, quarrel, by generating excessive quantities of dioxid CO_2 gas. This gas is a diffusible stimulant and when combined with oxygen, which is always present, it forms a deadly poison that enters the circulation, perverts metabolism and increases the dynamic rate of the functions. With metabolism perverted more of the dioxid gas enters the system than can be oxygenated or eliminated, as shown by such affections of the lungs as tuberculosis and bronchitis. When the dioxid gas is not sufficiently eliminated, local inflammation will develop organic diseases.

When liberally used butter produces disease in another way, for eminent physicians have proven that from one to two grams of salt (15 to 30 grains) are sufficient for the daily economy of the body. It is also suggested by such eminent authorities, that from three to four ounces of butter, be eaten daily in order to obtain the necessary fat and calory units, for heat that the system needs. There are 30 grains of salt in an ounce of butter.

Sugar. Sugar is nutritive, alterative, demulcent and topically antiseptic, and one of the three carbons which when eaten in combination with butter and cream generate an excessive quantity of the stimulant dioxid CO_2 gas. Acting as a stimulant, it increases the movement of the functions. Being void of nitrogen, it cannot sustain life alone, and becomes nutritive only when combined with other alimentary proximate principles. Ice cream, prepared with cream, sugar and gelatin has been known to generate sufficient dioxid CO_2 gas to cause immediate death. It is the substance that so seriously injures the mucus membranes, which causes constipation and rheumatism.

Sugar is clarified and crystallized by acids, and then subjected to a bath calculated to remove all of the acid, but it is not entirely withdrawn, for it is this acid that dries the mucus membrane of the bronchial tubes and causes coughs.

MEAT AND ITS PRODUCTS

Very many ills of life, are due directly to animal products, and especially to soups, owing to the excess of poison, that is contained in them. It seems strange, that man has not learned, that his own body, like that of the beast, is in a state of constant struggle, to get rid of the urea and other substances, that are always being generated there, in the process of life. He has all of the putrid effete matter he should carry. Why, then, add to these, the poisons that are contained in the flesh of other animals?

When urea is abnormally retained, it perverts the circulation and becomes the basis of rheumatism, gout and kindred diseases. The breaking down of momentary life, in the human body, is constantly making urea, which circulates in the blood. Man finds it difficult to drive out or throw off, each day, the urea that his own body generates; but, when this is added to by urea that is present in very large quantities in meat, and its products, he has a still greater problem to solve.

Urea is the basis of urine, but most of it does not, as a rule, leave the body in that form, as nature throws much of it out by the lungs and pores.

“One hundred cans of ready made soup, such as are found in the stores today, were selected at random and subjected to analysis. At the same time urine from healthy animals and men was likewise analyzed; and it was found that both the canned soups and the urine were charged with a high proportion of urea, and that one might be substituted for the other, in most part as far as nutritive quantities were concerned. It is folly to expect health from such a source. On the contrary, the body is given an excess of flesh salts and old age mineral matter, by the use of meat products, for these contain the breakdown of animal organism. Life Electricity.”

Among the symptoms which indicate the retention of urea, are a deficient action of the skin, being either too dry or too moist; low specific gravity of the urine; drowsiness, experienced

when reading and riding in cars, or at church; mental inaptitude; forgetfulness; bad complexion; deafness; failing eyesight; stitches and rheumatic twinges. These symptoms should be sufficient warning for anybody to reduce meat and its ureal producing products.

One of the most famous contemporary women, when asked to what she ascribed her wonderfully clear complexion, replied: "I have not taken any meat of any kind for many years."

Chauncey Depew declares that he never knew what good health was until he abandoned meat; and he was a broken-down invalid when he took this step late in life. Remarkable result from the abandonment of flesh, was the return to him, of a clear optic nerve; what he often refers to as his "Clarified Vision."

PICKLED MEAT AND VEGETABLES

Pickled meat and vegetables are a class of foods cured with salt, vinegar and spices, which wither and toughen their fibers, and destroys most of their mineral salts. These foods, besides prolonging chemical reaction and chymosis, which develop an irritant stimulant, increase the dynamic rate of the vital functions. The increase of the function leads to capillary paresis, stagnation of blood vessels and resulting inflammation.

Inflammation is the nucleus where all organic diseases develop, with or without reflex action. Hence there is no uncertainty as to the cause of the increased ulceration and cancer of the stomach and bowels, nor in fact, of all other organic diseases, for they originate from inflammation. The nutritive properties of pickled beef and vegetables, evidently have proven to be insignificant, for as an exclusive diet, they could not long sustain life. Canned bone chicken is a product of cold storage. The combination of pickled foods and coffee, sugar and salt is the producer of conditions requiring operations, but many of which could be avoided by the eschewal of these pickled foods.

SALTY MEAT AND FISH

The salt and saltpetre with which these foods are cured, classify them with the stimulant irritants, which require a longer period of chemical reaction, thus followed by reflex contractions, which cause such great waste of the sympathetic nervous system. By these reflexes, the pelvic terminal nerve branches of the sympathetic nerve, are so impinged and irritated, as to cause insanity; and in many instances, this great life force can be repaired only by an operation.

Excessive quantities of these foods, eaten by taste and habit, break the ratio of the secretions and disproportion the gastric secretions. By breaking the ratio of the secretions, they produce acidosis, with its craving appetite that is so irresistible to overeating.

Again these foods produce cell atony, accompanied with a permanent greenish sallow complexion, which physicians have failed to correct with laboratory serums. The waste products resulting from the unrecognizable decay of salty meats and fish, lead to the destruction of the red corpuscles; hence the absorption of these poisons, is a factor of anemia. The diet consisting largely of salty meats, destroys the mineral cell salts, by forming new chemical combinations, which prevent the cure of catarrh and eczema.

CANNED VEGETABLES

It is well known that the antiseptics and preservatives, used in canned vegetables prevent putrefaction. Fresh vegetables, properly cooked, contain the mineral salts that the system can appropriate without increasing the dynamic rate of the heart or of the physiologic functions. But the antiseptics and preservatives in canned vegetables prolong chemical reaction, and decrease the vital functions. Fresh vegetables help to maintain the alkalinity of the blood; while the preservatives in the canned often break the ratio of the secretions and produce acidosis, often pave the way to colitis, rheumatism, and bladder diseases.

The knowledge of those foods, which are injurious to one's health, is the best incentive to avoid them.

INFLUENCE OF THE SKIN ON DIGESTION

Considering the importance of the skin, and how its obstruction interferes with the physiologic functions, it is a question, whether the recent graduates in medicine, have been taught to be observers; if a physician does not know the reciprocal influence between the skin and the physiologic functions, he will find it more difficult to control indigestion, even with indicated remedies. Stimulant foods, by chemical reaction, produce imperceptible irritations, which deplete the capillaries, or reparative agencies of the skin. Then the retained toxins exert a reciprocal obstruction, more or less, on all of the physiologic functions. Nonstimulant foods do not, by chemical reaction, produce imperceptible reflex irritation, and therefore do not determine the blood to internal organs. Then the metabolic processes repair the system and resist disease.

The Orifical surgeons teach their associates, that the capillaries are emptied by impingement of the great sympathetic terminal nerve branches, and by relieving the pelvic irritation, the capillaries will refill, and so they do in early life; but when the imperceptible reflex irritations have emptied the capillaries for years, they acquire an atrophic condition, from lack of nourishment, and the relieving of terminal nerve branches, does not refill them.

Those who are continually troubled with indigestion, have anemia of the internal and external capillaries, and in middle life have local inflammation, which develops organic diseases. If the relieving of the pelvic nerve terminals, would restore perversions of the circulation, after the capillaries have acquired atrophy, many organic troubles would then recover without medication, especially the permanently sallow complexion which is due to cell atony.

These remarks are not intended to detract from the skill of the Orificalists, for they have added to pathology an inestimable benefit.

In order permanently to benefit digestion, it is necessary to keep the capillaries in a circulatory condition, by inhibiting

the stimulant foods, which produce the imperceptible reflex irritations.

TREATMENT: The physical treatment of the Osteopaths and masseurs, which improves the capillary circulation, benefits digestion. Hemospasia or dry cupping over the spinal column restores the capillaries and improves metabolism. Anointing the skin with olive oil once a week, followed with dry towel rubbing every morning for a few weeks, will greatly improve digestion. There is always more or less indigestion, whenever the acid and alkali secretions are disproportioned, which may be known, by the degree of acidity or alkalinity of the saliva and urine. When the urine is neutral or extremely acid, or alkaline, there will be indigestion, accompanied with flatulency. For acidosis, reduce such acid-producing foods as fresh and salty meats, salt, sugar, coffee and white bread. For neutral or extreme alkalinity prescribe: ℞ Dilute hydrochloric acid Oz iss. Aqua q. s Oz iii. M. Sig.: One dram added to a beaten egg and milk enough to fill a glass, taken before morning and evening meals. When digestion is accompanied with cell ptosis, diminished capillaries and a sallow complexion the patient should take the following: ℞ Distil Hamamelis Oz. ss. Fl. Ext. or Specific med. Hydrastis zss. Fl. Ext. or Specific Belladonna Gtt. vi. Aqua q.s. Oz. iv. M. Sig.: One dram every three hours.

There is no method of diagnosing the degree of indigestion, that equals recognizing the broken ratio of the secretions, cell atony, diminished capillaries, and permanently bad complexion; and scarcely any treatment which will benefit digestion more than strengthening the cells, restoring the capillaries and clearing the complexion.

IRRITATION, CELL PTOSIS, AND DIMINISHED CAPILLARIES

It is an advantage to be familiar with pathologic food marking, for it is an aid in determining chronic diseases. Irritation is the disturbing condition of most chronic diseases and must be located before forming diagnostic conclusions. Individuals who appeal for relief from chronic troubles usually have local inflammation and irritation, with a focus of infection. The degree of infection weakens and increases the heart's action from five to thirty pulsations and positively indicate irritation. Inflammation, irritation, and local infection usually accompany chronic conditions and should be recognized as food markings.

Anyone can determine cell ptosis by the slow refilling of the capillaries from pressure, and is another food marking. The cells are an important participant in maintaining life but when affected with atony, acute diseases recover slowly, subacute slower, and chronic conditions are discouragingly prolonged and aggravated by relapses.

The capillaries are as important as the cells, and who will deny that the body is not marked by their absence from the skin? With anemia of the skin, the system loses its protection and part of its elimination; for the nerve filaments become exposed and sensitized to the slightest change of temperature, and when the external capillaries are empty those internally are also. Will resistance be strengthened, by increasing the phagocytes, when there is a lack of cell absorption and a loss of capillary conveyance? With the capillaries empty, collateral circulation is acquired, that takes place through secundary channels after stoppage of the principal route, and which is an organic condition of the circulation. In this condition, the diagnostician finds coincidental symptoms which are puzzling, as weak and increased heart action which intermits every few pulsations; accompanied with continuous or periodical fatigue; reflex action from irritation of the skin; other reflexes from the pelvis and rectum, and eruptions. We determine these conditions without a name by

such permanent food markings as: cell ptosis; diminished capillaries; external or internal local irritation; autointoxication, local infection and periodical exhaustion.

Treatment: Proscribe the irritant and stimulant foods which produce these permanent markings; if there is colitis, sigmoiditis or constricted rectum, adapt a treatment which will control them; for skin irritation reduce the use of salt and sugar and administer the indicated biochemic cell salt. When there is endometritis and infection, wash out the uterus two or three times a week; for post nasal ulceration and infection, accompanied with laryngeal cough, control it with a hand atomizer; control autointoxication by one bath a week followed by anointing the skin and taking a crash towel rub every morning; to strengthen the cells, capillaries and resistance, prescribe \mathcal{R} Calcarea fluor 3x. Grs. x. Distilled hamamelis Oz. ss. Fl. Ext. or Specific med. Belladonna Gtt. viii. Aqua q. s. Oz. iv. M. Signa: One dram every three hours.

When these instructions are closely observed the food markings disappear as recovery responds.

PROSTATO-CYSTITIS

A majority of elderly men are troubled with prostatocystitis, which results in retention or incontinence of urine, for which a specific treatment has never been offered, as physicians direct their attention and treatment, entirely to the local affection; while there are many causes, that may start the local trouble, there are perversions, obstacles and aggravations, which, if not known, prevent its cure; but when they are corrected, the local condition will respond to a direct treatment at any stage of life.

Prostatic diseases are characterized by inflammation, irritability and weakness; because the inflammation produces the irritability and weakness, some believe that when it is controlled, the latter conditions will naturally recover. Here is the falsity of treating prostatic diseases, for during the inflammatory period the prostatic nerves acquire a neurotic condition, and the cells, tissues and muscles atony, proved by the frequency of urination. It is also believed that electricity properly applied will overcome the irritability and weakness. This is also a falsity, for the local irritableness and weakness are part of the systemic complications, and are aggravated by a wrong diet, and predisposition to colds.

The effect produced by colds is the frequent oscillation of the acid and alkali secretions, which aggravate the irritableness of the prostatic nerves.

Another serious influence of colds, is that following the suppression of the secretions, the blood acquires a toxic condition, which causes irritable urine, manifested by periodical tenesmus and urinations.

Another obstacle met with, when treating prostatic diseases, is that elderly men are affected with indigestion from deficiency of hydrochloric acid, which results in extreme alkalinity of the urine and frequent micturition.

A serious aggravation of prostatic diseases, is the eating of bad combinations of foods; for instance, three carbons, butter, sugar and cream, or three starches, either of which develop, by chemical reaction, large quantities of dioxid CO_2 gas. This gas

produces intestinal distention, irritation, reflex contraction of the rectum, and causes tenesmus and frequent voidance of urine, which so disturbs sleep.

Constipation, and the habit of eating the heartiest meal at night, aggravate prostatic maladies. The irritant and stimulant reflex contracting effects of tea, coffee, cocoa and smoking, on the alimentary canal and rectum, produce prostatic aggravation, which cannot be controlled by medication. By drinking one of the malted foods commended in this work, the alimentary canal and rectum will maintain a normal and elastic condition.

TREATMENT: The treatment for chronic prostatitis consists first of controlling inflammation, which is not easily accomplished, unless the tendency to colds can be greatly mitigated. First, test the urine for acidity or alkalinity with litmus paper; if acid, prescribe ℞ Ammonii chloridum ℥i. Specific med. or normal tincture Gelsemium ℥ss. Specific med. or normal tincture Macrotys ℥ss. Aqua q. s. Oz. iv. Misce. Signa: One dram every hour. With alkalinity of the urine give ℞ Dilutum hydrochloricum acidum Oz. iss. Aqua q. s. Oz. iii. Misce. Signa: One dram with a beaten up egg and milk Oz. vii. Taken before the morning and evening meals.

Evacuate the bowels with magnesia sulphate ℥i. Aqua fervens Oz. viii. Taken one or two hours before breakfast, or give some one of the mineral oils.

When the local inflammation and swelling are so great, that the patient cannot voluntarily urinate, a sitz bath, for an hour, in connection with the acid or alkali prescription indicated by the litmus test, will obtain great relief.

Many believe that prostatic inflammation may be controlled more rapidly by irrigation, but generally the passing of instruments through the constricted gland does more harm than good. There is a method, however, to locally medicate the bladder, and prostate gland which is beneficial. Prepare a solution as follows: ℞ Magnesia sulphate ℥ss. Distilled hamamelis ℥i. Specific med. Mangifera indica Gtt. x. Aqua distilled Oz. iv. Great relief may be obtained from one or two ounces of this solution, when introduced, through the prostate gland, so as to help control irritation and inflammation, without aggravating its condition. This solution is gently forced into the bladder with a half ounce hard rubber syringe in the following manner: Grasp the gland penis with the left thumb and forefinger, force about two drams of the solution with the syringe into the urethra and by stroking it toward the bladder, accompanied with a slight

outward effort of the rectum, relaxation of the prostate gland takes place and the solution enters the bladder. By repeating this process several times, there is introduced one or two ounces which may be retained from a half hour to two or three hours. In cases of extreme suffering a half to one grain of cocaine may be added to the solution for a few treatments. This treatment may be repeated in urgent cases every twenty-four, forty-eight or seventy-two hours.

Reference should be made to the article "Acid and Alkali Balance" in order to maintain as near as possible the normal ratio of the acid and alkali secretions and thus prevent serious aggravation.

The three meals should be of nearly equal weight and consist of light and easily digested foods, and the patient should guard against eating of three carbons or three starches. A warm sponge bath may be taken once a week; followed by anointing the whole body with olive oil, and dry towel rubs every morning. The patient should sleep alone and occupy a well-ventilated room to control the tendency to colds.

Prostatics are seriously aggravated by colds, which produce periodical symptoms identical with though milder than malaria, which should be controlled by \mathcal{R} Potassii chloras \mathfrak{z} i. Specified med. or Normal tincture Echinacea Oz. ss. Fowler's Solution \mathfrak{z} ss. Aqua q. s. Oz. iv. Misce Signa: One dram every three hours, and one two grain quinine tablet at six, four and two hours anticipating the periodical paroxysm for three days. This prescription should be repeated whenever the blood produces regular spells which appear in the morning, afternoon, night, of frequent urination. The mild periodicity may be recognized by an increased tenesmus, being compelled to urinate oftener, difficulty to start the urine and by a very small stream, for the stream is larger when the periodical paroxysm is absent.

The most serious of prostatic diseases is the irritability of the prostate gland, which are aggravated by both normal and abnormal urine, but less when it is acid; and by cell atony with resulting retention or incontinence of urine.

To overcome sensitiveness of the nerves, the use of sodium chlorid should be reduced to a minimum and these remedies prescribed; \mathcal{R} Calcareo fluor $3x$. Grs. x. Distilled hamamelis Oz. ss. Specific med. or Normal tincture Belladonna Gtt. vii. Aqua q. s. Oz. iv. Misce Signa: One dram every two hours.

Whenever a local part has been inflamed for a long time, the circulation is perverted, the cells weak, the nerves irritable

and subject to temporary renewal by any of the complicating perversions or aggravations

This treatment obtained fair results with prostatic diseases of eighteen years standing.

Men who are affected with prostatic diseases suffer, more or less, with urinary tenesmus from abnormal acidity or alkalinity of the urine. On retiring, the acidity of their urine is almost normal 30 to 40 degrees; but which become so low, during the night, in acids as to give blue litmus paper a slight pinkish color; this causes them to urinate several times. The mucus membrane of the bladder, even when diseased, will tolerate normal acidity of the urine, without producing as much tenesmus, as urine which colors blue litmus paper a slight pinkish color and which may be from 5, 8 to 10 degrees below normal acidity.

These elderly men's sleep is also disturbed by hyperesthesia of the nerves i. e., the weight of the body induces a feeling which compells them to often change positions. If they will diminish such stimulant foods to a minimum as coffee, salt and sugar and products prepared with them; the olive oil will protect their nerve filaments and not compell them to change their position so often. Whenever these elderly men will take one tablespoonful of olive oil immediately after meals for several weeks or a few months their urine will maintain its normal acidity night and day with less tenesmus and with much improvement. The besetting obstacles when treating prostatic diseases are predisposition to cold; hyperesthesia of the nerves; irritant and stimulating foods; irritations from abnormal acidity and alkalinity of the urine. But I have recently discovered that olive oil lessens colds and tenesmus; overcomes hyperesthesia of the nerves; controls irritations by restoring the ratio to the acid and alkali secretions.

DEMENTIA PRAECOX

Dementia praecox is one of the forms of paranoïdes which usually appear during adolescence, and its etiology has been shrouded in mystery. We meet many diseased conditions in practice where only the physical system is affected and with others the brain, but in dementia praecox both mental and physical are diseased. In the physical affection there are cell ptosis and empty and diminished capillaries. Normal cells have a dynamic speed of contraction and expansion, but when they are affected with atony there is neither a perfect contraction nor expansion.

There is, then, a limited degree of elimination, to what amount we do not know; but every chronic disease has this complication and the imperfect contraction and expansion of the cells are its cause. To anyone who wants to know the true cause of a disease, its etiology does not always define its condition for we want to know what produces indigestion, perverts the circulation and elimination. For instance, dementia praecox patients are affected with indigestion, perverted circulation and elimination. Is it possible that protein, carbohydrates, fats and mineral matter, have produced these conditions, or is it the irritants and stimulants with which they are impregnated?

Clinical observation has recognized the fact that foods impregnated with antiseptics and inorganic elements do prolong fermentative digestion, creating irritations which develop most all abnormal reflexes. When these reflex irritations, that start in the stomach, are conveyed by the vasomotor centers to the terminal nerves, resulting in impingement, then reciprocal reflex irritation occurs which so agitates the sympathetic nerve as periodically to break the continuity of volitional emanations.

Now, we have two irritation focuses, acting periodically: those arising in the stomach and those occurring by impingement of the terminal nerves. Will the relief of the terminal irritations control those created in the stomach? Certainly not. Therefore, the initiatory reflex irritations which limit contraction and expansion of the cells are the true cause of their ptosis.

Dementia praecox adds another disease to the list of mysteriously increasing maladies, as nephritis; tuberculosis; heart disease; angina pectoris; cancers; pernicious anemia; neuritis; neurasthenia; psoriasis; and phosphatic rheumatism; all of which derive their initiatory origin from the prolonged digestive ferments which by reflex irritations produce cell ptosis. And these conditions are being treated by a variety of methods which do not remove the cause of cell ptosis or restore their tonicity.

The prevalency of this disease cannot be decreased until people are convinced that foods, impregnated with the stimulating influence of granular sugar, inorganic sodium chlorid, and coffee, do produce cell ptosis and conditions which do not respond to treatment.

Treatment: The indications for the treatment of dementia praecox are for one that will remove the cause which produces cell ptosis, and control reflex irritations; autointoxication and local infections. First, proscribe coffee, sugar, salt and foods impregnated with them. Suggest a diet of milk and eggs, cereals of wheat, cornmeal mush, rice and tapioca, and from one to three drams of olive oil immediately after meals. Vegetables: Parsnips, spinach, cauliflower, green peas, string beans, turnips, rutabagas, baked potatoes, celery and onions.

Fruits: Oranges, grape-fruit, banana with lemon juice, dried apricots, dried and ripe peaches, and all of the berries when in season. Here are foods that are not impregnated with stimulants and which will not create sufficient irritation to incapacitate volition, are easily digested, and maintain the ratio of the acid and alkali secretions.

Examine the penis, clitoris, rectum, colon and uterus for local irritation and infection, which are easily controlled by any Orificialist with a workable knowledge of intra-uterine medication. Examine the urine for acidity or alkalinity. When the former is present the diet will control it; the dilute hydrochloric acid prescription will restore its ratio and thus increase oxidation. The functions of a dry or moist skin can be increased by bathing and anointing the body once a week only followed by a crash-towel rub every morning, which will restore elimination and refill the capillaries. The cell may be strengthened by: \mathcal{R} Distil. hamamelis Oz. ss. Fl. Ext. or Specific med. Belladonna Gtt. vii. Glycerin Oz. ss. Fl. Ext. or Specific med. Ergot \mathfrak{z} ii. Aqua q. s. Oz. iv. M. Sig: One dram every four hours.

Having controlled much reflex irritation which exhausts the physical condition, our attention should be directed to the strengthening of the mental faculties. When only to supply a

deficiency of a cell salt the following should be prescribed: Kali Phos, 3x. to 6x., three tablets alternated with the cell remedies every four hours. Mysterious pathologic conditions should no longer exist regarding dementia praecox patients, for they exhibit mostly food marking effects.

NERVOUSNESS

The physician is often asked "What makes me so nervous?" The answer should be, that the system lacks sufficient fats to protect the nervous system from the irritant effect of stimulant nourishment. There are many other causes for nervousness, but this is the greatest, besides it is closely associated with all others. Those who make a specialty of treating nervous diseases, will say that you may inherit it; may have a dry skin; may have terminal nerve impingement; pelvic and stomach irritation; indigestion from foods which develop dioxid CO₂ gas; may worry over family wrongs; may have constipation accompanied with auto-intoxication; may have lost a relative or dear friend or suffered financial loss, and other causes too numerous to mention. Every one of these causes are, more or less, associated with irritation and enervation.

The most important parts of the system to think of, are cells, capillaries and irritation, for they imperceptibly participate in every function of the body. When studying pathology and comparing its different forms with clinical observations, two forms, cellular and humoral, with our present mode of nourishment, appear most important.

We must recognize two primary causes: weakness and irritation, as there are nineteen causes for acquired nervousness, to one inherited, but when we have determined the majority, it will be necessary to consider the other. Is it possible to inherit nervousness, without its being complicated with acquired causes? Do we inherit nervousness? Certainly not, but we do weakness, with little resistance. Do those who inherit nervousness and deficient resistance, lack in phagocyte cells which perform phagocytosis? If they do, then the inherited form is curable, for phagocyte cells can be increased, and by performing phagocytosis increase resistance, to immunization.

Immunization from what? From inherited nervousness, weakness, lack of resistance or microbes? If microbes, did they produce the nervousness, weakness, and deficient resistance of the parents, who conveyed these inherencies to their progeny?

The healthy individual is not usually nervous, but it is those who are affected with permanent perversions, for chronic diseases have their origin in an irritant blood. An irritant blood is acquired and can be controlled, and by proscribing stimulating foods, nervousness and weakness can be overcome, and resistance strengthened by an indicated treatment. First, examine for irritation; if the heart action is increased, from five to twenty pulsations, it indicates irritation, which may be from a local inflammation and infection. A dry, sallow murky complexion indicates autointoxication; endometritis, local reflex irritation and infection; colitis or sigmoiditis indicates reflex irritation, and infection; pharyngitis and ulceration of the nasal and post nasal passages result in irritation and infection. Irritation and infection accompany constipation and headaches. A dry skin causes reflex infection; local sores cause irritation and infection. When the acid and alkali secretions are disproportioned, the blood becomes irritant, and produces irritation, and is one of the greatest causes of nervousness.

Every irritation and infection increases the dynamic rate of the heart and, in chronic diseases, should be recognized as pathologic food markings. After determining which of these irritations and infections are increasing the dynamic rate of the physiologic functions, a direct treatment will control them. Treatment: If autointoxication, order the skin anointed once a week with olive oil, and dry towel rub every morning; if constipation, flood the bowels before breakfast with sulphate of magnesia $\bar{5}i$. Specific hydrastis Gtt. x. Aqua bulliens Oz. xii. If metritis of the pharynx and nasal passages, control them by an indicated internal and local medication; if endometritis, wash out the uterus; if colitis or sigmoiditis, control them by introducing four to six ounces of a solution of carbolated sulphate of magnesia every morning, immediately after evacuating the bowels, then introduce the same quantity of the solution, and pass it off, which leaves a clean colon and rectum for healing.

Allow nervous persons to eat all kinds of foods, except the following stimulants tea, coffee, granular sugar, salt and nourishment prepared with these. Adjust the ratio of the acid and alkali secretions, by suggesting a proper balance of such acid and alkali producing foods, as given in the part acidity and alkalinity.

If nervous persons are examined and treated as suggested, there will be less neglected inherited cases.

CHOLERA-INFANTUM

An American name for an acute gastro-intestinal disease of infants, characterized by profuse watery diarrhea, with vomiting and tending to end speedily in death, by collapse. This definition of cholera-infantum, by medical lexicon, is correct, but to successfully treat it, one should know how it is developed, and what conditions must be controlled. It generally develops in hot weather. A child that is scantily dressed, and just been fed is exposed to an intense atmospheric change, which suppresses secretions, and causes gastro-intestinal ptomaine fermentation.

The child becomes very ill, cries with headache and aching of the whole body. The mother being unable to comprehend the seriousness of its illness, allows it more food. The second feeding increases fermentation to a state of gastro-intestinal reflex spasms; substantiated by the muco-watery vomiting and evacuations. Large quantities of mucus and water are thrown into the stomach and bowels, to control irritation, but which seem to increase the fermentation. Internal medication aggravates the condition.

TREATMENT: The ptomaine poisoning and fermentation must be controlled, and can be by the following antiseptic cutaneous application: ℞ Bichlorid of mercury, ℥ss. Alcohol Oz. ii. Aqua q. s. Oz. vi. Msce. Signa:

Saturate in this solution, a two ply piece of thin muslin, large enough to cover the gastric and hypogastric regions, and apply over it, a two ply thin flannel, wetted in the following solution: ℞ Powdered cinnamon Oz. ss. Powd. cloves Oz. ss. Powd. Ginger Oz. ss. powd. black pepper Oz. ss. Let these be steeped for ten minutes, in three pints of water. Saturate the flannel in the solution of hot spices; but before applying it, sprinkle a dram of tincture of Opii. in the muslin, which is saturated in the bichlorid solution, lay a piece of oil silk over both applications and bandage.

This cutaneous application usually controls the disease in twelve to twenty hours, but for safety it should be repeated once.

HUMAN ELECTRICITY

Dr. Wm. H. Fitzgerald's "Zone Therapy" presents a method which is quite reliable for relieving pain and curing disease. It produces a temporary mechanical irritation, (pressure) which, by an imperceptible, reflex electrical action, controls pain. As the acid and alkali secretions change their ratio so often, the Zone method may permanently relieve pain today, and only temporarily tomorrow. But human electricity is a physical non-irritant method of applying the hands, which control many conditions not given by Zone Therapy.

Electricity is the vital energy of animal life, and the only force it can generate. All mental emanations and physiologic phenomena are performed by a force, generated from combining oxygen and the acid and alkali secretions of the system. This is observed at birth, there being a state of suspended animation until oxygen enters the lungs, generating electrical energy that starts respiration, heart action, cell activity and life. As these combinations form the primary and vital force of all animal life, it becomes important to know the resources of human electricity, and how to utilize it for restoring health.

The physician should be able to tell when persons generate a weak electrical force, for they are usually affected with cell ptosis, perverted capillaries, bad complexion, indigestion, constipation, subthermal condition and occasionally insomnia. The recovery of a patient often depends on whether the system is generating sufficient electricity to support the physiologic functions. It is supposed that foods are digested by oxygen, acid and alkali secretions, but the necessary tilting and contraction of the stomach are produced by electrical energy, and which, if weak will prolong digestion, and end in subthermal conditions.

Everybody should know why the system acquires a subthermal condition; but the laity and many physicians do not understand it. It is an inability to digest sufficient nourishment to sustain animal heat. Is it possible that the subthermal condition results from a deficiency of oxygen, and of the acid and alkali secretions? No. But when the acid and alkali secretions have

become disproportioned for quite a period, digestion becomes imperfect and fails to develop electrical energy or produce oxidation.

The writer met two physicians, at medical conventions, during the past year, who had been affected with a subthermal condition for nearly eight months, and who had taken iron and olive oil without relief. But who would give iron to increase the heat of the body when digestion is almost destroyed, or even olive oil when the stomach is unable to handle it?

The utilization of human electricity proves two things:— First, that electrical energy is the most important participant of digestion; second, when properly applied, it is a specific treatment for restoring a normal temperature to the body. In order to utilize human electricity, and increase the body heat, or restore thermal conditions, a person affected with a subnormal temperature, should immediately lie down after a meal, on a couch, well covered, near an open window; moisten the hands or rub them together, applying the left hand over the stomach, and the right on the abdomen but not touching each other. Relax the system, and direct the thoughts to the stomach, for thirty, forty or even sixty minutes. The thoughts direct electricity to the stomach, and the escaping electrical energy from the hands restores digestion. When thus applied, following three or four meals, it restores digestion, which then develops electricity, and oxidation and proves conclusively, that electrical energy is the most important feature of digestion.

There are hundreds of painful conditions appearing in the system, which yield to our own electrical energy, when properly applied, such as rheumatism, neuralgias, head and backaches. For earache moisten the end of one finger, on each hand, and apply them in the ears, which usually controls the ache in five minutes. The pain of a rheumatic joint will respond when the hands are applied on each side of it. A woman who was affected with chronic enteritis, and had fifteen to twenty evacuations daily and cramps of the arms, feet and legs, was instructed how to apply her hands over her stomach and bowels, from twenty to sixty minutes, which digested her food, controlled the evacuations in twenty-four hours and overcame a subthermal condition in three days; and which no medicine known could have accomplished in that time.

There is no other method comparable to human electricity for overcoming insomnia, with the rectal sphincter kept free of constriction, the application of the hands over the stomach and

bowels, with the thoughts directed there, for thirty to forty minutes every night after retiring.

The writer has for years utilized human electricity on himself, and when indicated, on his patients; often with results that could not easily be obtained by other methods.

ARTIFICIAL ELECTRICITY

Writers on electricity, teach, that it exerts no medicinal influence, unless its strength produces jerking of the muscles. This is not a fact, because a muscle without nerves, has no dynamic action, and when it is paralyzed, the nerves have lost their dynamic power to convey electrical energy to it. The impinged distributing nerves to a paralyzed part, are not then vivified; and the question arises, what strength and length of application will best control irritation, reflex contractions and revivify the nerves?

The condition of local paralysis is an impingement of accessible or inaccessible distributing nerve branches, caused by reflex irritation. The indication, then is for a treatment which will control irritation, overcome contractions, and restore the nerves of the paralyzed part. The writer has found that a mild electrical current, short of mechanical action, applied from two to four hours, controls irritation, relaxes impingements, and restores the dynamic action to the nerves, better than one which produces muscular jerking.

The mild current, applied from two to three hours, is applicable for Wry neck; spasmodic contractions, which affect the throat or produce contortions of the face; reflex paralysis of the arytenoid muscles; superior and inferior laryngeal branches of the pneumogastric nerves, during an attack of membranous croup, recognized as diphtheretic, dropping of the wrist—paralysis—from lead poisoning; in a paralytic contraction of two, three or more inches of the small intestines, which simulates impaction, apply the anode to the abdomen and insert the cathode into the rectum for from two to three hours.

For nymphomania proscribe salt and coffee, and apply the anode to the clitoris and cathode over the first and second lumbar vertebra, for two hours every five days for several treatments; impotency with reciprocal erethism, between the brain and genital organs, apply the anode to the underside of the penis and cathode over the first and second lumbar vertebra for two hours every five days; for deafness resulting from the excessive use of salt, apply the anode to the upper cervicals and cathode

to the auditory meatus, for one and a half hours for twelve to fifteen days; for deficient locomotion, from potation in early life, correct the circulation by hemospasia over the spinal column every second day and accompany it with depurating blood remedies for one month, then place the anode over the first and second lumbar vertebra and the cathode to the soles of the feet for two hours every second day for two or three weeks.

These conditions have responded to the faradic and sinusoidal currents, which proves that when electricity is positively indicated it becomes a specific treatment.

PERIODICITY

Mild periodicity, a condition little understood, has been recognized by all physicians as fatigue. Its cause is autointoxication, from suppressed secretions, infection in the small intestines, post nasal passages, colon or uterus. A few days following a slight cold, which suppresses the secretions, most persons experience moments of fatigue, sleepiness, and exhaustion. From day to day these spells become longer, and intensified, occurring in the morning, afternoon, or at night. The condition of some persons, affected for months and years, becomes severe and not unlike malaria. The periodic paroxysmal symptoms, produced by the genus plasmodium or anopheles, are usually even more severe than periodicity.

The symptoms arising from this form of periodicity are: suppressed secretions, brief drowsiness, slight mental disturbance, blurred vision, scanty and highly colored urine, secretions extremely acid or alkaline, retained fecal matter, local itching, tired, languid and exhausted feeling, local distress, slight or severe pain, the spasmodic cough, which complicates bronchitis, short or long attacks of dyspnea, night dreams, awakened by hard rapid pulsations, cramping feet and legs, nervousness, yawning during the attacks. When these conditions are not controlled they become a factor of insomnia.

These mild symptoms neglected, the blood acquires a more irritable state, then several conditions become so intensified, that they may develop a severe local attack of illness; and if the physician recognizes this condition as fatigue, and not its periodic occurrence, he will fail to give satisfactory relief. It is easy to determine suppressed secretions (dry skin) but their restoration will not always overcome the periodic action of the blood, until the kidneys and bowels assume their normal functions. Further examinations may disclose a local infection in the nasal passages, small intestines, colon, sigmoid flexure, bladder or uterus, which must be controlled by the indicated remedies and local treatment.

To show how these scarcely recognizable symptoms of periodicity may affect one, we will cite a case: A woman, aged 30,

mother of two children, commenced vomiting with spasmodic pains in the stomach and bowels, August 29, 1920. I was called the next day, and all my efforts having failed to control it after forty-eight hours, by solicitation I learned that she had been feeling well during the day, but for several weeks, had had dreams, yawning and restlessness at night. This showed that the vomiting was caused by the periodical action of the blood. I prepared the following solution: ℞ Corn starch Oz. ss. Warm water Oz. iv. and added Salicylate sodium ℥i. Fl. Ext. or Specific Echinacea Oz. ss. Fowler's solution ℥ss. M. Sigma: One-half ounce was thrown into the rectum every two hours. When the first injection was absorbed, in about forty minutes, the vomiting ceased. Fearing that oral medication might renew the vomiting, I dissolved ten grains of quinine in a half-dram each of vinegar and hot water and rubbed it into the abdomen, at 4 P. M., and repeated it the second day, which broke up the whole attack.

Clinical observations, for more than twenty-five years, have conclusively proved that all cases of fatigue exhibit periodical symptoms, unless neglected, until the blood becomes so intensified, that it produces continuous exhaustion. Every individual affected with mild periodicity, has weak cells and diminished capillaries, which have been acquired by a perversion of metabolism.

Patients with a condition of mild periodicity, who have come under my observation, complain of exhaustion and an inability to attend to their work; also that they have been treated by several physicians, with little more than temporary benefit. Inquiring when the exhaustion is greatest (in the morning, afternoon or at night?) the answer from some persons will be, that they are very tired in the morning; others feel well till noon or 2 P. M., while many will say they dream and yawn and are restless during a part or all of the night.

Because such patients seldom feel obliged to give up their work, their condition is diagnosed as fatigue and treated with tonics which fail to benefit, nineteen times out of twenty. When treated for periodicity, with the following blood depurative remedies, the exhaustion is always overcome: ℞ Potassii acetat ℥ii. Fl. Ext. or Specific Echinacea Oz. ss. Fowler's solution ℥ss. Any efficient laxative Oz. i. Aqua q. s. Oz. iv. M. Sigma: One dram every three hours. This prescription is supported by one two-grain quinine tablet at six, four and two hours before the periodic exhaustion appears.

Those who contract colds easily, are predisposed to periodicity, with its feeling of exhaustion, and if the practitioner does not produce some permanent benefit in his patient, the latter will go to other physicians, and even submit to operations. After the periodical exhaustion is overcome such stimulating foods as coffee, salt, salt prepared foods and sugar should be diminished to a minimum, for they pervert metabolism, weaken the cells and reduce the capillaries. In addition, order the skin anointed with olive oil every ten days and a dry towel rub every morning and prescribe ℞ Calcareo Fluor 3x. Grs. x. Distilled hamamelis Oz. ss. Fl. Ext. or Specific med. Belladonna Gtts. vi. Aqua q. s. Oz. iv. M. Signa: One dram every three hours.

Whenever this condition is treated as periodicity, with depurative blood remedies, the result cannot fail to enhance the physician's reputation. Medicated as fatigue, confidence in the efficacy of medicine, is likely to be destroyed.

BRONCHITIS

Some persons develop bronchitis, in childhood and are affected by it, every winter, during their lifetime, for when it assumes a chronic condition, its etiology is only partially understood. With elimination diminishing for weeks, months and years, from a perverted capillary circulation, an acute attack inflames the tubes, resulting in a deposit of tenacious albuminous exudation. The inflamed membranes secrete an exudation, that coagulates in the tubes from lack of serum. Expectorants have always been given for this condition, with temporary relief; but by increasing the exudation, the disease is prolonged. The inflammation of the tubes, is intensified at the slightest change of the temperature, accompanied with a tenacious exudation, cough and dry skin, which shows a lack of serum and obstructed osmosis.

The author has discovered that the cells, during an attack of cold and bronchitis, can by mental and physical efforts, be so alternately contracted and relaxed as to restore secretions, osmosis, liquify the exudation, and control inflammation of the tubes. This is a wonderful discovery, for those who are able to comprehend and apply this force, not only for controlling bronchitis but also colds and pneumonia.

The physical exercise is as follows: Contract the muscles of the right arm rigid, as when exhibiting the size of the biceps. This is to show how the mind must contract and relax every tissue and muscle in the whole body. When retiring with a hard, tight, bronchial cough, the individual should lie on his back with the hands over the chest, take a deep inspiration, and hold the breath while counting ten, at the same time rigidly and forcibly contracting all of the muscles of the body. He should then relax the system for 15 to 20 seconds, and repeat the deep inspirations and enforced rigidity of the muscles, until the skin becomes moist with perspiration.

During these physical exercises, the desire to cough is controlled, but the tenacious exudation, in the bronchial tubes, becomes so liquified that the slightest induced effort at coughing obtains free expectoration. Finally the tubes become emptied of the liquified exudation, and the individual can sleep without coughing. The time required for breaking colds and controlling coughs by this method is from thirty minutes to an hour, depend-

ing on the time and severity of the attack. The exercises are not fatiguing and the relief is much more complete than obtained by medicine. Those affected with bronchitis and who contract colds easily should practise these exercises every night if they cough.

A medical treatment is offered for those who cannot successfully apply the physical method. An attack of bronchitis, suppresses the carbonic acid of the skin by contraction of the cells. Their relaxation, with the restoration of the secretions, may be quickly obtained with the following:

℞ Kali sulph, 3x. 15 grs.
 Fl. Ext. Veratrum vir. Gtt. xv.
 Aqua q. s.
 M. Sig.: 1 dram every half hour for several doses, then every hour.

Put half a grain of nitrate of sanguinarin in one ounce of water and inhale it from a steam atomizer for half an hour, morning and night. This alone controls many severe cases, but when the cough is spasmodic and shows periodicity by appearing regularly in the morning, afternoon, or at night, the treatment should be:

℞ Fl. Ext. or Specific Veratrum vir. ʒss.
 Fowler's Solution ʒss.
 Fl. Ext. or Specific Echinacea ʒv.
 Aqua q. s. Oz. iv.
 M. Sig.: 1 dram every 3 hours, accompanied with 2 grains of Quinine at six, four and two hours anticipating the paroxysmal cough, for three days.

Some of the most intractable cases have responded to this treatment.

Bronchial patients are subject to reflex coughs, caused by pharyngitis, and accompanied with headache, when the treatment should be by a hand atomizer spray of the following antiseptics:

℞ Glycothymoline ʒii.
 Fl. Ext. or Specific Echinacea Gtt. xv.
 Fl. Ext. or Spec. Hydrastis Gtt. v.
 Aqua q. s. Gtt. xv.
 Peroxid of Hydrogen Gtt. xv.
 M. Sig.: Spray the pharyngeal cavity several times daily.

Bronchitis becomes intractable by hearty eating and responds more rapidly to treatment when the diet is very light or by fasting for two or three days.

GANGRENE OF THE FEET

There are many causes of gangrene, but we will consider only that form which occurs from pressure, constriction and local destruction by trauma. Aged persons are subject to gangrene of the feet, caused by pressure and obstructed circulation, for there is no part of the body so neglected as the feet. The legs and feet bear the weight of the body, and participate in most all physical exertion; therefore, they should, at all times, be kept in as healthy a state as possible. This can be maintained only by tonicity of the cells and capillaries, which are the reparative agencies. All foods mentioned in this work as stimulants, pervert the cells and capillary circulation, and when local pressure is added to some part of the foot, the obstruction will prevent reparation.

Treatment—The successful treatment of gangrene is first, to remove the pressure. Aged persons for economy wear their shoes, until the heat and moisture produce a convex elevation in the sole of the shoes, just posterior of the toes, which obstructs the circulation, and develops gangrene; if the toes have, or have not, turned black, the patient must buy new shoes immediately, or purchase a pair of thin, steel plates, to be worn under the ball of the foot, and which furnishes a level pressure for the foot, and overcomes the convex elevation in the sole of the shoe, and which the author supplies.

It has been proved and verified, that gangrene can be successfully controlled by a general and local treatment. To control the pain before and after the toes have turned black, and the line of demarcation is present, prepare a poultice of one part powdered charcoal and three parts prepared yeast, which should be applied hot every two hours. This usually controls the pain in twenty-four hours. The poulticing should then be discontinued, for it causes suppuration after the second day's application. When it is not convenient to use the poultice, the following hot solution should be prepared: ℞ Sulphate of magnesia Oz. iii. to the quart of hot water and ℥i. of 33% phenol. This should be kept hot, and the feet held in it, until the capillaries are exten-

sively flushed. Dr. George W. Thompson, of New York, prepares a strong hot mustard solution, and the feet are held in it until the capillaries are flushed. He has the feet dried, and the diseased parts dressed every four hours, with cotton, which has been saturated in a hot solution, prepared with these remedies: ℞ Sulphate of Zinc Oz. i. Fl. Ext. Echinacea Oz. ii. Fl. Ext. Baptisia Oz. ii. Fl. Ext. Lobelia Oz. ii. Aqua Oz. i. This solution should be applied after either method, the hot poulticing, carbolated epsom salt or mustard, whichever has been used for flushing the capillaries.

While the local treatment is controlling and healing the diseased parts, experience has proved, that the blood can be protected from gangrene infection with the following remedies: ℞ Potassii chloras ℥ii. Fl. Ext. or Specific med. Echinacea ℥vi. Tincture Capsicum Gtts. xv. Aro. Sy. Cascara Oz. i. Aqua q. s. Oz. iv. M. Sig.: One dram every three hours.

When called to a patient affected with gangrene of the toes which has existed for months or a foot has been amputated and the odor is very offensive have the feet or diseased parts, bathed in a solution of borax and dusted with the same. Throw powdered borax around the edges of the room, take it up every two or three days and replace it, and when so used it will control all offensive odors.

SUDDEN DEATH FROM PARALYTIC SHOCKS

Little attention has been given to the cause of sudden death by paralytic shocks, for the reason that few understand the true condition of a paralyzed part, and others have a mistaken idea of the etiology of shocks. Before death occurs, after a paralytic shock, whether hemiplegia, hemiparaplegia, paraplegia, or local, the external affected part exhibits ptosis, immobility and anesthesia.

As all paralytic shocks result from central or peripheral irritation, degeneration or reflex contractions, there are always fiber bundles or muscles somewhere in the body in a cramped, shortened or contracted condition, and this is the condition that impinges and cuts off some nerve branch, supplying a vital organ or function, and results in death.

Every physician and layman should remember, that unless these inaccessible contracted fibers or muscles are relaxed, death will occur. Thousands of people have died from recent paralytic shocks, because of no known therapeutic remedy, that can relax or elongate a fiber, contracted by a shock, impinging an internal nerve, by which one or more vital functions are supplied. We do have at our resources, however, the mildest current of electricity, which, when properly applied for from one to eight hours at a single seance, controls irritation, interrupts reflex action, relaxes shortened or contracted bundles, and removes impingement, allowing electrical energy to revivify anesthetic nerves.

Treatment.—With a spasmodic shock of the face or throat which inhibits phonation and deglutition, the anode, or positive pole, should be applied to the nape of the neck, and the cathode, or negative pole, to the contracted part for two or three hours, or until relaxation is obtained.

Plethoric individuals who eat salty foods, drink excessive quantities of coffee with granular sugar, and resort to cathartics, produce central irritations, which cause shocks. These shocks paralyze from one to three or more inches of the intestines, simulating impaction or indigitation. Enemas will empty the alimentary tract below the paralyzed part, but the distressed sensation

in the bowels will remain. Such patients should never be allowed to die or be operated on, before trying the mildest current of electricity. Apply the anode on the stomach, the cathode in the rectum, and continue the current from two to eight hours or until the impingement of the nerve and the distressed sensation are overcome.

A chiropractor or an osteopath may claim that a spinal nerve, which supplies the paralyzed part of the alimentary tract, is impinged by muscles along the spinal region. Many impingements, however, occur in central parts of the body where manipulation or physiological adjustments of the spine, have no relaxing power. Whenever a nerve becomes impinged near or at its spinal exit or peripheral part of the body, then physiological adjustment may give relief; but when the impingement is centrally located, on an internal nerve, or near its terminal end, then the application of the mild electrical current for hours will save life, following paralytic shocks.

Degeneration of a part of the brain or spinal center, may, by a perverted circulation, set up irritation and reflex contractions, and centrally impinge nerves which supply these parts with nourishment. The cause of a shock that produces hemiplegia, hemiparaplegia, paraplegia or paralyzes some part of the face or neck, may be difficult to locate, but experience with the irritant effect of foods will help determine whether the irritation is reflexed from a central or peripheral part.

During an attack of malaria it is possible for the blood to become so irritable, that reflex contractions may cause a paralytic shock from the intensity of the periodical paroxysm. Reduce the amount eaten, apply electricity from the nape of the neck to the base of the spine, and prescribe the following:

℞ Potassae acetat ℥ii.
 Echinacea ℥iv.
 Fowler's Sol. ℥ss.
 Aqua q. s. ℥iv.

M. Sig.: One dram every three hours.

The mild electric current applied properly and long enough is a specific treatment for paralysis following diphtheria. Sudden death may follow a shock caused by irritation, reflex contraction and impingement of some nerve, which supplies vital functions, without any deficiency of the inorganic cell salts in the blood. In all forms of paralysis, that develop slowly, there are always deficiencies of one or more of the cell salts, as Kali Phos., Magnes Phos., Calc. Phos., or Silicea.

CLOT ON THE BRAIN

Pathologists have made few mistakes, which equal the determination of clot on the brain, as the etiology of hemiplegia. Clots may form on the brain in apoplexy, for the spasmodic contraction of the muscles of the neck impinge the jugular veins, obstructing a free flow of blood from the head.

A study of the reflex mysteries of the sympathetic nerve finds proof that hemiplegia is caused by the same centric and peripheric irritations, as produce spasmodic paralysis of one side of the face, head and neck. The recovery of a person with hemiplegia then, depends on immediate relief of irritation and impingement of inaccessible nerves. When further tracing the sympathetic reflexes, I have found that relief of the unlocated irritations and impingements quickly overcomes hemiplegia. Centric or alimentary irritation, often causes hemiplegia or hemiparaplegia, that, when controlled and relaxation is obtained results in rapid recovery.

A paralytic contraction of a section of the duodenum, jejunum or ileum simulating and determined as impaction, has been relaxed by a mild current of electricity before laparotomy and others after, by manipulations, with immediate restoration of bowel functions. A sensitive tooth bulb has caused hemiplegia without any clot or impairment of the brain, which resulted in rapid recovery when overcome. Who has not seen individuals with one eye paralyzed, or a variety of contortions of one side of the face and neck, caused by nasal irritations, which resulted in reflex paralytic contractions without the least mental impairment? In apoplexy there is a free flow of arterial blood to the head, and an impingement of the jugular vein, resulting in congestive pressure, which may suspend the mental faculties, and produce death, by heart failure, before forming a clot on the brain. In acute hemiplegia, there is either suspension of the vasomotor functions and held in that condition by reflex action or impingement from irritation of some internal or external nerve.

Treatment.—Indications are to therapeutically control irritation by emptying the alimentary tract and restoring secretions, which usually renews vasomotor reflexes, unless inaccessible nerves are impinged. As antispasmodic remedies fail to relieve paralytic impingements, the electropositive should be placed over the cervical vertebrae, and the electronegative in the rectal sphincter, and the mildest faradic current applied, until muscular relaxation occurs and paralyzed nerves are revived.

It is a mystery why practitioners do not universally resort to the relaxing energy of the mildest electrical current, for relieving impingements of inaccessible nerves, when they know that antispasmodic remedies are without efficacy. This is because there are two conditions following most paralytic shocks, as spasmodic contractions of only a few bundles of one or more group of muscles, and the impingement of one or more inaccessible distributing nerves.

The long application of the mildest faradic current controls irritation, relaxes the few contracted bundles or muscles, overcomes unlocated impingements of inaccessible nerves, and results in their revivification and restoration of physiologic functions.

SUNSTROKE

Sunstroke is so very common during the heat of summer in the northern states that one would expect to find its pathology defined in all medical works. Unfortunately, many diseases are considered so simple as to require little or no attention, and this disease has received such slight recognition that it is scarcely understood.

To understand sunstroke, we must first know how the system responds to different kinds of irritations developed in the body. If the irritation is in the mucosa a determination of mucus is directed there to control it; if due to an injury, blood and its lymphocytes is directed to the part, causing contractions of fibers, swelling and pain. In sunstroke the symptoms point to irritation and determination of blood to the brain, resulting in swelling and impingement of the nerve centers, as exhibited by headache and cyanosis of the face and neck, or obstructed circulation. The contraction of brain fibers, and the impingement of the nerve centers induce with some patients partial, and in others general paresis of the sympathetic functions, followed by reflex nausea, retching or vomiting, and involuntary discharges of the urine and feces.

If the condition of the blood were the same in everybody, everyone would be overcome by the heat, or all exempted. It can readily be seen, therefore, that the heat is a contributing factor, but not the true etiology. Whenever the blood is in a normal alkali condition, the gastric fluid, perspiration and urine are naturally acid and functionate normally; with the blood, saliva, bile, pancreatic and intestinal juices normally alkali, they will act also physiologically. Examination in cases of sunstroke has determined that the blood exhibits conditions which disturb the proportion of the acid and alkaline secretions, exhibiting acidosis or hyperalkalinity.

The diet may be such that it produces extreme alkalinity of the blood, which disturbs the ratio of these secretions, or it may be so irritant as to generate and intensify acidity in the system. Whenever these secretions retain their normal ratio,

the brain and nerve centers, with oxygen, generate sufficient human electricity, or vital energy, to resist and maintain, with the sympathetic nerve, the physiological activities of life. With the equipoise of the secretions disproportioned, the brain and nerve centers generate a weak (non-resistible) electrical force. One of the functions of the electrical force, in connection with the sympathetic, is to enforce the circulation, and transudation of these secretions. In sunstroke the failure of these forces allows the secretions to thicken, and the membranes become dry. Before offering a treatment there is another idea that ought to be borne in mind, namely, that when the patient is unconscious, the system assumes conditions of a crisis and absorption is then suspended. This presents the reason for therapeutic remedies failing to restore those overcome by heat.

Treatment: The most important feature of the treatment should be followed first. The determination of blood to the head, accompanied with feelings of pressure, contraction and impingement of the brain nerves, suspension of the sympathetic functions must be controlled. With the patient in a supine position and all clothing loosened, gently pour hot water on the forehead and vigorously fan the head, face and neck. When persevered in, this treatment will evaporate the heat and control irritation and determination of blood more rapidly than ice or cold in any form. In extreme cases, it may take from one-half to three hours to establish perfect restoration, although consciousness may return in half an hour. Amyl nitrate should frequently be inhaled, as it assists the quick return of consciousness. Discoloration of the face and neck will soon disappear, the pupils will contract, respiration become deeper and easier, the pulse slower and stronger. With the return of consciousness, sensation will come, as noticed by the patient's raising the hand to the head, or complaining of pain in head and face; but the continuous application of hot water and fan for a while longer will control all suffering in the head. The patient will now begin to yawn and stretch, at which time the hot applications become annoying and are usually resented, though earlier they brought great relief.

Consciousness and restoration being well advanced, we may administer the remedies for restoring the deficiencies of the blood, which resulted from the disproportioned acid and alkali secretions. In order to avoid any resultant sensitiveness to heat, give sodium and hydrochloric acid; probably the cell salt *Natr.*

Mur. is the better form to use; say, Natr. Mur. 3x, grains xx. Aqua Oz. iv. M. Signa: One teaspoonful every hour, for three or four hours; then two or three hours apart. If the patient occasionally complains of his head, potassium and phosphorus should be taken in the cell salts form; i. e., Kali Phos. 3x. Grs. xx. Aqua Oz. iv. M. Signa: One teaspoonful or dram every two hours.

When an infant is overcome with heat, the mother should disrobe, pour hot water on its head, fanning it rapidly every minute or so, while running a hot cloth over the face and neck. She should continuously apply the hot water to the head, face, neck and shoulders, and occasionally over the body, also vigorously using the fan. The result will be satisfactory.

This treatment is indicated by the heat and determination of blood, contraction of brain fibers, and pain, for three conditions require the control of irritation, evaporation of heat, relaxation of the contracted fibers, and the quick restoration to consciousness.

CANCER OF THE RECTUM

The sensitiveness of rectal tissues and sphincter constriction offers several obstacles to applying a specifically adapted treatment. The leading symptoms occurring from cancer of the rectum, are shooting pains, starting at the growth and darting to contiguous parts; weight and expulsive pressure; enlarged and nodular constriction in digital examination, through the rectum and vagina. The participating complication symptoms are enervation from hyperesthesia of the nerves; capillary paresis, indicating local stagnation of blood and carbonic acid; obstructed absorption and diminished elimination; cyanotic sallow complexion, exhibiting cell paresis; plethora or marasmus, due to imperfect metabolism; exudation and predisposition to cold, pointing to deficiencies of the blood; and fatigue, due to local infection or autotoxemia.

All growths are developed from capillary paresis, local stagnation of blood and carbonic acid, which evolves ferments that displace oxygen, and by the stiling of tissues results in inflammation. To absorb a cancer, therefore, the treatment must overcome every participating perversion from circulatory paresis to inflammation.

Proscribe stimulant foods that cause reflex contractions, which, more or less, obstruct all physiologic functions. To build red blood disk, give two heaping teaspoonfuls of Hemo, a food prepared by Thompson's Malted Food Company, Waukesha, Wis., during every meal; 1/40th to 1/30th grain of strychnia before meals. With flatulency of the bowels and alkalinity of the urine give from 30 to 60 minims of dilute hydrochloric acid, with an egg beaten up, cream and milk to fill a glass, taken before the morning and evening meals. Give four 3-grain tablets of Reed and Carnrick's Protonuclein at 10 A. M., 4 and 9 P. M. Where the growth is hard, alternate four tablets of Kali Mur. 3x every four hours with four tablets of Calc Fluor 3x every four hours. Where neighboring lymphatic glands are enlarged, suspend the biochemic remedies and prescribe: ℞ Fl. Ext. or Specific Geranium ʒii.; Thuja ʒii.; Phytolacca ʒii.; Aqua q. s. ʒiv. M. Sig.: One dram every three hours. If symptoms appear periodically, suspend the last medicine and prescribe: ℞ Potassium acetate ʒii.; Fl. Ext. or specific Echinacea ʒiv.;

Fowler's solution ℥ss.; simple syrup ℥j.; aqua q. s. ℥iv.; M. Sig.: One dram every three hours and one 2-grain Quinine tablet at six, four and two hours anticipating the periodical paroxysm for three days.

A sponge bath should be taken every fourth day, with one ounce of chloride of ammonia to one quart of hot water; a tub bath may be taken with one and one-half pounds of Epsom salts and one dram of 33% phenol; immerse and dry the body three times. Take dry towel rubs on intervening days and use an unction, as: ℞ Petrolatum ℥ii.; Tincture of capsicum ℥ss.; M. Sig.: Apply daily over the whole body. When these instructions are persistently carried out a perceptible improvement of all the participating complications will show, that the weakened absorbent forces are acquiring revitalization.

There are several methods for absorbing cancers. Where the growth is accessible, the carbonic acid ferments should be removed, by cupping with a device now on the market for emerging these toxic gases from growths and which overcomes capillary paresis, restores normal circulation and local absorption. Since inaccessible cancers have been cured by internal medication, it is questionable whether necessary to use destructive applications on growths located at apertures of the body.

Local Treatment.—The rectum has little toleration for foreign bodies; therefore, a mild anesthetic should first be applied. Take a piece of absorbent gauze one-half inch wide and four inches long, fold and attach a string to the ends, saturate it in 80 minims of warm water containing two or three grains of Alypin, and with a sound, pass it into the rectum, to remain 10 or 12 minutes. Prepare a similar piece of gauze, saturate it in an ounce of warm water containing from two to five grains of iron sulphate (green vitriol copperas), and pass it into the rectum, in contact with the growth, to remain as long as tolerated, and repeated daily.

Applications to the rectum of women may be the same as with men, but when growths appear in the recto-uterine and recto-vaginal walls, two absorbents may be used daily, one in the rectum and the other in the vagina. The vaginal pack may be prepared with one dram of Epsom salts, one dram of Fl. Ext. Phytolacca, and one dram each, of hot water and glycerine. This is sufficient to saturate a wool or absorbent cotton, with a string attached, for inserting against the cervix and repeated daily.

In a small work the whole subject of cancer must be abridged, but it has been proven, that most all cancerous growths may be absorbed by cupping and the use of deterrents.

CAPACITY OF THE BOWELS

Many people are troubled with constipation, requiring assistance to evacuate the bowels. Overeating, liquid and other stimulating cathartics are irritating and develop a weakness from simple constipation to partial paralysis. In order to dispense with evacuants, in cases where they are used, I instruct the patient how to learn the capacity of their bowels.

Those who had been eating forty ounces daily, were advised to eat only thirty-five ounces daily, for two weeks, after which time, if evacuants were necessary, they were told to take only thirty ounces, one half of that amount to be of vegetables and acid fruits. They were also instructed to reduce such stimulating foods as salt, salty meats, coffee, granular sugar and cheese. Some were compelled to reduce the amount of foods to twenty-five, then to twenty ounces, before their bowels assumed a normal action.

There can be no standard quantity of nourishment for everybody, but experience has proven, that the amount, found as the capacity of the bowels, will sufficiently nourish the body.

COMPLEXION

Physicians should know the cause of a permanently bad complexion, for without this knowledge, treatment will only obtain a partial improvement. Stimulant foods, such as tea, coffee, cocoa, salt, sugar, butter, and all nourishment prepared and cured with salt, are the cause of a bad complexion. These foods contract the cells by overstimulation, followed by relaxation, resulting in cell atony. Such nourishment produces imperceptible irritation and determines too much blood to the larger vessels, which diminishes the capillaries as observed by anemia of the skin.

The biliary and urinary pigments become deposited in the skin, and with cell atony and diminished capillaries, the system is unable to absorb and carry them back into the circulation. Nineteen persons out of twenty, with a bad complexion, will find their daily evacuations of a brownish color, which shows a normal biliary elimination. Some persons will doubt that a permanently bad complexion is a disease, but they must admit that abnormal and weak conditions of the system prevent the restoration of a clear skin.

Treatment.—The treatment must restore the capillary circulation and tonicity to the cells, instead of being directed to the liver. Diminish the stimulant foods to a minimum; anoint the body once a week and apply dry towel rubbing every morning; and prescribe these remedies for restoring the capillary circulation and tonicity to the cells.

℞ Calcarea fluor ix. Grs. x. Distilled hamamelis Oz. ss. Fl. Ext. or specific med. Belladonna Gtt. vii. Aqua q. s. Oz. iv. Misce. Signa: One dram every three hours.

The complexion will clear slowly or rapidly, depending on how the patient observes instructions.

HEMOSPASIA

Hemospasia is a method of dry cupping originated about sixty or seventy years ago by a French practitioner for curing rheumatism which is falling into disuse partly from the fact that it requires a little physical exertion and time for its application. Physicians are becoming too ultrascientific to appreciate some of our most proficient resources for curing disease. While Hemospasia exerts a specific and curative influence on many cases of rheumatism, there are other conditions in which it is almost indispensable. Plethoric people often present conditions of retention of toxins, destruction of the capillaries and loss of cell dynamics to such an extent of muscular atony that arterial and venous stasis is present. In such a condition there are twinging pains indicative of impingement of nearly all nerve filaments throughout the body.

The routint Epsom salts bath ordered to remove the toxius is unable to do so because the destroyed capillaries are powerless to eliminate general cellular edema or bloated condition. By its vacuum attraction on the circulatory system, Hemospasia can set every cell in motion, improve metabolism, arouse every energy and strengthen immunization by one application every twenty-four hours for three days, more than can be accomplished by three months with therapeutics. The circulation of the legs at about the age of 55 to 65 becomes so perverted that edema and progressive paralysis, resulting in stumbling, make their appearance. Electricity is generally useless until the Hemospasia treatment has restored the capillaries, absorbed the edema, and strengthened the blood.

MYSTERIES OF DISEASE

It appears, that recent graduates in medicine, have given little consideration to causes of disease or to complications obstructing restoration. All they desire to know is the condition of the patient, which may be obtained by examining for functional or organic disease. They scarcely ever find the mysterious complications of disease, as cell ptosis, diminished capillaries, acidosis, hyperalkalinity, indigestion, enervation, permanent sallow complexion and other food markings.

We will consider the condition of a man who contracted syphilis and had been treated for two years by a large number of Salvarsan injections and with other authentic methods, with little or no relief, during which time the Wassermann reaction exhibited negative and positive results. The predominant nourishment most of his life had consisted of such stimulant foods as tea, coffee, cocoa, sugar, butter, fresh and salty meats, and other food prepared with salt. These foods increased his heart action and dynamic rate of the physiologic functions, and developed the following perversions: enervation, cell atony, diminished capillaries, acidosis, arterial tension, indigestion, dry skin and a permanently bad complexion. It is obvious that the weakness of these functions inhibited most all reparative action. Then how may even a scientist expect to cure syphilis when salvarsan, mercury and other medication, not indicated, impair the metabolic processes?

Treatment.—The treatment indicated was to strengthen the reparative functions by proscribing stimulant foods, oiling the skin once a week and dry-towel rubbing every morning. The following remedies were prescribed to strengthen the weakened reparative functions:

℞ Calcarea Fluor ix, Grs. x. Fl. Ext. or Specific med. Belladonna Gtts. viii. Distil. Hamamelis Oz. ss. Aqua q. s. Oz, iv. M. Signa; One dram every two or three hours.

The oiling of the skin and dry rubbing was continued, but at the expiration of one month, the medicines were changed to:

℞ Iodidi Ammonia ʒ iss. Distil. Hamamelis Oz. ss. Fl. Ext. or Specific Iris ʒ iii. Fl. Ext. or Specific med. Podophyllum ʒss. Aro. Sy. Cascara Oz. i. Aqua q. s. Oz, iv. M, Signa; One dram every three hours. Four tablets of Kali mur 3x. were alternated or given every four hours.

By four months treatment of inhibiting stimulant foods and restoring of the reparative or metabolic processes, this man was relieved of all syphilitic effects.

The strangest feature about the practice of medicine, is the little attention given to foods which build and destroy our bodies, and especially after they have developed organic diseases. How can anyone expect to eliminate autotoxins and the foreign infection of spirochaeta pallida with a semi-functioning metabolic process?

THE OPINION OF A PHARMACIST.

"With regard to the use of certain remedies, we are aware of the modern therapy, and the present day practise, by specialists, but unfortunately, the practise of medicine, as it now prevails, is acknowledged to constitute one of the least exact of all sciences, so the theories expounded today are obsolete tomorrow. The cherished views of one physician upon the treatment of a particular malady, becomes an utter fallacy when placed in the hands of another. Even our most profound works, compiled by the leading lights of the medical world, are often discredited by others, with whose findings they may conflict."

This pharmacist's opinion is quite true, but we ought to know why the public has such a lack of confidence in the practise of medicine, and why two physicians do not obtain the same result with a particular remedy? There can be no uniformity in the practise of medicine for men do not possess universal faculties or equal resources. The practise of medicine to one man is a science, to another a trade. Aristotle recognized this when he said, "The philosopher should end with medicine, the physician begin with philosophy." It was a suggestion that physicians should be philosophical thinkers, and be their own authority.

The people will have confidence in the medical profession, when it determines chronic diseases by conditions and not by transient symptoms, which are present today and absent tomorrow. The predominating foods are impregnated with inorganic and stimulating substances, that when eaten as a routine and in excessive quantities, marks the body which indicated the exact condition and deviation from health. For instance, coffee is a stimulating irritant which marks the body by increasing the dynamic rate of the circulation; producing irritation and spasmodic contractions which impinges terminal nerves and inducing enervation through imperceptible reflex actions; changing the complexion.

Chlorid of sodium is an inorganic irritant stimulating antiseptic, which marks the body by cell ptosis; increasing the dynamic rate of the functions; anemic skin; diminished capillaries; developing arterio-sclerosis; eczema, psoriasis, reflex ir-

ritations, inflammation, plethora, edematous swellings; cancers and other growths.

Granular sugar is an irritant carbon and antiseptic, that when combined with other carbons, forms dioxid CO_2 fermenting gas and marks the body by general and local hyperemia of the capillaries; thickening the rectal sphincter muscles and developing hemorrhoids; the acids which bleach and crystallize sugar produce deficiencies of the blood, then eruptions and other skin diseases appear; its excessive use induces indigestion and weakens oxidation; producing dry skin, neuralgia and constipation. These food markings are most all permanent conditions, and when the correct food is proscribed, the remedies needed for restoration are so positively indicated, that two or more practitioners will prescribe the same treatment.

When physicians recognize pathologic food marking as the perfect method for determining chronic diseases, which are complicated with autointoxication, concealed irritations and local infections, then, the public will restore its confidence in the practise of medicine.

CHEMICAL ATTRACTION.

When treating individuals, affected with chronic diseases, I have noticed that a majority had a deficiency in fats. It may be suggested that persons so affected, do not eat a sufficiency of fats, but we have the unquestionable evidence of those who ate excessive quantities of it, and yet had a deficiency. When studying the physiologic functions of the system, we recognize the fact, that the elements of the proximate principles, have proportions, which may fluctuate for a short time with little injury to the system; but when broken for a period, produce intractable conditions.

I know that physiology is almost an obsolete subject, but the system possesses so many unsolved problems, which cause and prevent restoration of health, as to make it profitable for its restudy. The laity have an obscure idea of the necessity of fats in the system, but we know the blood of plethorics is more anemic than that of the marasmatics, and we want to know why. When the ratio of the acid and alkali secretions is broken for a period, digestion and oxidation are not well performed, nor the required amount of electro-vital energy generated. This should be sufficient proof that the proximate principles require certain proportions for maintaining a standard organism.

Beneficial results obtained when treating chronic diseases, by increasing the fats in the system, are all the evidence necessary, that an excessive cell salt of the proximate principle of the first class destroys the non-nitrogenous oils of the second class, and changes the ratio and nutritive supply of the third class. Physiology is compiled from examination of healthy elements and secretions, but we want to know why the supply of a deficient cell salt or an indicated remedy does not restore an obstructed physiologic function. Administering a remedy of high or low potency, and noticing its exacerbating effects does not obtain this desired knowledge; simply because it does not restore the deficient proportions of the body constituents.

This knowledge can be acquired only by long clinical observations, of how certain foods change the aspect of the skin, weaken the cells, diminish the capillaries, by disproportioning

the elements of the proximate principles. Have we, heretofore, been able to tell why we proscribe certain foods and suggest others?

Practitioners, have proscribed coffee, but the patient noticed little or no improvement. Coffee is an irritant stimulant of the nervous system, but it does not form nor destroy chemical proportions of the proximate principles. Tea stimulates the nervous system but does not disproportion the elements of the proximate principles. Crude sugar, being treated with sulphuric acid, breaks the chemical ratio of the first class; destroys the fats of the second class; then the system is unable to protect the nervous system from atmospheric changes; and by fermentation it develops double the amount of the stimulating poison dioxid CO_2 gas than it does of the nutritive alcohol. Most of the sugar and candy eaters are subject to neuralgias.

Sodium chlorid, an inorganic cell salt, that when excessively eaten disproportions the cell salts of the first class; destroys the oily substance of the second class; breaks the ratio of the elements of the third class; prolongs chemical reactions; sensitizes the afferent nerves with reflex irritations, which pervert the action of the sympathetic nerve over all of the physiologic functions; overstimulates the cells, resulting in ptosis; diminishes the capillaries by determination of blood, by reflex irritation.

If anyone understands how different foods break the ratio of the acid and alkali secretions and disproportions the elements of the proximate principles, he will be able to give a philosophical reason why certain nourishment should be proscribed.

It may be of interest to describe a woman's condition, when she calls for relief, and this method of determining such maladies: Mrs. K., age 55, has had her teeth, tonsils, appendix, uterus and ovaries removed. Physicians had determined, that one after another of these organs, was producing pus, which, entering the blood, was the cause of her illness; but their removal brought only temporary relief. By the food marking method, of determining her illness, I found cell ptosis; diminished capillaries; a slatish colored moist skin; perspiration, without natural odor; general relaxation of tissue, accompanied with fatigue; pulse 88, indicative of local reflex irritation; temperature 98 8/10; sensitive to cold; sugar in her urine, and its acidity only 20 degrees, ten below normal; catarrhal colitis; flatulency, from perverted secretion of the liver, pancreas and intestines; nervousness and restless sleep. Here is a group of

physiologic perversions, which some agent or agencies had produced by disproportioning the cell salts; destroying the fats; perverting the chemical elements; fluctuating the acid and alkali secretions; diminishing the capillaries, by determining blood and secretions to internal organs, for controlling irritations.

This woman ate excessively of salt, mackerels and smoked herrings; she had been advised to eschew sugar, and did so for six years, on account of a diabetic symptom, which it did not improve. As she did not have a coffee complexion, it became philologically to proscribe sodium chlorid and sugar, because they are the only inorganic elements which enter the blood as nourishment in excessive quantities.

Treatment: By prescribing ℞ Dilute hydrochloric acid Oz. iss. Aqua q. s. Oz. iii. M. Sig: One dram, added to a beaten up egg and milk Oz. vii: Taken before morning and evening meals. This improved digestion, oxidation and restored the acid ratio to the secretions; olive oil internally increased the fats; anointing the skin once a week, followed by dry towel rubs every morning, refilled the capillaries and assisted excretion. The introduction of five ounces of a carbolated solution of sulphate of magnesia into the colon every morning after evacuation of the bowels, controlled infection, colitis and reflex irritation, which slowed the pulse. By prescribing ℞ Calcarea fluor 3x. Grs. x. Distilled hamamelis Oz. ss. Fl. Ext. or Specific med. Belladonna Gtt. vii. Aqua q. s. Oz. iv. M. Sig: One dram every three hours, tonicity was restored to the cells, muscles, osmosis and metabolism.

It can scarcely be substantiated that the majority of diseases are attributed to the invasion of parasites, when it can be proven beyond a doubt that an excessive cell salt entering the blood disproportions the elements of the proximate principles, produces cell ptosis, empties the capillaries, destroys the fats and perverts the reparative functions.

VARICOSIS

Text books contain little on varicosis, while many are susceptible to local weaknesses, as shown by mitral insufficiency from cardiopsis and cardiectasis; floating kidneys; enteroptosis, (Glenard's disease), varicocele and varicose veins. These conditions are generally produced by a stimulant diet, which increases the heart action and dynamic rate of the physiologic functions, and are often accompanied by cardiac tension (high or low blood pressure). These conditions are quite amenable to treatment, when a nonstimulant nourishment is ordered, and remedies prescribed, which will overcome hyperesthesia of the nerves, restore the capillaries, cell atony and perverted osmosis.

Because such palliative methods as the elastic stocking and rubber bandages have failed to cure varicose veins of the legs, no efforts have been made to find a permanent cure. This is because physicians have inconsistently denied that foods produce disease, and then order a diet while treating certain conditions. The stimulant foods which increase the rate of the physiologic functions and result in cell atony, diminished capillaries and perverted osmosis are tea, coffee, sugar, salt, meat, salty meat, and all foods cured and preserved with salt and vinegar. There are plenty of foods which would nourish the body that do not increase the speed of the physiologic functions and pervert their action.

Treatment: When treating varicosis two things must be strictly observed: First, the nourishment must not stimulate the dynamic rate of the physiologic functions. Second, the therapeutical and mechanical treatment must be such as will overcome ptotic conditions. With a nonstimulant diet strictly enforced, we will prescribe the following remedies, to restore tonicity to the cells, increase the capillary circulation and strengthen osmotic weakness:

℞ Calcarea Fluor IX. Grs. X. Distilled hamamelis OZ ss.
Fl. Ext. or specific med. belladonna Gtt VI. Aqua q. s. OZ IV.
Misce. Signa: One dram every three hours.

When the varicosis of the heart, bowels and kidneys have not developed to an organic condition, this prescription will eventually restore them; but varicose veins of the legs, for the weight of the body maintains the venous weakness. The weakness of the varicose veins and legs requires a mechanical support.—a real support, not a palliative one,—such as a flannel bandage three and one quarter inches wide and fifteen to eighteen feet long or enough to cover the foot from the toes to the knee. which when properly applied does not obstruct the circulation of the leg like the elastic stocking.

Wash the legs every fourth day with epsom salts OZ 11. carbolic acid 33 1/3 o/o Gtt. XX. Aqua q. s. Oz. 11. Wipe dry and apply the following oils: Oil cinnamon ʒii. Oil Cajeput ʒii. Oil cloves ʒii. Spirits turpentine ʒii. Olive oil Oz. i. Misce. Signa: Apply by rubbing the legs with it thoroughly every morning before bandaging. When commencing to bandage the foot, place a cotton pledget under the toes and one on top in the hollow back of the toes, and one in the hollow under each of the ankle bones.

If the washing, oiling and bandages are properly applied, and the above prescription taken varicose veins of the legs will disappear.

CANCER OF THE FACE

An individual affected with a cancer may be able to work, but if an inventory be taken of his condition, it will present indisputable evidence that several of his physiological functions are greatly weakened. It will usually present enervation from hyperesthesia of the nerves; skin of a slate-colored sallowness, exhibiting perverted capillaries and cell inaction; perverted metabolism, showing indigestion, constipation or diarrhea, plethora or marasmus; fatigue upon slight exertion and chills; retention of toxins and predisposition to colds.

Can anyone believe that the removal of a growth will restore all these reparative forces, or will anyone attempt to cure a cancer by absorption, without strengthening these functional failures? To absorb a cancer on the face, or of the breast, stomach, bowels, uterus, bladder and rectum, every functional failure must be strengthened, for assisting the absorbent and reparative forces.

The general treatment consists of proscribing salt, salty meats. tea. coffee. granular sugar, pickles. wine and liquors. ℞ Dilute hydrochloric acid ʒj; aqua, I ounce. M. Sig.: One teaspoonful to a beaten-up egg, with enough cream and milk to fill a glass, to be taken before morning and evening meals; four Reed and Carnrick's 3-grain protonuclein tablets at 10 A. M., 4 and 9 P. M. One 1-40th to 1-30th of strychnia sulphate tablets before meals. As a red corpuscle builder, give two heaping teaspoonfuls of "Hemo" in a glass of warm water with each meal, a food manufactured by Thompson's Malted Food Company, of Waukesha, Wis. Epsom salts baths should be taken every fourth day, a dry towel rub every morning on intervening days, and the following unction applied over the whole body: ℞ White Petrolatum. 1½ oz.; Tincture of Capsicum, ½ dram. When these instructions are strictly observed, all of these functional failures will become strengthened, for assisting the local treatment to absorb almost any growth.

The local treatment of an unbroken cancer on the face, consists of compresses bound on every night; a growth on the lip, on the side or end of the nose, may be brushed over with a 10

per cent solution of chromic acid every day. Put two ounces of Epsom salts into one quart of hot water in a clean basin, add fifteen drops of 33 per cent of phenol, hold the face in it as long as possible. dry with towel and repeat by wetting and drying three or four times morning and night. Prepare a compress solution of \mathcal{R} Epsom salts, 1 oz.; Fl. Ext., or specific Phytolacca, 1 oz.; 33% Phenol Gtt., X.; hot water q. s., 4 oz. Saturate a thick piece of cotton in this hot solution, and bind it on over the growth every night. This compress will, when properly applied, absorb and draw out the ferments or cause of the growth.

When the growth is an open sore it should be cleansed with peroxide, then with bichloride of mercury 1-2000 to 1-1000, and brushed over with a 5 per cent solution of chromic acid; the compress solution should be reduced thirty or forty per cent and bound on nights. As the thickened edges slough off and become raw the cleansing and compress applications should be reduced from time to time, until the condition requires a mild, drying, antiseptic dressing for completing the treatment.

RHEUMATISM OR BROKEN ARCHES

It is no uncommon thing for individuals to be affected with broken arches, complicated with rheumatism—or vice-versa. Both conditions are often treated for the latter trouble.

Since much of the nourishment is blended with stimulating substances, which develop cell paresis and muscular ptosis, there are many affected with broken-down arches of the feet, and it is often difficult to determine which causes the suffering. Broken-down arches are not always the true factor, for when a rheumatic treatment fails to give permanent relief a history of the case may show that the patient has had several inflammatory attacks of the feet and with the weight of the body, which often form an intractable ptotic aftermath, such as sometimes follows rheumatism.

Two etiologic factors are present with the broken-down arches and aftermath of rheumatism, as muscular ptosis and sore, sensitive lameness to weight.

Treatment.—Artificial supports usually relieve the pain and overcome the sensitive lameness by maintaining the natural position of the arch of the foot. The treatment to overcome the aftermath or results of several attacks of inflammatory rheumatism has been very unsatisfactory, for the condition has not been well understood. Each attack of inflammatory rheumatism causes capillary paresis and stagnation of blood, which develops pain, heat, redness and swelling, from which perfect contraction takes place only by a specifically adapted treatment following their subsidence. This leaves cell and muscular paresis, with retention of toxins and a sensitive lameness to weight of the body, which does not yield to various rheumatic treatments. To remove the sensitive lameness of the aftermath following rheumatic attacks of the feet, they should be bathed with Epsom salts, an ounce to the pint of hot water, morning and night, followed by a thorough rubbing with the following oils:

℞ Oil of Sassafras.....	ʒjv
Oil of Cajuput.....	ʒjv
Cloves	ʒjv
Olive Oil	ʒjv

and bandaged with flannel from the toes to the knee. The Epsom baths remove the toxins and lameness; the oils restore cell and muscular tonicity; and the bandages protect the feet from the weight of the body.

SUBSTITUTING BACTERIOLOGY

Has a knowledge of bacteriology satisfied expectation, in relieving suffering and controlling disease? Its propaganda has removed the support of nosology by inhibiting the teaching of symptomatology, materia medica and much of pathology. It is impossible to determine and classify acute and especially chronic diseases, and name them, without considerable knowledge of these passing studies. The lack of ability to diagnose some very simple ailments, by recent graduates in medicine, emphasizes not only the effect of the abandoned studies to the public, but destroys confidence in the medical profession. This is substantiated by the advent of many methods of drugless healing, growth of Christian Science, and the increase of hospitals. Surgery has made substantial progress, but another important branch of knowledge is how best to conserve the waste energy of the sympathetic nervous system, and which, by the way, introduces the subject of irritation and reflex action.

The pathology of every known and unknown disease is accompanied with irritation, and more or less reflex action, which are symptom-producers. Is it then possible to qualify as a diagnostician, without a knowledge of symptomatology? How about prescribing specifically, without a knowledge of materia medica! "Pathology, specifically, the science of the nature of diseases." Deficiency in this branch makes it difficult to determine the disease-producing irritations, effects caused by chemical reactions, and imperceptible reflex contractions of the cells.

Recent events of the war have proved the great need of the therapist, and folly of recognizing bacteriology, at the neglect of the three essential branches of medical practice. The people should be thankful that the Eclectic and Homeopathic schools have something better to offer than the bacteriologic "Hobson's choice."

PERVERTED OSMOSIS

If one is anxious to learn how the excessive use of chlorid of sodium perverts cell dynamics and osmosis, try snuffing a solution of salt through the nasal passages three or four times per week for several months.

At first it softens and liquifies hardened catarrhal exudation and clears the passages, but the nasal capillaries soon acquire an edematous, or water-logged condition, so when lying on the side the lower nostril becomes impervious to breathing. Osmotic pressure of the nasal passages is transferred by changing sides, when the other nostril becomes impervious.

This is substantiated by the enormous amount of urine eliminated by cell contractions, when colds are contracted.

HEMOPHILIA

In recent years biologic examinations of the blood have determined why some individuals die of hemorrhage from accidents, abortion and operations. These investigations, as usual, giving the condition of the blood, but not the cause. We have heard many times how different things occur, without cause; but we are inclined to believe that the blood acquires an uncoagulable condition from either a deficiency of some cell salt, due to improper nourishment, or to inorganic chemical combinations, formed in the system. We do not deny the congenital occurrence of hemophilia, when we know how deficiencies of the maternal diet pervert the physiologic functions so as to develop ectrogenic monstrosities.

Following the finding of biologic examination that the blood is deficient of coagulable constituents, drug manufacturers have devised a serum, which when given subcutaneously will produce coagulability of the blood. Clinical observation amounts to nothing with the producers or users of this serum. With such incomplete knowledge it is necessary, for safety, to test the blood of every individual and inject those who need a major or a minor operation.

As a specialist in diseases of women, I have met many intractable cases of menorrhagia and metrorrhagia, and am able usually to ascertain whether hemorrhage will occur following operations by the signs and markings which individuals exhibit.

Scarcely a day passes in determining diseases that does not emphasize the necessity for acquiring more knowledge of the effects of foods on the system. This knowledge can be obtained only by long and close observation of how the influence of foods impinge the sympathetic terminal nerves and affect the acid and alkali secretions and secondarily the blood.

Every time that a practitioner is satisfied with a biologic finding of conditions, which gives no cause for them, he loses his ability to determine some of the most common diseases.

RECTAL DISEASES

The subject of rectal diseases is seldom understood by the laymen. The rectum, endowed as it is with the terminal spinal nerves, in connection with the great sympathetic, is subject to much reflex action by irritations from other parts of the body. These reflex actions overcome the elasticity of the rectum, producing one form of constipation with imperfect evacuations. In this condition there is a determination of blood, and when hard fecal matter is passing some part of the sigmoid flexure becomes inflamed and injured, developing ulcers, fissures and fistulas. Though causing little pain, they are, nevertheless, a source of much infection and reflex irritation, with which many persons suffer, in cachexia or chronic malaria. Such persons are always affected with periodicity, feeling badly in the morning or afternoon, or have restless nights. They are continuously being infected in some part of the body, as in the intestines, kidneys, uterus, bladder, sigmoid flexure, or by decomposing substances in the blood from overeating.

Any one of these reflex troubles may induce sufficient irritation to produce reflex sciatica, backache, headache, neuralgic pains in any part of the system, cold extremities, cramping legs, hemorrhages, internal and external hemorrhoids, and prostatocystitis. These conditions induce great enervation, and by reflex action, pervert the circulation, obstruct elimination, and cause sensitiveness to colds.

The majority of those who are tired and languid most of the time are unconsciously being infected from some of the apertures of the body, producing a condition that makes life one eternal contest, for colds aggravate irritations and invite infection.

Those who suffer with rectal troubles need a treatment that will control all the conditions and exert a permanent influence. Since the rectum forms the exit for the alimentary canal, its tissues become irritated, inflamed, weak, inelastic, contracted and infiltrated with toxins—conditions which can be corrected only by keeping the rectum clean. How shall this be done? When-

ever any part of the body becomes diseased, a way must be found to avert its destructive influence on the system, and the treatment that will correct conditions with least inconvenience is the one indicated and wanted.

Treatment. Irritations of the rectum cause a determination of mucus to the mucosa, and through inflammation, decompose and supply a culture medium for germs, producing infection in a few hours. This condition is easily controlled by following these instructions:

Place one dram of Epsom salts into eight ounces of warm water, add ten drops of Phenol, and, after the evacuation of the bowels every morning, throw four ounces of this solution into the rectum and pass it off. Then introduce the remaining four ounces in the same way. This treatment, which should be repeated every morning after evacuation of the bowels, requires only two minutes, controls irritation and inflammation, restores the elasticity, removes decomposed mucus and depurates the toxins.

Elderly men and women suffer with rectal diseases varying from irritation to paralysis and cancer, but by keeping the rectum cleanly, they will be rewarded by less pain and better health.

NEURALGIA

Neuralgia is also caused by hyperesthesia and deficient nutrition of the nervous system, local irritation, reflex irritation, impingement, hyperemia, inflammation and exposure of local nerves. Hyperesthesia is an oversensitive condition of the nervous system caused by incompatible, irritant and overstimulating foods. This is the form that induces such extreme nervousness and is easily controlled by proscribing irritant foods.

Neuralgia from deficiencies of the blood is often caused by a lack of Magnesia Phosphorica or Calcium Sulphate, and when supplied the pain ceases.

Neuralgia of the face, intercostal and rectal nerves is due to local irritation from pressure, shortening of fibers by colds, hyperemia and inflammation.

Reflex neuralgia is generally due to reflected local irritations from fermenting tissues, known as metritis of the endometrium; as teeth and face pains; severe headaches before and after menstruation; intestinal irritations accompanied with neuralgic headaches from physics and constipation; constriction of the rectal, cardiac and pylorus sphincters. This form frequently results in hemiparesis, hemiparaplegia, and many other local forms of paralysis. The treatment consists of determining the local irritation and controlling it. Two of the most positive signs of concealed irritation are the weak, increased, pulsations or strong, full, rapid pulse.

Neuralgia due to impingement, may take place at any of the internal or peripheral parts of the body; irritation and reflex irritation caused by fermenting tissues, which develop inflammation, and then generate carbon dioxid gases, may produce neuralgic pains, making it difficult to determine the cause. The treatment must determine the cause and location of the irritations and control them; also relax the impinging fibers or muscles, by manipulations or physiological adjustment, when due to compression of spinal nerves. Internal impingement of nerves is frequently due to spasmodic contraction or paresis of fibers or muscles; in these cases, the treatment should be the mildest cur-

rent of electricity, applied from two to six or even eight hours, with the anode at the nape of the neck and cathode in the rectum. This relaxes the contracted fibers or impingement and overcomes nerve and muscular paresis.

Hyperemic neuralgia occurs from a local determination of blood, with pressure on nerve filaments, by swelling; diminished capillaries resulting in impoverished nutrition, and slight trauma with blood stasis. The determination of blood should be controlled, the nutrition improved with proper nonirritant diet, and the capillaries restored with atropine, specific belladonna or by dry cupping.

Neuralgia, due to exposure or nonprotection of local nerves, has proved quite intractable to conventional measures. There are two reasons: First, it is not generally known that the excessive eating of white granular sugar is its etiology; secondly, the condition of the system is not well understood, for there is always a subthermal condition and the skin covering the neuralgic pain has lost its capillary or protecting circulation. The etiology of some cases is due to diminished fats of the system. The treatment should proscribe the sugar, restore the capillary circulation with dry towel rubs and stimulating inunctions, and the fats restored by eating more nonirritant fats and olive oil.

Treatment: If examination of the blood shows acidosis: Give acetate sodium or potassium; with intense alkalinity: prescribe ℞ Dilute hydrochloric acid Oz. iss aqua q. s. Oz. iii M. Sig: One dram beaten up with an egg, cream Oz. ss. Milk Oz. v. Sig.: Taken before morning and evening meals. For irritant and deficiency of the blood: Inhibit tea, coffee, sugar and meat for a few days and give: Magnesia Phosphorica 3x. five grains in hot water every 5 or 10 minutes, then farther apart. Odontalgia from deficiency of phosphate of lime for fetal development give: Calcarea Phos. 6x. Four tablets every three or four hours. When the Schuessler remedies fail to relieve facial neuralgia; break up the cold, control overeating and give ℞ Salicylic acid ʒss, alcohol ʒss, Spe. Med. Apocynum ʒj, Tinct. Phosphorus ʒss, Tinct. Capsicum Gtt. xv, Spe. Med. Belladonna Gtt. v. Aqua q. s. ʒiii. M. Sig.: One dram every 2 or 3 hours. Reflex neuralgia from fermenting tissues, Metritis, Colitis and Sigmoiditis: Washout the uterus with weak solutions of peroxid of hydrogen, alternated with an alkaline antiseptic; irrigate the colon and rectum every morning after evacuation. Restore local nerve protection by increasing oxidation and giving: Spe. Med. Belladonna Gtt. x. Tinct. Capsicum Gtt. v. Aqua q. s. ʒiv. M. Sig:

One dram every 2 or 3 hours. Many cases of intractable neuralgia result from overeating and if the ingestion and its decomposition are not controlled, sooner or later, insanity will occur. A few days of fasting relieves the pain and shows what can be accomplished when a minimum amount of nourishment is taken.

BRONCHO PNEUMONIA

In 1870, when the etiology of broncho pneumonia was recognized as due to inhalations, suppressed secretions and inflammation, treated by symptom indications and assisted with warm oxygen, the mortality was from 3 to 6 per cent. In 1918, when its etiology is recognized only as pneumococci and all cases treated as typical pneumonia, assisted with cold oxygen, the mortality is 40 to 60 per cent. There are causes which explain the difference in mortality. First, fever was universally present, with the circulation and absorbent functions active although locally obstructed but the indicated vegetable sedatives, relaxatives and absorbents controlled the deposit and reflexes, and restored secretions, which usually resulted in resolution. Second, in recent years quite a large per cent of those attacked with pneumonia are free from fever and the absorbent and circulatory functions are then more obstructed by deposits, subthermal conditions and reflex contractions of lung fibers. In such a condition the serum treatment which destroys pneumococci exerts no influence for restoring secretions, while the unlimited supply of cold oxygen increases the deposit and reflex contractions, which are the contributing causes of early deaths.

In 1870 we knew nothing of the pneumococci but recognized their effects as stagnation of blood vessels, accumulation of carbon dioxide, fermentation of tissues and resulting inflammation of the lungs. The treatment at that time, with the indicated remedies and ventilated oxygen, overcame the stagnated vessels and inflammation, which maintained a low mortality. As an illustration of our treatment we treated the traumatism, from the kick of a horse, instead of the kick.

The conventional opinion now is to recognize only the pneumococci as cause and not their effect, that is inflammation. The treatment of removing the cause by destroying the pneumococci with serums and cold oxygen results in the higher mortality. Destroying the pneumococci, after they have produced a dangerous condition, is like treating the kick of the horse instead of the traumatism.

PERCEPTIBLE AND IMPERCEPTIBLE IRRITATION

There are many physiological activities of the system that are difficult at times to determine, and which are insidiously developing pathological conditions. Among these activities are perceptible and imperceptible irritation, which are seldom recognizable when diagnosing chronic diseases. One would imagine that the biologist, by the examination of systemic secretions, could determine these disease-producing activities, but they still appear as unsettled questions.

The biologists could become benefactors, by determining what foods, through chemical reaction and imperceptible irritation, increase the dynamic rate of the physiologic functions. It appears that no efforts are spared to determine the condition which imperceptible irritations are producing; for instance, the sphygmograph, a recording pulsimeter, to give a graphic record of the form and rate of the pulse. This information is worthless in comparison with a knowledge of how certain combinations of foods, by chemical reactions, form imperceptible irritations, which increase the dynamic rate of the functions.

Will the sphygmograph furnish assistance to a physician, when a patient needs relief from some chronic perversion, produced by the perceptible irritation, which increases the dynamic rate of his heart from the effect of smoking cigarettes? We find patients who have been nourished by stimulant foods which have increased the dynamic rate of their osmotic pressure, as shown by liquids, beginning to pass through the system, within a half hour after their ingestion.

For this annoying condition we will prescribe ℞ Ammonium chlorid ℥i. Distilled hamamelis ℥iii. Specific Med. Belladonna Gtt. v. Aqua q. s. Oz. iv. Misce. Signa: One dram every two hours. This restores tonicity to the cells, so that osmosis functionates better, as shown by liquids being retained several hours before beginning to be eliminated. This can be substantiated by those who are affected with weak cells, and perverted osmosis, by being compelled to pass large quantities of colorless urine, when slightly chilled.

Perverted osmosis is the greatest preventive factor of obtaining relief, when treating rheumatism and especially prostatic diseases. It is scarcely worth while to mention these diseases, when most all chronic conditions are complicated with weak cells and perverted osmosis, resulting from perceptible and imperceptible irritation. There is scarcely a phenomenal occurrence in the system that is not more or less manifested by weakness of the cells or osmotic pressure.

The Orificial surgeons are directing special attention to impingement of the sympathetic terminal nerves, but not their cause, which results from perceptible and imperceptible irritation.

To practice medicine successfully, we must have the ability not only to determine conditions, but to find the cause of diseases.

Biologic examinations may find some of the perversions which perceptible and imperceptible irritations have developed, but practitioners must discover the cause of diseases by clinical observation.

ECZEMA

An acute or chronic noncontagious inflammatory disease of the skin. Being noncontagious it is developed by many different irritant conditions of the blood. A few causes of irritant blood are cell atony; perverted metabolism; perverted circulation; suppressed secretions; indigestion; irritation of the mucous membranes; reflex irritation and infection from local inflammations; overeating; improper food that breaks the ratio of the acid and alkali and other secretions; retention of toxins and deficiencies of the cell salts.

Irritant blood does not always develop eczema but it may produce secondary effects that result in numerous skin diseases. For instance, blonds who have been affected with eczema, almost a life time, from the excessive eating of salt, and which disappeared without treatment by its reduction. The excessive use of coffee and sugar produces skin diseases by perverting the circulation. A perverted circulation diminishes general elimination but concentrates toxins which inflame the skin in patches. This is substantiated by non-protection of the sciatic nerve by the skin, and on the other hand, the offensive perspiration of the axilla, hands and feet, which excrete normally whenever the general circulation is restored.

Treatment: Inhibit such nourishment as: Excessive use of coffee, sugar, salt, pickles and other stimulating and indigestible raw foods that break the ratio of the acid and alkali; cause chemical reactions, reflex irritations, perversions of the blood and circulation. Equalize general elimination and correct the circulation by dry towel rubbing every morning, remove the toxins with magnesia sulphate baths and apply olive oil to the skin every week. Overcome acidosis with potassae acetate \mathfrak{z} ij. Aqua q. s. \mathfrak{z} ij. M. Sig.: One dram every three hours. For alkalinity \mathfrak{R} Dilute hydrochloric acid \mathfrak{z} jss., Aqua q. s. \mathfrak{z} ij. M. Sig.: One dram beaten up with one egg, cream \mathfrak{z} j., milk \mathfrak{z} vj., taken before morning and evening meals. Of the Schuessler remedies Kali Mur. is an absorbent and supplies deficiencies of the blood. Lobelia controls reflex action. \mathfrak{R} Kali Mur. 3 to 6 x. \mathfrak{z} ss. Spe. Med. Lobelia Gtt. viij. Aqua q. s. Oz. iv. M. Sig.: One dram every three hours.

LEAD POISONING

Painters, printers and other mechanics who work with or handle lead are liable to lead poisoning, and the question arises, why are some men more seriously affected by it than others? To answer that some men are more predisposed to lead poisoning than others is elusive unless a reason is given that will account for the predisposition. Then the answer means the solving of another one of those mysterious pathological problems retained by the human system.

Any chemical which affects the system produces its effect through its influence in the blood. Lead combines with fibrin and albumen, forming insoluble compounds. Can insoluble compounds be eliminated from the system? Insoluble compounds that have not been deposited in the osseous system, like mercury, may be eliminated. It is difficult for some to believe that the circulation of the alimentary canal may be more perverted than that of the skin and extremities. An extremely perverted circulation of the intestines will allow the mucosa to absorb lead and form irritant deposits, resulting in lead colic, which enervation, muscular atony and sclerosed vessels are unable to eliminate.

To eliminate lead from the system, the first move must be to remove the primary cause of enervation, muscular atony and perversion of the circulation, by inhibiting the use of chloride of sodium, sugar and overeating. These are the causes that produce the conditions which make it impossible to eliminate lead from the system even by chemicals which form with it soluble combinations.

When examining patients affected with colics from lead poisoning, and who present part of all of these systems, such as the well-defined gingival blue line, black sulphite patches, tremors and wrist-drop, physicians should not imagine that remedies which have failed with others will cure them, for the remedies which form soluble compounds with lead in the system are unable to eliminate them until enervation, perverted circulation and muscular atony have been corrected.

Treatment: The treatment for lead poisoning should begin with instructions to inhibit the use of chloride of sodium, sugar, and overeating; for enervation, prescribe one 4-gr. tablet of chromium sulphate after each meal and two on retiring; for the depleted capillaries, perverted circulation and muscular atony, give the following:

℞ Specific Medicine or Fl. Ext., Ergot.....ʒvj
 Specific Medicine or Fl. Ext. Belladonna. Gtt. viii
 Distilled Hamamelisʒss
 Aqua q. s.....ʒiv
 M. Sig: One dram every three hours.

In extreme perversion of the circulatory system and muscular atony this treatment may be assisted by hemospasia.

Prescribing the usual antidotes—sulphate of sodium, sulphate of magnesium, or cathartic doses of powdered alum, say, 40 to 50 grains in a glass of hot water every two or three hours or until the bowels have been thoroughly emptied—will usually secure good results.

Who has not seen the gingival blue line, cyanosis of the tongue, mouth and gums with the wrist-drop and other forms of paralysis, which resulted from other causes than lead poisoning? In the majority of cases where the absorption of lead is followed with local paralysis, it should be considered as a contributing factor (coincident) and not the true etiology.

ENURESIS

Enuresis is a disease of children (wetting the bed) that may be controlled by a treatment adapted to the indications which may be edema of the spinal cord; atony of the cysto-sphincter due to alkalinity of the urine; reflex irritation from the eyes, bowels, rectum or prepuce.

Treatment: For spinal edema produce external irritation, dry cupping aided with ℞ Specific or Fl. Ext. of Apocynum Gtt. X. Ergot ℥iii. Nux Vomica Gtt. V. Simp. Sy Oz. 1. Aqua q. s. Oz. iii. M. Sig.: One teaspoonful every 3 hours.

For alkalinity of the urine give ℞ Dilute hydrochloric acid ℥iij ss., Aqua q. s. Oz. iii. M. Sig.: One teaspoonful beaten up with a half of an egg, cream Oz. i., milk Oz. iii. To be taken before morning and evening meals.

The eyes should be examined and fitted with glasses for irritation and reflexes.

For reflex irritation and infection of the bowels, examine for lifeless color and sensitiveness from deep pressure on the abdomen and give ℞ Bismuth subnitrate ℥ss. Distilled Hamamelis ℥ij. Specific or Fl. Ext. Lobelia Gtt. x. Aqua q. s. Oz. iv., M. Sig.: One teaspoonful every 3 hours.

To determine colitis examine for external sensitiveness by passing cotton pledgets a few inches through the rectal speculum and sigmoid flexure and when withdrawn if covered with bloody mucus colitis exists. Cleanse the colon every morning after evacuation with six to eight ounces of warm water and half to one dram of sulphate of Magnesia.

If there is phimosis or adhesion of the prepuce have the child circumcised.

LYMPHADENITIS

Lymphadenitis is inflammation and endurated enlargement of the lymphatic glands in the neck. The glands are sensitive to examination in the acute stage, but not when in a chronic condition. The most frequent causes are incipient tuberculosis; excessive use of coffee and granular sugar; improper nourishment; reflex irritation and deficiency of the cell salts.

Treatment: Prohibit coffee and sugar and prescribe Natr, Sulph or Sodium sulphate 3x. Three tablets every two hours, or give ℞ Specific or Fl. Ext. Phytolacca ʒij. Fowler's solution ʒss. Aqua q. s. Cʒ iv. M. Sig.: One teaspoonful every three hours. For children reduce Phytolacca to one dram. Fowler's solution Gtt. x. Aqua q. s. Oz. iv. M. Sig.: One teaspoonful every three hours.

DIPHThERITIC

In this disease, which resembles diphtheria, the inflammation and fibrinous, grayish deposit and infection, are in the larynx, instead of on the tonsils and in the nasal passages. What a practitioner wants to know, is why a child dies of this disease, after he has cured several consecutive cases. It is because the fatal case is subject to spasmodic contractions, from the slightest irritation, resulting in reflex paralysis of the superior and inferior branches of the pneumo-gastric nerve and erytenoid muscles. While these nerves and muscles are in a contracted or paralytic state, subculoyd lobelia, antitoxin injections and therapeutic efforts will fail to save life, and these are the cases that die after intubation.

Treatment.—The electro-positive to the nape of the neck, and the electro-negative over and around the larynx, with either the mildest faradic or sinusoidal current applied from one to three hours will control irritation, relax the shortened bundles of the erytenoid muscles and overcomes the paralysis of the nerves.

The title is authorized for croup.

PYORRHEA

The reason for the increase of pyorrhea in recent years can be traced to the same factors that increase all organic diseases. Inflammation, the cause of organic diseases, is due to local blood stagnation, followed by an accumulation of carbonic acid gas, CO_2 , and fermentation of tissues. The periosteum of the teeth is as subject to inflammatory action as the heart, lungs or kidneys. A great many causes have been offered for the increase of organic diseases, but a consensus of opinion is that diminished cell dynamics is the most important factor.

Pyorrhea and organic diseases are correspondingly multiplying with the preponderance of chemically prepared foods on the market. Since the enactment of the pure food law of 1906 colloidal antiseptics have been increasingly used in prepared foods that interfere with chemical reactions, creating irritation and imperceptible reflex mechanical contraction of the cells. The cells remain contracted until the imperceptible irritation subsides, with resultant perversion of the metabolic processes. A tri-daily repetition of these imperceptible irritations and reflex mechanical influences on the cells removes their expansive and contractile power.

It is not possible then to control the inflammation of the periosteum and necrosis of the alveoli processes as long as the diet predominates with foods which exert these mechanical contractions. Just in proportion that metabolism is perverted by these contractions there is diminution of the capillaries, the most important reparative force of the system. Those affected with pyorrhea always exhibit perverted circulation, metabolism and loss of cell dynamics.

Treatment.—The treatment of pyorrhea consists of correcting the circulation and restoring absorption. This is accomplished by proscribing foods which exert mechanical influence on the cells through imperceptible irritation and reflex contractions. The proper care of the mouth is a necessary adjunct to this treatment. Immediately after each meal the teeth should be cleaned

with a brush and three sudsy applications of an antiseptic soap and cold water. The application of a tooth paste alone does not properly cleanse the mouth. Cold water toughens and protects the gums from colds and improves their circulation; warm water invites colds and weakens absorption.

To renew the capillaries and restore cell dynamics order magnesia sulphate baths twice a week, followed by dry-towel rubbing every morning and prescribe: ℞ Calcium fluoride ʒx grains xx, specific medicine belladonna gtt. vii, distilled hamamelis ʒi, aqua q. s. ʒiv. M. Sig.: One dram every three hours.

NERVOUSNESS

It is said that the American people are becoming a nation of nervous wrecks. The strenuous business life may be a contributing factor of nervousness, but it is not the primary cause.

While it is not difficult to convince the public that blended and denatured foods produce chemical starvation or deficiencies of the blood, many are hard to convince that these foods unconsciously irritate the nerves of the alimentary canal, unless they are severe enough to rupture vital parts. Natural foods that have not been blended or denatured, when eaten in reasonable amounts, are nonirritant, but many of their live-giving properties are removed and irritant substances added. These are the foods that constitute the menu at hotels, restaurants, boarding-houses, dining-cars, lunch counters, and predominate in the picnic baskets, workman's lunch, bakery, grocery and delicatessen stores.

The secondary effect of salt in the blood and on the nervous system is when its chlorine and hydrochloric acid is excessively liberated in the system and disproportionates the acid and alkaline secretions. Every cell and tissue has an inner and an outer membrane, and in order to carry on assimilation and elimination these secretions must pass in and out of these membranes; but when disproportioned, this osmotic function is obstructed. Anything that interferes with a function, becomes an imperceptible irritant, and when repeated three times a day with such an irritant as salt hyperesthesia of the nervous system will be developed.

It has been considered by reliable authority that two grams (30 grains) of salt are sufficient for the average person. This amount prepares the blood and secretions to perform the function of osmosis, but tables in this work show that the majority of people eat daily from 120 grains ($\frac{1}{4}$ of an ounce) to 480 grains (1 ounce). The irritant effect of salt is exerted differently in persons. For instance, 50 to 75 grains daily frequently produce extreme nervousness in blonds, while some brunettes may tolerate from 100 to 150 grains for years. The most wonderful

function of the system is its power to reproduce itself against abuse and almost continual irritation for years, but at last, through irritations and reflex actions, the nerves acquire an erethistic condition.

There are many causes of nervousness: wrong living, financial worry, family troubles, care of children, death of loved ones, and local disease, though most of these may be controlled by calm reflection. When one has unfortunately acquired the habit of eating too much salt and has become a nervous wreck, no climate, vacation, change of occupation, nervine, nerve quieter, sedative, stimulant or drug will bring relief until the taste and habit are curbed.

When the excessive use of salt and other wrongs have induced enervation and perverted the circulation until the system is unable to resist irritation and repair itself, some local disease will then develop as a secondary cause of nervousness.

Let me reimpress the nervous sufferer that salt, unconsciously to his sense of feeling, breaks the ratio of the acid and alkali secretions and through reflex irritations produces nervous erethism, a condition closely associated with mental aberration.

INFANTILE ONANISM

Thousands who do not know of the irritant effect on the urine from salt and other irritant foods believe that when nursing infants manipulate their genitals they have inherited sexual depravity. But why an inherited disposition to practise onanism from an itching irritation of the genitals than from an irritant itching of any part of the skin. It is a wrong status. Do adolescents and adults inherit licentious dispositions when they relieve itching of the skin .

Mothers whose diet predominates with irritant foods supply nursing infants with milk deficient in phosphoric acid, calcium, potassium and other elements, which is the cause of fermentation, colic and vomiting.

The urine of infants thus nourished may irritate their genitals even when they have never tasted salt or irritant foods. Mothers can demonstrate this by diminishing the use of salt and salty foods, and eating acid fruits, which will restore the phosphoric acid and other elements to their milk and thus control fermentation, which causes hyperacidity of the urine that irritates the genitals of infants, and exerts an aphrodisiac effect on adolescents and adults.

It is little wonder that the public loses confidence when eminent surgeons form associations for wrongfully educating people that unthinking nursing infants form habits of masturbation, not recognizing the true cause, an irritant urine.

CONSCIOUS AND UNCONSCIOUS PRESSURES

Thomas A. Edison states that "if you want to live a long time and work while you live, don't let anything pinch you anywhere." He kicks off a loose shoe to show that pressure on any part of the body obstructs the capillaries, which deprives some part of nourishment. This is an excellent suggestion concerning external pressures but it has no comparison, as a sustainer of health, with a knowledge of how to prevent internal pressures. It is not difficult to determine the injuries to the system by external pressures and their control; while some internal ones are so concealed that their discovery and removal is uncertain. The secretions, cells and tissues, in a normal state, are always in motion, but an internal pressure may obstruct them and the circulation of some organ develop inflammation and cause its destruction or produced irritations which may exhaust the nervous system. Internal pressures are produced by imperceptible irritation and reflex contractions.

Alfred W. McCann contends that most illnesses result from denatured and demineralized foods. Removing part of the nutrition from a food does not necessarily make the balance an irritant. The writer claims that foods not denatured, but which are excessively preserved with irritant chemicals, produce the imperceptible irritations and reflex contractions or internal pressure.

It has been proved that during the last four or five years most all large bakeries have blended their bread with a patent powder, the composition of which is Plaster Paris 24 parts, sodium chlorid 24.90 parts, ammonia chlorid 11.50, starch 30 parts. Foods blended with irritants as this powder contains will cause internal pressures.

What inconsistency, to say the least, our Government exhibits by enacting a pure food law and then issuing a patent for a powder adulterating bread to the Ward Baking Co. of New York City. These internal impingements, contractions and pressures are the factors of cell atony and of most illnesses; this is substantiated by investigators straining every nerve, not in search of causes but to evolve a serum that will restore cell activity.

FUNCTIONAL OBSTRUCTION

Dalton's physiology states that a solution of sodium chlorid passes through animal membranes much less readily than pure water; i. e., if an animal membrane is stretched through the center of a cup with a salt solution on one side and pure water on the other, the sodium solution will, by osmosis, infiltrate the meshes and thus retard transudation. The excessive use of salt and other irritant foods then scientifically demonstrates how the acid and alkali secretions are retarded in arriving at organs where they take part in functional phenomena.

In addition to retarding transudation of secretions, it inhibits cell activity, produces muscular atony, and thus weakens contractile and expansive motion of fibrous and elastic tissues.

The foregoing observations are confirmed by conditions, such as organic heart disease, hernias, prolapsus, floating or displaced organs, progressive paralysis and impotency.

THE CHEMICAL AGE

With the increase of population in recent years, the demand for prepared foods has been so great that manufacturers have been compelled to blend the greater part of them. By blending, the manufacturers have had to use various chemicals, for preserving their products, which have turned natural, or non-irritant nourishment, into irritant substances. In 1906 the Government passed the Pure Food Bill, forbidding the use of a few chemicals, as preservatives, which compelled the manufacturers to substitute salt, which requires from fifty to three hundred per cent more to protect their products even when kept in cold storage, than formerly.

Antiseptics are chemicals which retard putrefaction—in contradistinction to preservatives—that is, the decomposition of animal or vegetable bodies, with evolution of offensive odors. Chlorid of sodium has been considered an antiseptic, but as such it is too weak to prevent decomposition, and especially when compared or used in the same quantities with other true antiseptics. It requires such an enormous amount to prevent fermentation of foods that it necessarily becomes a preservative instead of an antiseptic. It is natural to believe, if salt is an antiseptic, that fermentation of ingesta would be retarded for hours, but never in the history of the world have all kinds of foods been incorporated with such enormous quantities of salt as at the present day. And people have never suffered so much from indigestion and fermentation.

This is sustained by the fact that pharmacists all over the world are preparing vast varieties of antiseptics, which are pre-prescribed and bought for controlling fermentation and auto-toxemia. But antiseptics are prepared with irritant chemicals, and unfortunately one irritant will not control irritations produced by another.

Hence, it is a poor philosophy to believe that chemical antiseptics will control perceptible and imperceptible irritations, caused by chemical reactions of foods.

CARE OF THE TEETH

The teeth will not become chalky and decay if the nourishment be correct, and they are properly cleansed after each meal. The surface of the mouth is equal to the palm of the hand, which becomes greasy at every meal. Advocates of cleansing the teeth with antiseptic powders should oil the palm of their hand, and then attempt to free it of grease with brush and tooth-powders. They will learn by this demonstration how unremoved greasy substances in the mouth form acid, which combine with the alkaline saliva, producing tartar and decay.

Hot drinks make the nerves sensitive to cold and invite teeth-ache. The teeth and mouth surfaces can be kept free from tartar acid-forming only by cleansing with a fragrant antiseptic soap and cold water immediately after meals. Soap is an antiseptic and which is absolutely necessary for removing greasy particles from the teeth, gums and surfaces of the mouth. Cleansing with cold water prevents colds from causing teeth-ache, and which overcomes hot drink sensitiveness. Pyorrhœa is an inflammation of the gums, which become infected, but the writer has never seen a case of it develop with those who cleanse the mouth with soap and cold water.

The habit of cleansing the in and out-side of the mouth, with soap and cold water, is so protective and refreshing that when practiced for a few months, will never be dropped by anyone who desires a sweet breath.

TEETHING CHILDREN

In teething children, or during the cutting of the wisdom teeth, it is unnecessary to operate on the gums. Only those who have suffered when cutting wisdom teeth have any idea what babies endure while teething.

Plantago Major is a well-known herb, growing by the roadside and flowering from May to October. Its leaves are long, slim and similar to beet leaves, but much paler and have a reed-like stem, in the fall from six to fifteen inches long. Its properties and uses are alterative, diuretic, antiseptic and anodyne. There is scarcely another plant that exerts the anodyne influence like plantago, when administered in minute doses, internally for aching teeth, or locally applied to relieve painful wisdom gums, or of teething children.

Lloyd's specific medicines, Merrell's normal tinctures, prepared from the green root and the juice squeezed from the leaves, when applied to the gums give prompt relief.

MERCURY AS A MEDICINE

How natural it is to criticise faulty teaching in our public schools and colleges! But should we not as quickly condemn those who would use the American Government to assist in the education of the people through dangerous and injurious instruction? The Regular School of Medicine hopes to be recognized by the American Government as its medical authority, as are Church and State in some European countries, so that it may enforce its injurious and obsolete system of therapeutics.

Mercury—one of the remedies of the Regular School—is not a constituent of the human body, but it has been used as an alterative for ages. The *modus operandi* of alteratives is involved in much obscurity, but is supposed to alter, modify or change the functions of certain organs. Many conditions respond to its temporary and palliative effect, but it cannot be proved that it ever cured a disease without leaving a permanent after effect.

Bichloride of mercury or corrosive sublimate (poison) consists of one equivalent each of mercury and chlorine.

Calomel, a preparation of mercury, consists of two equivalents of mercury and one of chlorine. When taking calomel, the food frequently predominates with acids, which supply another equivalent of chlorine and change it into corrosive sublimate. Advocates of mercury maintain that, if properly given, it is harmless, but what is to be said of the thousands of people whom we find seriously affected by it for a lifetime?

Physicians may not be aware that enough chlorine or hydrochloric acid may be liberated in the system from the excessive use of sodium chloride, or salt, to reduce the alkalinity of the blood so as to supply another equivalent of chlorine, which changes calomel into bichloride of mercury.

The nourishment of every family is determined more or less by routine habit; if the foods predominate in acid or alkalis, and especially the former, the taking of calomel is liable to produce any of several degrees of salivation. It is a known fact that whenever mercury in any form enters the system it is *never all*

eliminated. The foods may be so used as to produce hyperacidity or hyperalkalinity of the blood and secretions—conditions which are incompatible with mercury. In fact, the blood and secretions are continuously fluctuating to these extreme conditions. Think then, how seriously the health may be injured for life by the deposits of mercury in the bones, and every part of the system, though more especially in the ailmentary tract, where it is ever ready to set up irritation and reflex contractions, whenever acid fruits are eaten. Many of the serums which are being injected into the system as routine medication for every conceivable disease, contain mercury in some form. Whenever a physician is about to prescribe mercury, remember that your blood may be in a state of hyperacidity or hyperalkalinity, and that mercurial deposits may affect your whole life.

Mercurial Deposits.—A demonstration of how mercurial deposits take place in the system can be observed by the following incident: During the Eighteen Nineties, in a Chicago medical college, a tibial bone of a skeleton happened to be in the lecture-room; a professor picked it up and rapped on a table, using it as a gavel. One of the students cried out with astonishment, calling the attention of the entire class to the mercurial particles that had rattled from the bone. There being some doubt, the table was cleared, and the rapping with the bone was repeated, with the reappearance of the mercurial particles.

Every practitioner who gives calomel, or mercury, in any form believes he is able to administer it without injury; but the fact remains that when it once enters the system, it is never entirely eliminated, and through retention forms deposits. Will anyone tell us, when vaccine serums enter the system, what amount of knowledge is necessary to prevent their working through the blood and leaving their baneful influence for life?

Eclectics and Homeopaths who give mercury cannot claim a superior practice to the Regulars.

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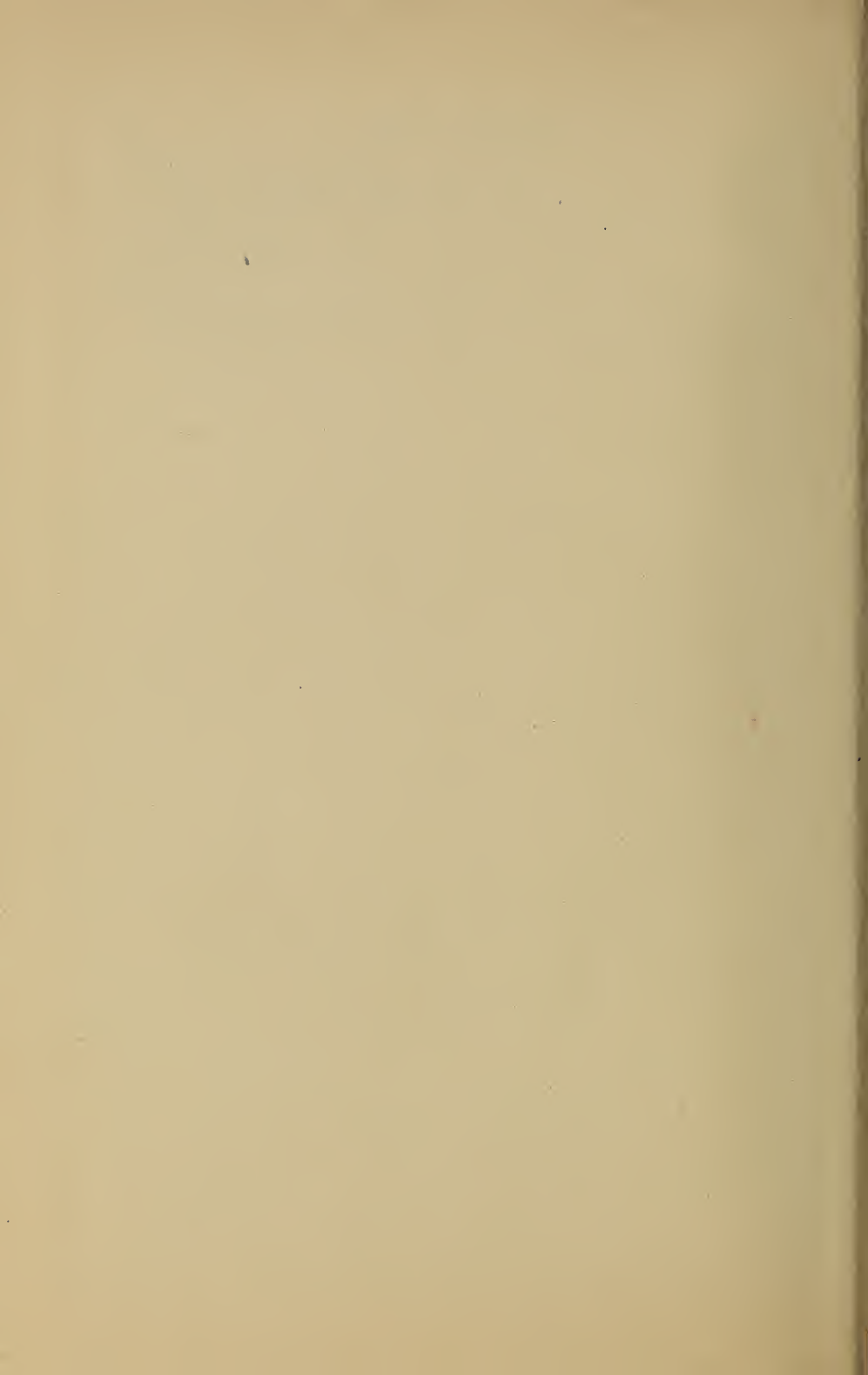
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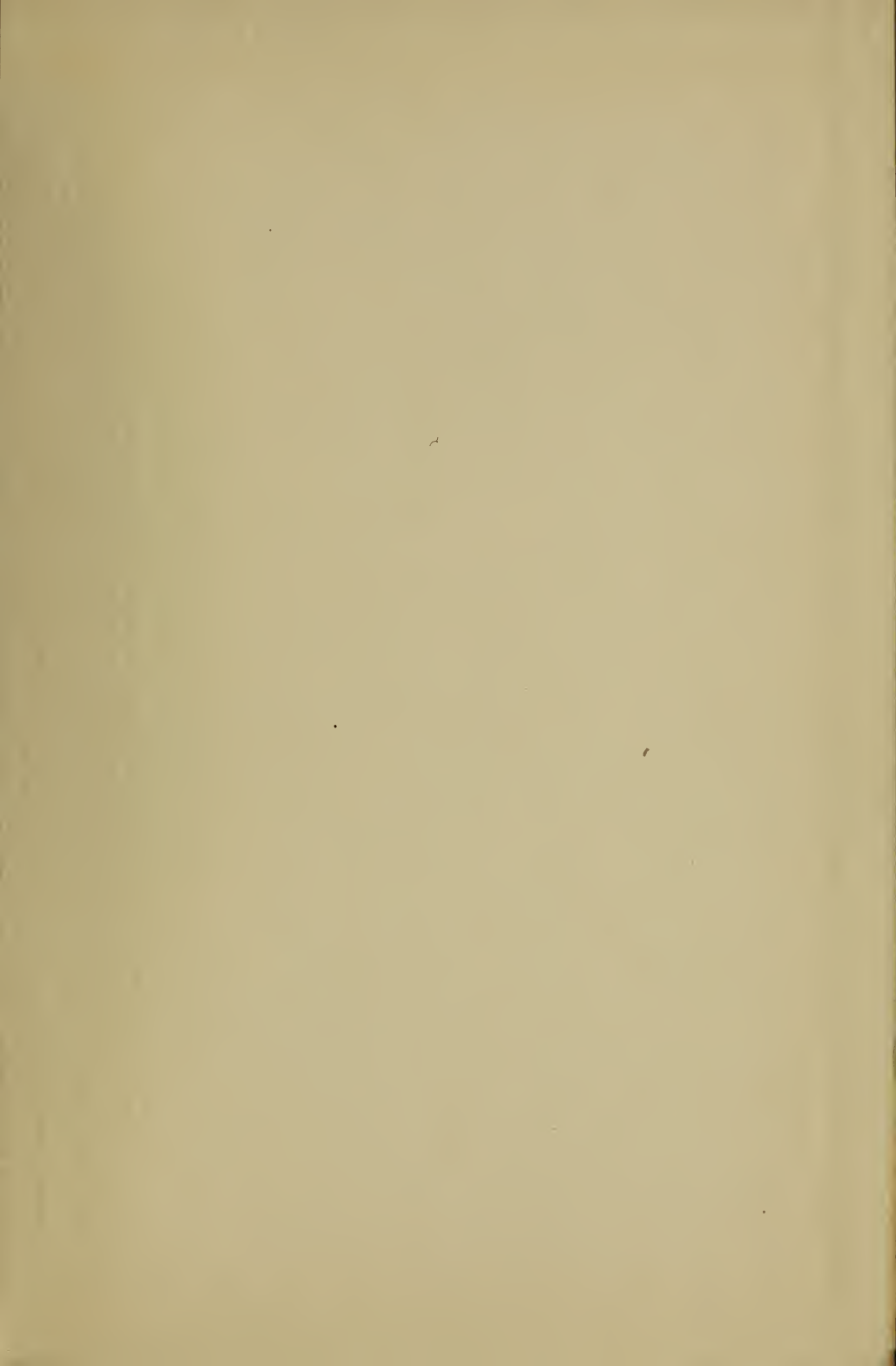
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