

must face, and we should ever be on the alert for new resources, for "some good fishes are still in the sea."

So far as we have had experience with this foe of the puerperal state, we have concluded that without absolute cleanliness no remedy will accomplish any marked results. We have met with cases which had taken on symptoms looking toward speedy dissolution; yet with persistent douching with hot water, to which had been liberally added a solution of *Hydrogen dioxide*, and the administration of teaspoonful doses of a saturated solution of *Potassium chlorate* added to a large draught of cold water given about every hour, we have observed the stench pass rapidly away, the temperature fall in day from 105° to nearly normal, and the marked excitation of the nervous system brought fully under control. By keeping up the treatment with the douche, and the solution of the *Chlorate* at lengthened intervals as needed, we have observed rapid and excellent recoveries. Even the *Chlorate* alone will produce a remarkable change in very brief space of time, in cases exhibiting the cadaverous fetor. Though accredited with deleterious effects upon the kidneys, we have failed to observe any renal complications whatever under the circumstances.

Now a "new Richmond is in the field." *Echinacea*, one of our later accessions, which is unstintedly praised in various septic states, and depraved conditions of the blood, and a remedy which we will review in a future number, has been used in this disorder by one of our most conscientious and skillful practitioners in Kansas. The fact is mentioned here to stimulate inquiry into the action of the drug, that we may determine its value in this complaint. We append the doctor's statement, withholding his name simply because he has not authorized even the publication of his statement.

"Some two months ago a confinement case ended beautifully, but the third day a peritonitis with absorption set it, and in a few hours I had the sickest woman on my hands that I ever saw. She had hot fomentations, sedatives, and *Bryonia* and *Baptisia* in one glass, *Echinacea* in the other, alternated every half hour, and then, as the fever gave way, at longer intervals. The woman made a nice recovery, and was up at the regular time."

"Six weeks after,—a breech presentation. I called an assistant and we got the baby safely. Woman was in good shape

apparently, but on the second day, developed a serious septicæmia. Was very sick for three days, with prostration of nerve force—a strong *Rhus* case, with duskiness. Gave her sedatives, *Rhus* and *Baptisia*, alternated with *Echinacea*, fifteen drops every two hours (hourly at first). *Asepsin* and *Potassium chlorate* injections controlled the odor of the discharges. Nice recovery. What was it? *Echinacea*, I think, principally. I gave it until the teeth felt sore, but derived great benefit from it. I have seen no accounts of it being used in this complaint. I know two swallows do not make a summer. These cases were dissimilar, but in both there was absorption of putrid material which seemed to yield to *Echinacæ*, as in carbuncle."

We hope that those who read the above succinct statement will remember *Echinacea* in time of need, and report upon it, whether its action be favorable or unfavorable. In many septic disorders it has proved a remedy of signal value, and we should be inclined to think favorably of it in puerperal wrongs.—*Eclectic Medical Journal*.

SOME POINTS ABOUT HELONIAS DIOICA WORTH KNOWING.

Of internal remedies we have many, but first of all comes *Helonias dioica* (false unicorn).

In the 13th edition of the *U. S. Dispensary* we find its botany, history, chemistry, pharmacology and therapeutics occupying six and one-half lines. The *American Dispensary* gives a page and a half, and yet the properties of this plant can be summed up in two words—uterine tonic. Of course we have a great many uterine tonics, but this is *the* tonic of all. I believe that I was the first physician of the regular school to advocate the treatment of sterility by internal remedies [*Universal Annual*, 1891, Vol. 2, J. 2]. and my ideas then met a great deal of doubt and some ridicule; but I notice that it is coming more and more into vogue on account of the good results achieved. Now, "give the devil his due!" I advocated then as I advocate now, the use of this plant in the many conditions where it is indicated. The action of this plant is manifold, and yet the conditions to be treated are almost always associated together. Its action upon the stomach reminds me of the simple bitters, and it succeeds very nicely as a stomachic tonic in chlorosis and

anæmia—oftentimes better than *Quinine* and *Iron*—undoubtedly on account of its action upon the kidneys and uterine organs at the same time. While its action upon the lymphatic system is not so profound as is *Mercury* or *Phytolacca*, it is none the less thorough.

In these days of Bright's disease and other kidney troubles, the action of this plant should be studied. I know of no remedy that will reduce albuminuria and the attending pain and soreness of the lumbar region as permanently, if given in small doses of a good fresh preparation, as this plant will. Its effect is simply immense. Generally it will increase the amount of urine for several days and then the beneficial effect will be seen. If the urine is unduly alkaline it will soon restore it to its normal acid condition; the amount of albumin of urine, and the number of times of voiding it—all are reduced in due season, and a great many of the attending symptoms become less prominent; both the heart and head are affected though, I believe, only by removing the actual cause of disease, not by any direct action upon these parts. It is not a diuretic in the same sense that several other remedies are; for instance, *Potassa nitratis*, but acts more upon the principle of *Quinine* and *Phosphoric acid*—that is as a general tonic; and in almost all diseases of the kidneys, whether nephritis or diabetes, I recommend its trial. In this chapter, I ought, perhaps, to confine myself to the use of it in uterine disease, but whoever saw a case of this kind that did not have the backache?

I can not mention *Helonias* without a certain case comes into my mind, generally to create a smile. Mrs. T. was "fair, fat and forty"—or a year or two more (her youngest and only child was over twenty years of age)—when she had occasion to consult me about a "dull aching back," the usual leucorrhœa, "bearing down pains," etc., ad infinitum.

I prescribed *Helonias* and warned her at the same time of the possibilities of her becoming pregnant again as one of the results of the use of the remedy. She laughed right out, of course, and enjoyed quite a joke at the doctor's expense among her friends; but imagine her horror when she found herself in that very condition in less than six months after.

Helonias is indicated in all atonic conditions of the female organs, and may also be of use in males; but my observations have been somewhat limited in the latter cases.

Thus I will try to make it clear that it matters not whether the disease be called amenorrhœa, dysmenorrhœa, menorrhagia, metritis, endometritis, or by any other name, as long as the disease depends upon or is associated with an atonic condition of the female organs, *Helonias* is indicated either as the principal remedy or as an "accessory before the fact," as the lawyers say.—"Country Doctor," in *Journal of Medicine and Science, Portland, Me.*

GERANIUM MACULATUM IN HÆMOPTYSIS.

By C. J. Wendt, M. D., New York.

This drug has lately received some attention from the profession in the treatment of hæmoptysis, and clinical experience with it in the phthisis wards of the Metropolitan Hospital has shown it to be a drug of great value in the treatment of this symptom.

In order to check this constant drain on the system we must employ some drug possessing decided astringent qualities.

Experience has demonstrated conclusively that to accomplish this result we must use one of the vegetable astringents, as minerals have little or no power over the condition.

Most vegetable astringents owe their power to the fact that they possess *Tannic* or *Gallic Acid*.

Tannic acid, possessing the power of coagulating albumen, can obviously not be used with advantage except it be applied locally to the bleeding spot, such as the alimentary track, or the surface, where it is of decided value.

Chemical analysis of the blood, after the administration of *Tannic acid*, has developed the fact that the *Tannin* does not appear in the circulation as *Tannic acid*, but has been changed over to *Gallic acid* before being absorbed.

Gallic acid, possessing as it does, astringent qualities, is by no means so powerful as *Tannin*; but at the same time it has no power to coagulate albumen, hence may appear in the circulation without danger.

Geranium maculatum has been found to contain about 30 per cent. of the *Gallic* and *Tannic acids*, and among other things, gum, resins, sugar, starch and albumen.

That its action on the mouths of bleeding vessels depends entirely upon these two acids is not certain, as the administra-

tion of either acid, alone or combined with the other, will not yield the same result.

It has been customary to prescribe this drug in from 2 to 5 drop doses of the tincture, repeated every two hours, upon the first signs of blood in the spectrum, and the results have been uniformly good.

A few doses generally suffice to stop the flow, and only in cases of long standing has it been found necessary to continue the treatment over any length of time.

In such cases the influence of the drug manifests itself by a change in the character of the expectorated blood, becoming darker, clotted and much less in quantity.

In one case of phthisis pulmonalis, admitted with a history of continuous expectoration of blood for four days, and within twelve hours previous to entrance had lost a cupful of bright-red blood, was treated with this remedy, and although within twelve hours a second hemorrhage occurred, during which three ounces of blood was lost, no further trouble was experienced for at least ten days, when a few streaks were noticed, and promptly caused to disappear by a few doses.

As many as fifty cases have been so treated in the last two months, and in only one case has it failed to control the flow; this being a case of four months' standing, and under the action of the remedy is slowly improving.

Not only in phthisis is this of value, as the same result has been obtained in cases of bronchitis and passive congestion.

Hypodermatically, *Geranium maculatum* has not been used as far as known. Experiments on animals are now being conducted in order to determine whether or not its direct introduction into the circulation is attended with danger.—*New York Medical Times.*

THE EXAMINATION FETICH.

Our British friends seem to have waded deeper than we had supposed into the pool of faith in the omnipotence of examinations. This appears from a speech made lately by Mr. Teale in the General Medical Council on the occasion of his submitting the following notice of motion:

“That the present system of accumulated examinations and the enormous increase in the number of rejections resulting

from it are not only unjust to the student but damaging to medical education; therefore, that the time has arrived when the General Medical Council should consider: (a) How far examinations and the occasions of rejections can be reduced in number; (b) how far, while maintaining effective examinations in those subjects which it is essential that every medical man should ‘know’ and ‘retain the knowledge of,’ it is possible to withdraw from the sphere of public examination several other subjects which it is desirable that every medical man should ‘know about,’ but with the details of which he need not permanently burden his mind, the ‘bird’s eye survey’ of such subjects being insured by compulsory short courses of lectures with class examinations certified by the teacher.”

In the *British Medical Journal* for June 6th we find Mr. Teale’s remarks printed in full. Taking final examinations only, it seems that the percentage of rejections has been increasing steadily for more than thirty years. In 1861 it was 12.4; in 1876, 22.2; in 1880, 28.9; and in 1892, 38.9. The student’s real education is neglected in the all-absorbing grind of cramming for examinations. He is unable to avail himself of clinical opportunities that are far more important than the greater part of the book-knowledge with which the examinations deal; consequently, when he goes into practice as somebody’s assistant, he is found full of knowledge of bacteriological methods, but very deficient in powers of observation. He is learned, but not wise. Mr. Teale says the examinations are too exacting and that they are conducted in too hurried a manner, also that many of the questions are unsuitable, some of them even misleading. Good men fail to pass, and unfit men, having a talent for cramming, manage to answer the questions a little too well to warrant the examiners in plucking them. On these points, Mr. Teale quotes the following passage from a report of Sir George Humphry:

“The burdening of the memory with mere facts, which have no direct or obvious connection with science or practice—with facts, that is, unassociated with ideas or practical utility—is on the whole of little value educationally or otherwise, and such facts make but a transient impression on the memory. Laboriously crammed together, with efforts worthy of a better purpose, they are with difficulty held until the examination crisis, and then quickly escape with little regret at their departure. Indeed,

the examination in each subject of profession study should be restricted to the general principles and the more important facts of the science, and should be of such a character as to induce students, in their preparation for it, to observe and think for themselves more than is now commonly the case. The examinations should be regarded from an educational point of view, with reference that is, to the influence which they are likely to exert upon the character, the education, and the mental training of the students who are to come after, as well as with reference to their being a test of fitness for admission to the *Medical Register*."

As regards the interference of the system with clinical work, Mr. Teale quotes the following passages from an introductory address by a Dublin surgeon, Mr. Tobin, delivered at the opening of the sessions of 1895 to 1896 at St. Vincent's Hospital: "It thus appears that there are two stages in the curriculum—a preliminary scientific stage and a stage devoted directly to medical problems. It is with this second stage that I, as a hospital teacher, am most concerned, and the question that I ask you to consider with me to-day is this: Does the student spend his time during this stage to the best advantage? As far as I can see he does not. For in place of being relegated to the hospital for his training during this second period, he is obliged to attend the school for theoretic lectures in medicine and surgery, and for examinations in connection with these lectures, and these examinations so dominate his views that he spends his time in hospital, not watching the changes in his patients, but on the lookout for ready-made answers to questions. If urged to make records of cases, he does so reluctantly, for he knows that from an examination point of view it does not pay; and if, toward the conclusion of his course, he is offered the position of resident pupil in a large and busy hospital, he often refuses it because he is going in for his 'final,' and, of course, the one thing essential is to pass. His medical education therefore, notwithstanding a large amount of hospital attendance, is literary rather than practical." "Moreover, education, as at present conducted, teaches us to see with the eyes of others rather than with our own." "Further, the regulations are armed with a revolver in the shape of examinations, which enforces the obedience of students. Nothing else could keep alive such a system—one which, as it were by violence, keeps theory and practice apart."

Mr. Teale's criticisms, we fear, would apply elsewhere than in England. We think there is too great a tendency in the United States to make the final examinations unnecessarily difficult to pass and unpractical in their character. No medical student who comes up for the degree can be expected to have at his tongue's end sixty per cent. of all existing medical knowledge. The examinations are directed too much toward finding out what a man's stock of memorized facts amount to, and too little toward ascertaining how far he has learned the art of studying by himself and how well qualified he is by natural gifts.—*New York Medical Journal*.

WHY DOCTORS ARE NOT MAKING MONEY.

The following from the *Medical Record* is well worth chewing over:

"In these times of depression of professional business it is some comfort to be able, in a measure at least, to explain causes, even if it may appear to be impossible to effect cures. It is safe to assert that there is an ominous decline of patronage in every department of professional work. Very few if any of the hitherto successful practitioners are overworked. The falling off of receipts averages from a third to a half of those earned in previous years. Hard times explain this in a great measure, but not altogether."

"The average number of sick is no less than formerly, but there is a growing disposition to avoid the so-called calamity of adding a doctor's bill to the other general and pressing expenses of household necessities. The man who formerly paid the physician a modest sum gets advice free in the dispensary, or pays a small bed fee in some of the many so-called hospital charities and has his medical and surgical advice thrown in free of extra charge. Many of the large hospitals are run on the cheap boarding-house plan and openly compete with the family physician by reducing medical service to the lowest level of volunteer gratuity. This, however, is an old story, which hardly gives excuse for rehearsal save in connection with the fact that the practice upon which it is founded is steadily increasing to alarming proportions."

"Medical charity is now a well-organized business with plenty of capital behind it, and it is necessarily run on business principles. The hospital managers with patronizing smile tell the

poor doctor that he is no business man; the doctor admits it, and with hat in hand begs for an opportunity to give his services free. He cooks the meal and grovels for the crumbs. There is no so-called trade protection in this much-lauded charity business that applies in any way to the medical man who is struggling to make an honest living. A dispensary with half a million behind it must necessarily imbue itself with a commercial spirit. There is very little sentiment in such a game. The bluff is higher education, the hollow echo a broader humanity."

TABLET QUACKERY.

Since our presentation of the pharmaco-therapeutic relations of the tablet triturates last year there has been in some quarters an awakening to the dangers that threaten medical practice through an extension of this form of medication.

Despite the fact that some manufacturers are exploiting the tablets "for all they are worth," they are being severely let alone by many physicians who were at first attracted by this "machine made," "cut and dried," "disease to fit the remedy" plan of "doctoring made easy." The firm that enjoys the dubious distinction of having first introduced such tablets to the medical profession has replied to our criticism in their "Notes," but instead of answering a single one of the arguments advocated against the tablets, have laboriously endeavored to misrepresent our positions relative to the numbering of tablets. This firm proudly boasts that one of our statements relative to the use of the tablets by physicians, viz.: "That they are popularizing the form of self-medication; the tablets now being put up and numbered according to the disorder for which they are recommended," does not apply to its (this firm's) make, but that these observations "are based upon tablets which have gained prominence in the last few years." The statement was based upon the observation that non-medical persons select various combinations of remedies from titles by which these tablets are designated, as indicated by the particular disease for which they are recommended. Furnished with a catalogue containing description of remedies from "absorbent dyspeptic" to "vaginal astringent," it does not require much ingenuity on the part of any fairly intelligent member of the laity "to pick the winner;" without paying the physician for making a selection for him.

In a recent catalogue issued by a certain firm, there are one thousand formulas, nearly one-half of which are designated by therapeutic titles. Most of these formulas show either profound disregard for pharmacy, or a wilful desire to mislead the medical profession. Some of these examples are of a character to bring the dispenser within the pale of the pharmacy law, or an anti-adulteration act. A number of these formulas purport to contain highly volatile liquids, which to anyone the least familiar with pharmacy is shown on its face to be either a physical impossibility to combine in the form of a tablet, or after being combined or prepared, would, from their very character, rapidly volatilize and leave a more or less inert tablet.—*S. C. Hallenberg, in Proceedings of Illinois Pharm. Asso.*

PASSIFLORA IN THE CONVULSIONS OF PERTUSSIS.

CASE II was an extremely severe one. The patient, a child of two years, was having its third fit when I first saw it. The cough and strangling were very bad. I gave the usual remedies on customary indications, but without the least apparent effect. This was followed by a fruitless resort to almost anything in the way of medicine until the little patient had had *fifty-two* convulsions in all. They were of varying degrees of severity, with great rigidity, total unconsciousness, extreme cyanosis, and threatened death with every paroxysm. Indeed, at one time the father, believing the child to be dead, sent out a telegram to some relatives to that effect. I drove seven miles to see the child while it was in that fit, for they always lasted from fifteen minutes to an hour. On my arrival I gave my patient a fifteen-drop dose of the *Passiflora* tincture, after which it never had but one slight fit. The cough continued, but it was well in every other way. There were no drug symptoms, the remedy seeming only to have a very quieting effect upon the child.

CASE III. My partner, Dr. Reynolds, was called to this child of two-and-a-half years. It had been ill for some time with the whooping cough, and had had convulsions for several days. They were so bad that the physician who had been treating the case had declared it a hopeless one, and had given the child up to die. It had had a dozen or fifteen fits when Dr. Reynolds arrived. He prescribed *Passiflora*, fifteen drops of the tincture,