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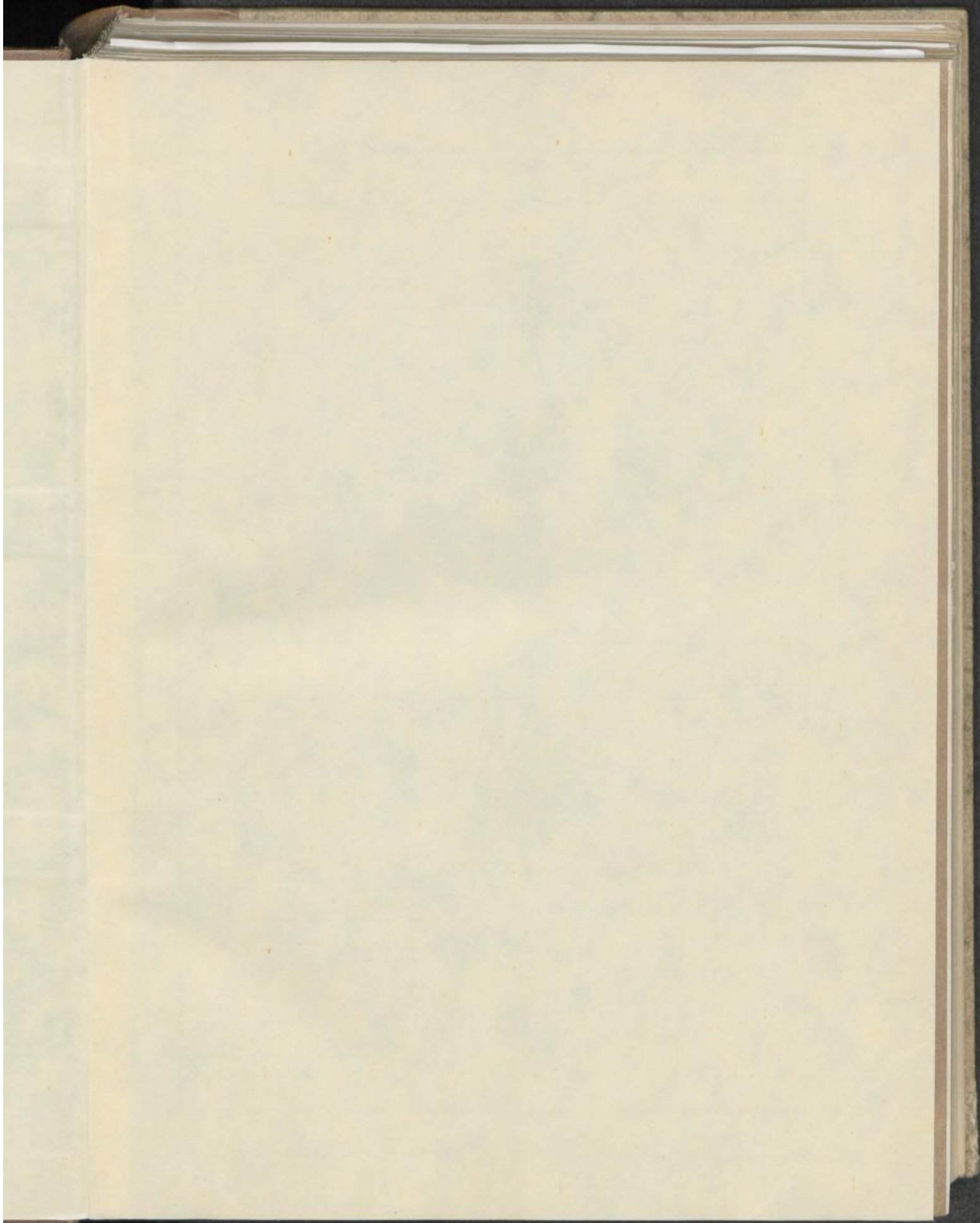
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BULLETIN No. 19.

1912.

PHARMACY SERIES, No. 5.

BULLETIN  
of the  
LLOYD LIBRARY  
of  
BOTANY, PHARMACY AND  
MATERIA MEDICA

J. U. & C. G. LLOYD  
CINCINNATI, OHIO

PHARMACY SERIES, No. 5.

BIOGRAPHIES OF

JOHN KING, M. D., ANDREW JACKSON HOWE,  
A. B., M. D., and JOHN MILTON SCUDDER, M. D.

Accompanied by Many Valuable and Historical Portraits  
and Other Illustrations.

By HARVEY WICKES FELTER, M. D.,

With Introduction

By JOHN URI LLOYD, Phar. M.





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HARVEY WICKES FELTER, M. D.



## INTRODUCTION.

BY JOHN URI LLOYD, PHAR. M.

This Bulletin, carrying as it does the biographies, by Professor H. W. Felter, M. D., of three olden-time friends and fellow workers, appeals to me more than has any other Bulletin issued by the Lloyd Library. Seemingly historical, it is to me more than this, because each page brings to mind a multitude of incidents connected with the lives of the three self-sacrificing humanitarians herein portrayed.

In the winter of 1863-4, Dr. John King, whose kindly face graces the opening biography, was in the prime of his life whilst yet I was an apprentice in pharmacy. Began then an acquaintance which to me was idealistic. From that date we were constantly together, working hand in hand as we saw life's necessities and life's opportunities in behalf of improved medicine and kindly medication.

A volume would be required were I to attempt even to summarize concerning that eventful period, in which the luster of Dr. King's record shines increasingly as the years pass. He was a friend to humanity in other lines than idealistic medical reform; a statesman and exponent of doctrines far ahead of his period was he, as is shown in his plea for justice, titled "*The Coming Freeman.*" To his position in science and the profession such authorities as Dr. Charles Rice, thrice chairman of the Committee of Revision of the Pharmacopeia of the United States, have testified; but yet few can look upon the portrait of Dr. John King with the veneration of the writer of these introductory words.

It is therefore with more than a passing interest that I read, in the biography Dr. Felter has presented of this scientist and investigator, the references to my own self as a friend of this man, whose name I hold in such reverence and esteem.

The next biography is that of Andrew Jackson Howe, no less renowned in surgery than was Dr. King in materia medica. I considered Dr. Howe a power in a field (surgery) that, connected with the science of pharmacy, materia medica, and practice, was yet somewhat separate from them. A more than conspicuous surgeon was Dr. Howe, a wonderfully representative man was he. Turn to his portrait and note the firmly set features and intellectual face so admirably reproduced as a companion to his biography. Shortly following my acquaintance with Dr. King came that with Dr. Howe, whom I esteemed almost with adoration, but with whom, naturally, I was less often thrown. A powerful figure, a commanding personage was that of Andrew Jackson

## INTRODUCTION.

Howe, who in educational directions had an advantage few physicians enjoyed. No field in the natural history section of science was too recon-  
dite for the pen of this man, whose specialty was that of surgery, in  
which for many decades he held an enviable reputation and created a  
national record.

Into the lifework of these two men came as a co-laborer the subject  
of the next biography contained in this Bulletin, an enthusiastic actor  
in the betterment of medicine, John Milton Scudder, M. D., whose por-  
trait faces the opening page of his biography. Hand in hand with the  
closing energies of John King, whose efforts had been spent largely in  
the evolution of the primitive American materia medica and practice,  
came at an opportune moment this wonderfully gifted therapist,  
Scudder. Grasping the problem of therapeutic progress as it had not  
before been comprehended, Scudder threw his whole life and energy into  
the evolution that may appropriately be called an epoch-feature in Amer-  
ican medication. Close friends were we, made doubly so by necessity,  
for the success of the principles that Scudder enunciated, namely, small  
doses of pleasant medicines, selected for their specific action, depended  
largely upon the care, attention, study, and research devoted by myself  
in the direction of the pharmacy of the remedial agents of the American  
materia medica. Very close were we in this crusade in behalf of clean  
medicine, clean surroundings, and kindness to the sick (now fairly con-  
summated). At that date, the most crucial period of the evolution of  
the American practice of medicine and the American materia medica,  
we together worked, sacrificed, and were contented.

And thus, as I turn the pages of this Bulletin of the Lloyd Library  
and meet the faces of these comrades of old and read that which is  
written by and about these three men, my mind turns back into those  
troubled times. Uprise again, not only the faces herein pictured, but  
those of others concerned in historic incidents and events that be-  
sprinkled the strenuous paths of those who, comprehended by few, made  
lifelong sacrifices in the people's behalf.

The Bulletins of the Lloyd Library reach the majority of the Acad-  
emies of Science, as well as the scientific associations and libraries of  
the world, and it may perhaps occur to some not conversant with the  
American professional past to ask why the names of such men as these  
have been so long unrecognized in the biographies of American phy-  
sicians, where, not unfrequently, pages are devoted to others who made  
little record, either in print or action. This is not the place to do more  
than state that, in all earnestness, good men of the dominant school once  
considered all outside it as linked with charlatanism and quackery.



## INTRODUCTION.

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Such men as King, Howe, and Scudder were most pronounced dissenters from what was considered authoritative in "Regular Medicine" of that date, and hence could not be named in connection with the very least of the dominant school, nor recognized as physicians. The three men portrayed herein aggressively resisted the rulings of those in authority and were consequently ostracized, as though they were ignorant pretenders. To have included them, even by name, in any biography of "Physicians" at that date would have been to subject the biographer to the severest criticism and the work perhaps to authoritative censure.

And now I will take the opportunity of referring to the editor of these biographies, Professor H. W. Felter, M. D., who has so admirably portrayed the histories of these pioneers in the cause of American medicine and has also, through his painstaking research, gathered many rare illustrations, in themselves expressively useful. Furthermore, the introductory passages to each of the reproduced articles are more than headings, in that with each, diverting or connecting phases are presented to the reader. Without the knowledge of Professor Felter, I also present his portrait as a frontispiece to the entire Bulletin, together with the following biography taken from the *History of the Eclectic Medical Institute, Cincinnati, Ohio*, 1902. To this may be added the fact that for years Professor Felter has been the editor of the Lloyd Library publication known as the *Eclectic Medical Gleaner*, in which the accompanying biographies of Drs. King, Howe, and Scudder originally appeared, and that from the date of his first connection with medicine (seemingly but yesterday) no greater pleasure has been his than the making of contributions such as this Bulletin embraces.

### HARVEY WICKES FELTER, M. D.

Harvey Wickes Felter, M. D., was born at Rensselaerville, Albany County, N. Y., June 15, 1865, a son of Andrew Jay and Elizabeth (Nichols) Felter. His ancestry on the paternal side was of French and Dutch descent, tracing their genealogy back to the French Huguenots, who took refuge in Holland to escape the persecutions of Catherine de' Medici and her Catholic adherents. Beyond this the family may be traced back to its origin in the fertile plains of Languedoc. His maternal ancestors were of English extraction. The paternal ancestors at an early date emigrated to America, and settled in the valley of the Hudson, and were among the founders of the village of Saugerties, N. Y. His mother dying when he was but eight years old, Dr. Felter met with varying fortunes. His early education was obtained in the public schools of Troy, Lansingburg, and Green Island, and in the Groveside district school at Pittstown, N. Y. When seventeen he obtained a teacher's certificate, and taught school for three successive winters at Potter's Hill, East Pittstown, and Groveside district schools. During the balance of the year he labored at farming. Subsequently he attended the Lansingburg Academy, at Lansingburg, N. Y. In 1883 he began



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the study of medicine and surgery, under Dr. Alexander B. Willis, of Johnsonville, N. Y., an Old School physician of prominence and liberal views. Looking with disfavor upon the Allopathic branch of the profession, as he saw its practice, he decided to adopt the Eclectic system of medicine, and, though bitterly opposed by friends who honestly believed the choice to be suicidal to professional preferment, he entered the Eclectic Medical Institute in 1886, and graduated June 5, 1888, at the head of a class of sixty. He then located in Troy, N. Y., for the practice of his profession. After about a year he returned to Cincinnati, where he has since resided and followed his calling. Dr. Felter was married, January 1, 1890, to Miss Martha Reyburn Caldwell, a lineal descendant of John Caldwell Calhoun and the Caldwells of the Carolinas. They have two children—Dorah Helen, born October 23, 1893, and Lloyd King, born July 9, 1896.

Dr. Felter has been secretary and president of the Cincinnati Eclectic Medical Society, is a member of the National Eclectic Medical Association, and of the Ohio State Eclectic Medical Association, of which he has been secretary, vice-president, and, in 1898, president, holding at Columbus, in 1899, one of the best meetings in the history of the society. He was formerly a member of the Albany (N. Y.) County Eclectic Medical Society, serving as secretary, and a member of the New York State Eclectic Medical Society. He was chosen Demonstrator of Anatomy, vice Dr. McPherson, in April, 1891, and Quiz Master in Chemistry in 1895. In addition to his other duties he was appointed Demonstrator of Chemistry in 1898. In 1897 he became Adjunct Professor of Chemistry, delivering the lectures on Chemistry and Toxicology, while Professor Lloyd delivered the lectures on Pharmacy. In 1892 the death of Professor Howe necessitated the appointment of Professor Bloyer to the chair of Surgery, and Dr. Felter was appointed temporarily to the chair of Anatomy, delivering the lectures for the term, as the season had just begun. This arrangement was but temporary, Professor E. Freeman being called to the chair of Surgery, while Professor Bloyer resumed the chair of Anatomy. In 1895 Dr. Felter collated and edited, with large additions, the lectures on Materia Medica delivered by Professor Locke before the classes, and published the work as "Locke's Syllabus of Eclectic Materia Medica." In 1900 he brought out a second edition, to which he added a number of articles. He is the joint author, with Professor John Uri Lloyd, of the two-volume revision of the "American Dispensatory," which was completed in the winter of 1898. At present he holds the positions of Professor of Descriptive and Surgical Anatomy, to which chair he was appointed in 1899, and Adjunct Professor of Chemistry, Pharmacy, and Toxicology, delivering six lectures each week. He is the author of the historical and a portion of the biographical matter of this work—the "History of the Eclectic Medical Institute." Dr. Felter's favorite recreation studies are botany and general and, particularly, medical history and biography. He has contributed regularly to the Eclectic Medical Journal in original articles, and as associate editor. He has also contributed regularly to the "Annual of Eclectic Medicine and Surgery," particularly upon Materia Medica and specific medication. His papers on Eclectic Medicines running for several years in the Eclectic Medical Gleaner attracted considerable attention in this country and on the Continent, and were widely copied in many pharmaceutical and medical periodicals.

**John King, M. D.**

*By*

**Harvey Wickes Felter, M. D.,**

Editor of

**The Eclectic Medical Gleaner,**

A

Serial Publication of

**The Lloyd Library,**

Cincinnati, Ohio.

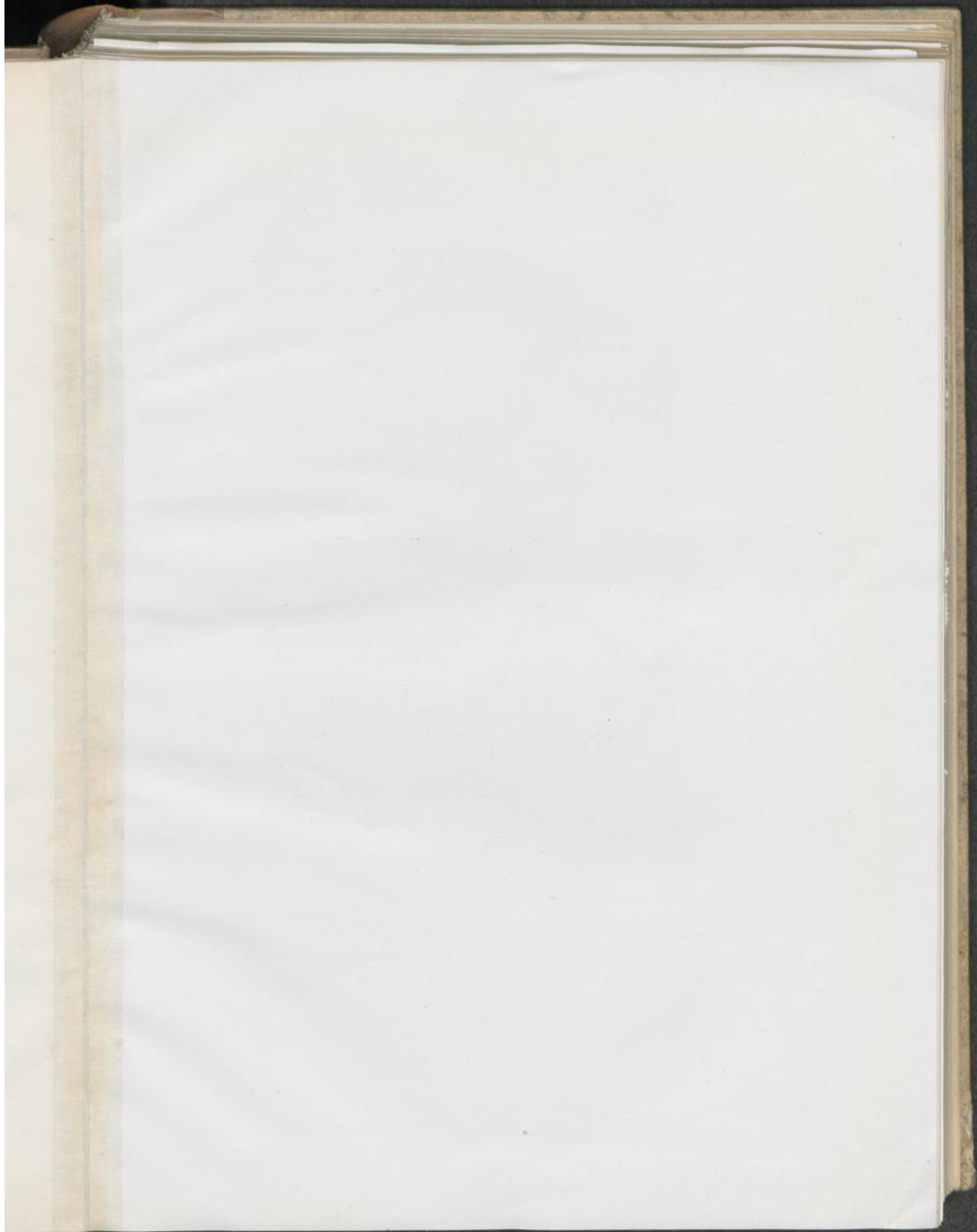


John King, M.D.

Henry Wilson, M.D.

The Johns Hopkins Hospital

The Johns Hopkins Library







PROFESSOR JOHN KING, M. D.  
At the Age of 75.

*From your friend and well-wisher*

*John King*  
Bon. Jan 1st, 1875.

## JOHN KING, M. D.

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On New Year's morning, eighteen hundred and thirteen, about 9 o'clock, just as an American man-o'-war came into the harbor of New York towing a British prize, John King opened his eyes upon a world he was destined to adorn. Well descended he bore the qualities of the high born throughout a long and fruitful life. Reaching the full ripening of eighty well-spent years, he died on June 19, 1893, at North Bend, Ohio. John King's lineage was of noble and aristocratic pedigree. Both English and French blood flowed in his veins. His father, of British extraction, was an officer in the New York Customs House, and took no small part in the politics of the metropolis. His mother, of French birth, was a daughter of the Marquis La Porte, who came from France with Lafayette to battle for a principle and the freedom of the American colonies. Being in comfortable circumstances the parents were well able to accord their son a liberal education, with the ultimate intention of having him engage in mercantile life. Young King, however, proved to be fonder of the quiet pursuits of the scholar, and books and research appealed to him far more strongly than the active and noisy bustle of a business career. He was wisely given his choice. As a student he was apt and diligent, and took little for granted until he had thoroughly investigated for himself. This trait made him conspicuous in later years for great care and accuracy in his writings and teaching. The natural sciences especially attracted him, and in mathematics and languages he became exceptionally proficient. Even at a youthful age was he the master of five tongues, being particularly gifted in German and French, and enjoyed to the day of his death the literature in those lan-



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guages. To this proficiency in the latter dialect the pages of the *Eclectic Medical Journal* attest in the thousands of translated notes and articles. Exceedingly methodical, all of Dr. King's publications display the well-trained mind, and are marked by system. A literary college training having been acquired, he became an engraver of bank notes. At the age of twenty-two we find him in the lecture arena giving special attention to the then, as now, attractive subject of electricity. In 1835, he lectured before the Mechanics' Institute of New York City on the ponderous subject of "Magnetism and Its Relation to the Earth, to Geology, to Astronomy, and to Physiology." These discourses being well received, he repeated them in later years at New Bedford, Mass. The bent for natural sciences naturally led him to adopt the profession of medicine. Wooster Beach was then teaching the principles of the American Reform Practice in New York City, which ultimately culminated in American Medical Eclecticism. King cast his fortunes with the school, graduating in 1838. His talent as a lecturer and instructor soon secured for him the position of teacher therein, and from that time he was ever actively and successively engaged in the Reform school, and in the Eclectic movement. It took courage to do this, "for this was in the days when medical heresy was dangerous."

Dr. King first located for practice in New Bedford, Mass. Fresh from the large city of New York, with its advantages for culture, he did not like his location because of the sordid purposes and lack of interest in cultural movements by the people. In a letter to Dr. Beach (June 28, 1842), he complains that "here everything is money and means money; and societies for mutual improvement, or even one small society can not be raised. Yet I shall . . . do my best to raise the standard of reform, not only in New Bedford, but if I live throughout the State and country." How well he kept the faith is now a matter of eternal history. Again he enthusiastically declares: "My whole internal man is bent to this purpose. . . . With the help of Heaven, my voice shall yet be heard in tones of thunder against the Mercurialists . . . and Thomsonianism and Regularism must fall before the superior worth of the American Practice." These utterances were characteristic of John King, who threw his whole being into the cause, and upon whom in later years fell the mantle of Wooster Beach, his teacher and co-laborer.

The transference of the Reform forces to Worthington, Ohio,

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led many of the Reform physicians into the young and growing West. In 1845 we find John King located as a country doctor at Sharpsburg, Ky., where he braved the trials of the apostle of a new faith, and wrote articles concerning his experiences for the *Western Medical Reformer*. According to a statement of his in that publication he had now been in practice twelve years. He then moved to Owingsville, Ky., where he practiced for several years and terminated his career as a country doctor. We next find his name appended to the call for the first National Convention of Reform Medical Practitioners. The latter met in Cincinnati in 1848, and John King was made secretary. Of the forty-two names which were signed to the call, all save one<sup>1</sup> have joined the silent majority. At this convention the National Association was formed and the name *Eclectic* adopted, though the college at Cincinnati had borne that designation for three years. Dr. King now located in Cincinnati, being introduced by a written indorsement from Professor Morrow. In 1849 he went to Memphis, Tenn., where he was made professor of *Materia Medica*, *Therapeutics*, and *Medical Jurisprudence* in the Memphis Medical Institute. Two years later he was called to occupy the chair of *Obstetrics and Diseases of Women and Children* in the Eclectic Medical Institute at Cincinnati, a position which he filled with great honor and efficiency (with the exception of three years when similarly engaged in another college), until stricken with paralysis in 1890. In 1856 Dr. King became involved in the controversy which resulted in a portion of the Faculty withdrawing from the Institute to found and maintain the Cincinnati College of Eclectic Medicine and Surgery. Peace having been established in 1859, the latter then merged with the Institute. Then John King returned as Professor of *Obstetrics*. Though listed as Professor of *Obstetrics* in Worcester Medical Institute at Worcester, Mass., Professor King never served in that institution. In 1872 the National Eclectic Medical Association was organized and he became a member. At the annual meeting at Detroit in 1878 he was chosen president of that body. The convention meeting in Cincinnati in 1884, he was invited to make the address of welcome. This he did in word and manner which "showed that the old fire of forty years ago still glowed at white heat, and the gold was neither dimmed nor changed." On the second day of the meeting he was the orator of the day. In burning

<sup>1</sup> Dr. Orin Davis, now of Los Angeles, California.



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words he depicted the perils of class legislation, and his address on that occasion, titled "Special Medical Legislation" (from which we have quoted liberally in this issue) must ever remain a classic. It was a masterly argument for community of interests, and may be read with profit to-day by those who would defend the rights of all as against the privileges of the few.

Dr. King was the first president of the present Ohio State Eclectic Medical Association.

Dr. King was twice married, first to Charlotte D. Armington, daughter of Russell and Sarah Armington, of Lansingburgh, N. Y., a relative of the British Admiral Armington. She died in 1847, leaving six children, two of whom became physicians. His second wife, who survived him some years, was the widow of Stephen Henderson Platt, of New York City, and daughter of John and Mary Rudman, of Penn Yan, N. Y.

In 1890 Dr. King, who had so long and so conspicuously served Eclecticism as a teacher, author, and champion, suffered a stroke of paralysis, from which he but partially recovered. Though his mind and memory remained unimpaired except for the failings of senescence, he enjoyed fairly well the remaining years of his life, and looked forward cheerfully and serenely to the hour of dissolution, which he knew was but a little way off. "My work is done; now it is time to go," was oft repeated, and in the last year of his life he sent to the students of the college he loved so well the beautifully pathetic letter which we have reproduced in this issue.

AUTHOR AND COMPILER.—As a writer of books John King was untiringly industrious, and gave to Eclecticism her first great treatises. All his books are written in clear and choice diction, making them easy and enjoyable reading. The bulk of his contributions to the medical journals were translations of medical papers and notes from the French, a few addresses, an occasional article on some drug, and a collection of papers which were ultimately published as a part of his great work on chronic diseases. His books form a library that would be difficult to duplicate, and show an endless amount of research and application. In 1853 appeared the "American Dispensatory," which passed through eighteen editions during the author's lifetime. It was his great work, and has been entirely rewritten and published in two volumes since Dr. King's death. In 1855 his "American Obstetrics" came out and went through several editions. Just previous to the au-

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thor's death it was revised by Dr. R. C. Wintermute. "Women: Their Diseases and Their Treatment," was issued in 1858; "The Microscopist's Companion," in 1859; "The American Family Physician," in 1860, and in 1866 he brought out his celebrated and unique work on "Chronic Diseases." "The Urological Dictionary" was published in 1878. His last work, issued in 1886, was a study in sociology titled, "The Coming Freeman," written in behalf of the laboring classes. On the title page was this significant quotation, "I never could believe that Providence had sent a few men into the world, ready booted and spurred to ride, and millions ready saddled and bridled to be ridden.—R. Rumbold, 1685."

THE MAN.—Dr. King was a typical man and gentleman. There was a geniality about him that was infectious, and in all his dealings he never lost that dignity which is a part of all great men. His colleague, Dr. Howe, has so truthfully pictured him that we reproduce his words verbatim: "In a general *resume* of Professor King's characteristics his personnel should not pass unnoticed. He was large in head and trunk, but small in hand and foot. His average weight was 225 pounds. His eyes were blue, and his skin soft and white. There was a peculiar sweetness of expression in his face that few men possess. His manners were those of a well-bred gentleman, and never could be coarse or morose. He walked with a stately tread, yet with graceful elasticity. His smile, which was easy to elicit, was winning and mirth-provoking. It has been said that he never had an enemy, and never was in a quarrel of his own provoking. In a thirty-five years' acquaintance I never saw him in an angry mood. An expression of his was, that if you would be happy your conscience must be clear. Dr. King was naturally or instinctively religious, though not bigoted nor intolerant. He would not wrench a shingle from any church edifice, yet contributed to the support of the gospel in general. He occasionally conducted religious services in the church of his village when the clergyman was absent. His annual sermon to the class of medical students was calculated to do much good to a set of young men who do not properly estimate the influence they are to exert in the world."

Add to this description the words of his close friend and colleague, Professor Lloyd, and the picture is complete:

"There can be no higher encomium passed upon an American citizen than that he is a gentleman. Men may be professional and yet boors, scientific yet brutes, profound and yet not gentlemen.



## JOHN KING, M. D.

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Professor King united the good, and was a gentleman in every sense, and no man who knew him will dispute it. It was once my pleasure to introduce to him my friend, Dr. Chas. Mohr. After an hour had passed, and we had parted, Dr. Mohr repeated over and over again, 'What a delightful gentleman! And this is Professor King, the author of the "American Dispensatory?"' What a cultured man! The opponents of Professor King did not know him, else they could not have been personal antagonists, and would have left unsaid many unkind words. The sweetest reflection that comes to me as I think of his kind self is, that whatever others have done, no vicious sentences stand in his name; he bore no animosity against those whose views were different from his own. That a man so conspicuous as a reformer should have made antagonists is necessarily true; but the opponents of Professor King have never had reason to complain of discourtesy on his part, and have probably buried their antagonism in his grave. It is surprising that in the face of thoughtless indignities heaped upon him that would be unpardonable if expressed by gentlemen outside of the medical profession, he should have maintained his sweetness of disposition, and his charity for those who differed with him, and yet he did so, and never, to my knowledge, said an abusive word in return. He firmly maintained his stand in favor of American medicine, the American materia medica, and medical liberty for Americans.

"Professor John King was one of the first to take an interest in the life of the writer of this memoir. He encouraged him to persevere in his studies in 1863 when an apprentice, and by his advice the writer, who met Professor King every day, was led to make a specialty of American drugs when such work was odious, and when few pharmacists would affiliate with Eclectics. Dr. King insisted that no other field offered such advantages for research, but that a man must bear the odium of heterodoxy to enter it. From that day until his death Professor King took a fatherly interest in the work that followed. One of King's maxims was that 'it matters little to you what others say about you but what you do and say in return,' and he counseled work and perseverance, not controversy and vituperation. By this rule he lived, right or wrong, as history will record, and this is the cause in which he died. Now that he is laid to rest, it becomes increasingly apparent, as the years pass by, that it is better for all the world that his life should have been spent on the side of the minority, amid the bitterness of professional exclu-

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sion, rather than for humanity to have lost the return that could not have accrued had he chosen the broad road, regular medication, and thus drawn to himself the ease that comes to a conspicuous scholar (for he would have been famous) who casts his lot with the majority. The writer realizes that he may be prejudiced in behalf of the subject of this paper, for Dr. King was a very dear friend, and yet believes that he has not overdrawn, and will close with the words of Dr. Cooper, one of the neighbors of Professor King:

“Was Dr. King a *great* man? Are the qualities, acts, and other conditions precedent to true greatness too lofty and tremendous to have evidently pertained to our beloved dead brother? If to have been an immeasurable force in the betterment of the world gives claim to real greatness, then I am sure his greatness can not be successfully disputed. If to have one's name honorably familiar to all civilized peoples is to be great, then is our Dr. King great. If to have been chief in the evolution of a grand system of medicine which will inestimably bless the world is to have been great, then was and *is* our departed teacher great; *is* because he still liveth.”

TEACHER AND LECTURER.—Dr. King was singularly gifted with a sweet and melodious voice. His lectures were invariably written and rapidly delivered. His words were exceedingly well chosen, and no one could mistake his meaning. Perhaps no better example of pure classic English can be shown among American medical authors than the writings and addresses of Dr. King. His manuscripts were models of neatness, usually written upon small note paper bound into individual booklets, and the penmanship exact, small, and beautiful. No careless slips of composition marred the pages. Every “t” was crossed, every “i” dotted; and punctuation was scrupulously exact. The method of the copperplate engraver was in evidence in every stroke of the pen, and few collections of manuscript show such scrupulous care as these leaflets of Professor King. In his class work he was genial, cheerful, even happy, and imparted the same spirit to his students. He could tell a good story, and was frequently implored to do so before he began his lectures. He read his charmingly written productions with lightning-like velocity, yet no words were lost to his hearers. By his students he was more than revered: he was universally loved. To every student who ever sat under his teaching he is affectionately known as “Pappy King.” Perfect order prevailed while he was teaching,



## JOHN KING, M. D.

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and his quizzes were like the race for a goal. Questions clear cut and never ambiguous were rapidly put, and if the student's mouth did not open as soon as the teacher's closed the question was rapidly passed to the next one. "Sharp is the word and quick the action" was his favorite expression. This begat a habit of prompt answering, and definite expression. The students thoroughly enjoyed this sharp combat, and the writer has never known a teacher who could ask as many pertinent questions and get as many answers in a half-hour's quiz.

PUBLICIST AND HUMANITARIAN.—Had not John King become a physician he would undoubtedly have been a statesman. He was thoroughly American and liberty-loving in his every fiber. He named his text-books "American," and he was always opposed to every form of class legislation as inimicable to the rights of even the humblest citizen. In his work, "The Coming Freeman," which he dedicated to the Knights of Labor, he proposed a representative form of government and administration that should insure the rights of all, both the rich and the poor. No man, however humble, would be bereft of his natural rights. He deplored the prevalent evils, and would correct such evils by wholesome legislation for the good of all; but he antagonized every movement that had for its object the protection or advancement of the privileged few as against the masses. Of his proposed measures it has been well said by Dr. Alexander Wilder, "Whether his remedies are feasible, men will differ; but of the sense of justice and benevolence prompting the work, there can not be two opinions." Equal rights and no interference was his slogan. For crimes he would punish; but he would interfere with no man's rights. With an optimism that was a large part of his nature he looked forward to the time when the apparent hopelessness of conditions would be adjusted by a fairer system of jurisprudence, and more freedom would be enjoyed by all. His utterances on medical legislation come into full force to-day when legislation of the very type which he opposed is threatening under the specious guise of protecting the public health (as some believe), to build a medical monopoly. Of his attitude on medical legislation Prof. J. U. Lloyd has written: "Regardless of monetary return or personal consequences the pen of Professor King was to be found ever ready to uphold what he considered the cause of the people. For this reason he always opposed medical laws or class legislation. He contended that the object of such

Prof. John W. Lloyd,

Dear Sir

In answer to your request, I will state that my discovery of podophyllin was by no means a pleasing incident, and I will relate it to you as briefly as possible. In the fall of 1835, desiring to make a hydroalcoholic extract of mandrake root, (with the aid of potassa during evaporation), the tincture of the root, and, its subsequently made infusion, were mixed together. In order to save as much of the alcohol as possible, this mixture was placed in a distilling apparatus, and when about one-third of the alcohol had been collected by the distillation, the operation was discontinued on account of approaching night. Upon opening the Kettle, the next morning, and stirring up the now cold mixture, previous to a reapplication of heat and continuation of the distillation, a peculiar substance was found deposited in it, which I at first thought, from its appearance, was some foreign material that had found its way into the liquid and become burnt, or injured by the heat during the distillation of the previous day & & & & from which time podophyllin, more especially, has been extensively employed by all classes of physicians.

Yours Truly

Cincinnati, June 14, 1837.

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laws was to strengthen medical colleges and to create favored classes; that it was not the people who wanted protection, but physicians who asked the State, in their own behalf, to pass laws to exclude professional competition. Arguments to convince Professor King that such laws would benefit his beloved college served but to make him the more determined in opposition to them, for he did not want to profit by such methods, and said so plainly; and to the day of his death he refused to acquiesce in any move to legislate, as he expressed it, 'against the people.'

THE INVESTIGATOR AND SCIENTIST.—John King lived close to the heart of nature. Of her bounteous yield, he believed, could the world obtain the safest and best remedies for the cure or amelioration of the ills of the human kind. He thought little of mineral substances as the sources of medicines, but saw wonderful possibilities in the living and life-giving products of mosses and herbs, shrubs and trees. To the investigation of their composition and virtues he lent his best efforts. No source of knowledge was left untouched, and early in his professional career he traveled far and wide investigating the remedies employed by the laity in domestic medication. In this way he added greatly to the materia medica, not then as rich as now, for many simple and most useful agents were wholly ignored by the medical profession. To-day remedies discovered by John King have the sanction of "authority," and grace the pages of the United States Pharmacopœia. He searched "the fields and forests for untried drugs, for with Professor King it was ever a theory that America was destined to contribute largely to the medicinal agents of the world." The vegetable drugs he studied from every standpoint. He advanced beyond the powdered drug and the infusion and decoction. Strongly as he believed in the utility of the vegetable simples he realized and deplored the necessity for bulky doses. These he sought to reduce. A good knowledge of chemistry and a love for pharmaca operations favored his work. He was the first in Eclectic pharmacy who sought to eliminate plant dirt or extraneous matter, but succeeded only partially. His investigations, however, led him into the field of discovery, for he first made known to the world the virtues of resins of podophyllum and macrotys and oleo-resin of iris. These were the first resinoids, and singularly the best ones of the class. This led to the preparation of other similar substances, and to alkaloidal bodies, such as the alkaloidal salts of berberine from hydrastis, and san-



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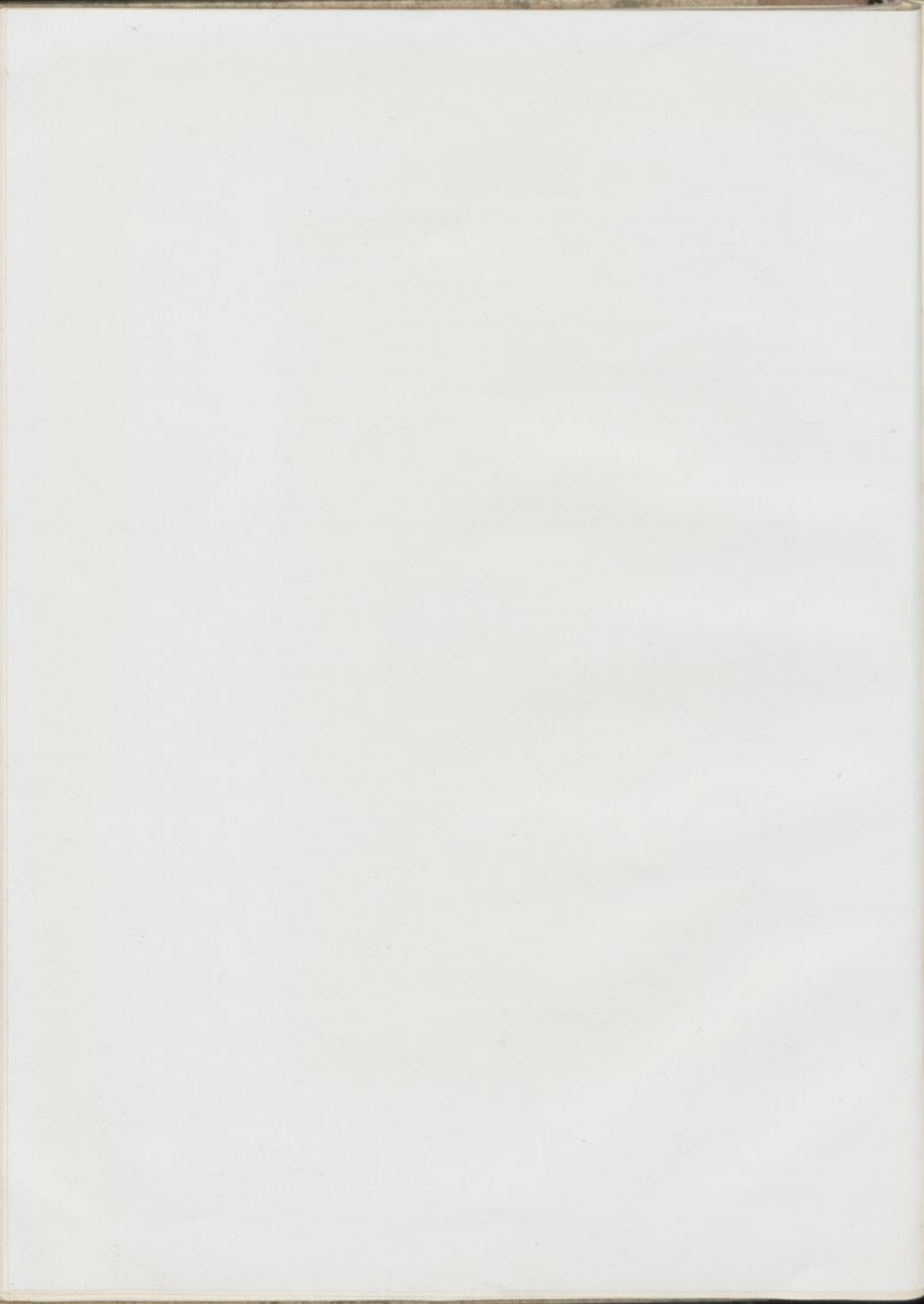
guinarine from blood-root. Thus was John King introduced to the pharmacial world. Soon designing manufacturers were making resinoids, which from their fraudulent composition and inertness led to a discrediting of the whole list of resinoids. Other names were employed, and we have as relics a list of preparations whose names terminate in *in*—a termination belonging properly only to glucosides. To this short cut to nomenclature John King lent neither his name nor sanction. With the exactness with which he did all things he contended for true names, and he called a resin a resin, and an oleo-resin an oleo-resin, thus showing as nearly as he then knew the exact composition of the product. The names podophyllin, macrotin, irisin or iridin were not of his coinage. At the present day the bulk of such resinoids as have active properties are most largely used by pill manufacturers and employed in the practice of the dominant school. It is both a matter of regret and congratulation that he who had evolved the best of these products should have been the one to first dash them to pieces when the rascality of manufacturers compelled such a course by fraudulent substitutions under the name "Eclectic Resinoids." John King was not the kind of man who would allow the stigma to rest either upon himself or upon the school he represented. At the risk of undoing all the good he intended in introducing good resins and oleo-resins, he swept them all away at one stroke when they had become dishonored. Though he lost all he would never sanction a fraud or allow his good name to be tarnished. The world of pharmacy can well afford to honor the memory of such a man as John King.

The mortal remains of John King rest in the quiet little country graveyard near Valley Junction, O., in the beautiful vale of the Whitewater. The hallowed spot is marked by a chaste granite monument placed there by the contributions of his many pupils and friends, the opportunity having been given them to purchase a small booklet, titled "The Right Side of the Car," written by Dr. King's friend and colleague, Prof. John Uri Lloyd, the proceeds of the sale being applied to the erection of the stone. In this way the contributors had the opportunity to mark "the spot where they laid him," and to retain as a reminder—a link of loving remembrance—this literary idyll. The dedicatory services held June 16, 1901, were attended by a large concourse of friends and neighbors, and many physicians who made long pilgrimages to honor their old



THE KING MONUMENT.





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friend and teacher. Addresses were made by Professor Rolla L. Thomas, M. D., for the profession and Col. David W. McClung for the community.

All too briefly have we sketched the life of John King, scholar and scientist, patriot and humanitarian. Though others were revered and admired, we do not overdraw when we say that Professor King was the best loved man in Eclecticism. He has been justly styled the father of the Eclectic materia medica. His stanch loyalty to the cause of Eclectic medicine never flagged for one moment; his consideration and benevolence for the common people were abiding virtues. Of no man can it be more truthfully said than it has been of him, that he earned the right to hear this criticism of himself made by another:

"As I walk the soil that gave me birth, I feel that I am not unworthy to tread upon it. I look upon these beautiful and venerable trees and feel that I do not dishonor them. I think of my sacred rights, and rejoice that I have never deserted them; besides, I look forward to the long ages and generations, and glory in the thought that I am fighting their battles for them."

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"Interfere with no man's rights; but if in art or science he be in the wrong, prove it, not by legislation, but by overpowering him with superior knowledge, superior skill, and truth. This is the best method to compel him to thoroughly inform himself upon those points in which his deficiency has been proved. But no legislation. Science does not need it, and can much better take care of itself when not attached to statutes per force."—John King, Address on Special Medical Legislation.

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### CANCER REMEDIES (SO-CALLED).

CANCER REMEDIES (so-called).—Take extract of arrowwood (*viburnum dentatum*), extract of marygold flowers and leaves, extract of red clover (*trifolium pratense*), and extract of wild indigo leaves and bark of root, of each equal parts; mix thoroughly together and form a plaster, which apply on linen to the ulcer, cleansing it daily. Internally, use the following: Take of salt of tartar, one ounce; cream of tartar, four ounces; water, two quarts; mix and dissolve the salts: the dose is a wineglassful, three times a day. This solution alone is said to have removed a scirrhus tumor in six weeks.



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To an aqueous extract of recent sassafras bark add a few drops of nitric acid, until a froth or foam is formed; spread this on a piece of lint, and apply twice a day. Previous to each application, wash with a mixture of equal parts of brandy and honey. This will not act on the healthy tissue, but only on the cancer, and when this is destroyed, heal the ulcer with—sweet oil, one pint; beeswax, one ounce; melt together and when nearly cold add nitric acid, half an ounce. Apply this once or twice a day, at the same time using the wash of honey and brandy between dressings.

Take of marygold flowers and leaves, red clover flowers and leaves, bloodroot, digitalis leaves, of each, recent and coarsely powdered, half an ounce; carbolic acid, four ounces; glycerine, eight ounces; mix the articles together, and allow them to stand fourteen days. Apply some of this to the cancer every day, on some lint. Also said to be useful in lupus and other cutaneous diseases.

Take of finely-powdered hardwood root, two ounces; belladonna ointment, two ounces; mix thoroughly together, and then add of finely powdered arsenite of copper, from fifteen to sixty grains. The quantity of copper salt to be added will depend upon the sensibility of the patient, as no pain must be caused by the application; the quantity must also be regulated by the extent of surface of the cancerous ulcer. A portion of this ointment spread upon cotton batting is to be applied to the ulcer, changing it daily. In some cases, as much as one ounce of the arsenite may be added with advantage.

At some future time I may add to this list still a few more so-called remedies for cancer.—JOHN KING, M. D., *Eclectic Medical Journal*, 1865.

The paper which follows was published by Professor John Uri Lloyd in the *Western Druggist* in December, 1893, and republished in the *Eclectic Medical Journal* in 1894. We reproduce it here for its historic bearing upon the history of podophyllin and Professor King's connection therewith.

**DISCOVERY OF PODOPHYLLIN<sup>1</sup>** (Resinoid of Podophyllum) *the first Eclectic Resinoid.*—“As early as 1831<sup>2</sup> Mr. William Hodgson made a partial analysis of the rhizome of podophyllum,

<sup>1</sup> This manuscript was prepared some years ago. If the same was published I have no record of the fact. It very properly follows the biography of Professor King, connecting the most conspicuous Eclectic remedy with his name.—L.

<sup>2</sup> *American Journal of Pharmacy*, January, 1832, page 273.

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but overlooked the resin. In 1846<sup>3</sup> Dr. John King described a resinous substance that he then employed in his practice, identifying it as a resin and calling it a resin, as follows: 'I obtain only the resin, by extracting all that alcohol will take up [by tincturing the drug—Lloyd], then filter the alcoholic tincture, to which add an equal quantity of water, and separate the alcohol by distillation—the resin sinks in the water.'<sup>4</sup> In 1847<sup>5</sup> Mr. J. R. Lewis made a good analysis of the drug, describing the resins, and stating that six or eight grains had been taken experimentally, operating as a drastic cathartic, accompanied by vomiting. Thus it is evident that King (1844) and Lewis (1847) independently wrote upon the subject; both referred to the substance under consideration, which King had used for some time preceding his published paper, and both of them called the substance a resin. King, however, preceded Lewis two years. If Lewis was acquainted with the recorded statements of Professor King, he neglected to refer to them. From that early day Professor King energetically and continuously held this resin before his classes, and in his writings advocated the use of resin of podophyllum as the Eclectic substitute for calomel. It became thereby firmly identified as an Eclectic remedy long before the regular<sup>6</sup> section recognized its value. In connection with this phase of the subject we find that the *United States Dispensatory*, the standard authority in regular medicine at that period, preceding its tenth (1854) edition (and indeed thereafter) ignored King as a discoverer, and referred only to Mr. Lewis. In that edition (1854) brief mention is made of the notice Dr. Manlius Smith gave the resin in the *American Journal of Pharmacy*, 1852. In the eleventh edition (1858) the first reference is made to its then common name (derived from Eclecticism) in commerce as follows: 'It is called *podophyllin*.' But it was not commended as a therapeutical agent. In the twelfth edition (1865), the resin having become officinal in 1860, a creditable notice is given the substance. In contradistinction, the first edition of the *Eclectic Dispensatory*, King and Newton, 1852, devotes seven pages to this drug, which establishes its paternity.

<sup>3</sup> *Western Medical Reformer*, April, 1846, page 176.

<sup>4</sup> Preceding this, Professor King referred to the resin in the *Philosophical Medical Journal of New York*, 1844, Vol. I, page 160.—L.

<sup>5</sup> *American Journal of Pharmacy*, August, 1847, page 169.

<sup>6</sup> I use this term as applied to the dominant section of American physicians, because, as a rule, the gentlemen seem to prefer it to Allopathic. The term "irregular" I do not consider opprobrious, as it is used to apply to the minority.—J. U. L.



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"In an early publication<sup>7</sup> Professor King stated that 'My introduction to its therapeutical action having been of a serious character,' and at the solicitation of the writer, who desired information concerning the subject, contributed the following interesting communication. This letter also bears testimony concerning the discovery and introduction of this important drug:

"PROF. J. U. LLOYD—*Dear Sir:* In answer to your request, I will state that my discovery of podophyllin was by no means a pleasant incident, and I will relate it to you as briefly as possible. In the fall of 1835, desiring to make an hydro-alcoholic extract of mandrake root (with the aid of potassa during evaporation) the tincture of the root, and its subsequently made infusion, were mixed together. In order to save as much of the alcohol as possible, this mixture was placed in a distilling apparatus, and when about one-third of the alcohol had been collected by the distillation, the operation was discontinued on account of approaching night. Upon opening the kettle the next morning, and stirring up the now cold mixture, previous to a reapplication of heat and continuation of the distillation, a peculiar substance was found deposited in it, which I at first thought from its appearance was some foreign material that had found its way into the liquid and become burnt or injured by the heat during the distillation of the previous day. While pondering over the matter, and still undetermined as to the nature of this deposit, I decided to investigate its action as a purgative, and accordingly administered *about twelve grains*<sup>8</sup> to a patient, not supposing it to have much, if any, medicinal action. But I was soon brought to know the reverse. In an hour or two after having taken it the lady was attacked with hyper-catharsis and excessive vomiting, which continued for two or three hours before I was notified. I was truly alarmed at her condition, fully recognized the nature and power of the resin, as well as my responsibility in having permitted her to take a substance concerning the action of which I knew nothing. It was a serious lesson to me which I have never forgotten. I found her in extreme pain and distress, cramps in the stomach and extremities, with coldness and slight lividity of the surface, pulse small and weak, almost incessant vomiting and purging, her condition greatly resembling that of one in the latter state of Asiatic cholera; she was apparently sinking rapidly. It is un-

<sup>7</sup> The College Journal of Medical Science, Cincinnati, 1857, page 557.

<sup>8</sup> Italicised by the biographer.

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necessary to occupy time and space with the treatment pursued; suffice it to state that by a careful and persistent course of medication she recovered, but, unfortunately, was left with a chronic malady of the digestive organs which, as far as I know, was never removed.

“These serious effects, together with many unpleasant surroundings at the time naturally associated with the event produced a very unfavorable impression concerning the resin, and several years passed before I mustered courage to try it again in smaller doses, and which attempt was greatly owing to a conversation with Prof. W. Tully, M. D., of Yale College, New Haven, Conn., who, upon having related to him my fearful initiation into the use and action of resin of podophyllin, advised me to test it in much smaller doses; during this conversation he informed me that cimicifuga likewise contained a resin, and which I subsequently succeeded in obtaining. After having succeeded in testing podophyllum resin in several varieties of disease, I called attention to it in the *Philosophical Medical Journal*, of New York, Vol. I, page 160, 1844.<sup>9</sup> About a year after this latter publication, being in the drugstore of the late Mr. W. S. Merrell, at that time located at the northwest corner of Court and Plum Streets, Cincinnati, Ohio, he called my attention to two samples, one of podophyllum resin, the other of cimicifuga resin, about an ounce or so of each, which he said were made according to my directions in the *Western Medical Reformer*, and inquired if they were anything like those I had produced, and I answered that they were, and questioned him whether the Eclectic physicians of Cincinnati had tried them; he stated in reply that he had not been able to prevail on any one of them to prescribe them. According to the promise given to Mr. Merrell, I shortly afterward gave Prof. T. V. Morrow, M. D., a few hints as to the value of these resins, and it was not long before communications appeared from the pens of Professors Morrow, Hill, and others, in which the remedial virtues of these agents were highly lauded; from which time podophyllin, more especially, has been employed extensively by all classes of physicians. Yours truly,

“*Cincinnati, June 14, 1887.*

JOHN KING, M. D.’

“A careful review of the literature, and an intimate acquaintance with those connected with the introduction and discovery of the substance, enables the writer to say that without a question the

<sup>9</sup> Also in *Western Medical Reformer*, April, 1846, page 176.—L.



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foregoing comprises an authentic record of this valuable drug, which is now of world-wide reputation. It was the forerunner of the class of preparations that followed under the name 'resinoid' or 'concentration.'"

**WHOLE DRUG PREPARATIONS VS. FRAGMENTS.**—That plant medicines should be prepared to hold so far as possible the natural bonds of union of the characteristic structures found in the native state has been an oft-enunciated principle of latter-day Eclecticism. The divorcement of parent drug from broken out principles has been consistently opposed by leading Eclectic practitioners from the very beginning of our pharmacy, though early efforts at concentration were made by some. Even the latter proved to yield inferior medicines, and such methods were long ago relegated to the past history of experimental pharmacy so far as Eclecticism is concerned. Eclectics have from start to finish persistently and consistently demanded as nearly as possible whole plant medicines. They have done so because clinical experience, that best of medical teachers, has taught them that with energetic drugs the best, fullest, and most uniform results come from such medicines without the dangerous drug shock that so often comes from the administration of extremely toxic fragments—be they alkaloids or glucosides—even in the ordinarily approved dosage. On the contrary, it has also been observed that some presumably important fragments are not only not toxic but practically inert when compared with the drug from which they have been disrupted.

Notwithstanding the claims of some that an active principle represents the parent drug except in power, Eclectics who once went mad over proximates have claimed that proximate principles vary largely, so much so that products of different manufacturers are found to produce the most variable of results, and that many so-called active principles, even of presumed ultimates, fail to exert the same action and give the same therapeutic results. In this connection one has but to read the story of the so-called Aconitines.

When one has long known a therapeutic fact clinically learned, but has clinical observations only to corroborate his belief, it is at least gratifying to have a connected scientific truth uncovered that will substantiate his position. Eclectics have justly contended that aconitine no more represents aconite than atropine represents belladonna, or gelsemine gelsemium. Even old school authorities (now traveling over the old Eclectic road) admit that morphine, though

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the chief alkaloid, nor any of the many principles of opium, singly or re-combined, do not represent the action of opium physiologically and that the therapeutic uses of the parent drug and its alkaloids are widely variant.

While the Eclectic has taken this ground he must not be misunderstood. To alkaloidal medication as such, through indications founded upon the long study and use of fragments, he is not antagonistic, nor does he deny to others the right to such a practice. He believes, however, that a more desirable practice comes from the use of whole drugs because certain alkaloids are often too energetic and less readily under the control of the prescriber. In other words, he regards it a far less safe therapy as now practiced. But what he objects to most strenuously, and rightly we believe the reader will concede, is what was pointed out by the writer in an early edition of the *GLEANER*, alkaloidal therapy teachings by indications not established upon a study of the use of alkaloids themselves, but upon the whole drugs from out of which the principles have been broken. Reasoning by kinship that such indications will apply is neither truthful nor just: for it is well-known that there are balanced therapeutic possibilities and power in such drug structures which have never been dissociated that can not possibly belong to an isolated fragment. Such power may be one of added strength or one of restraining influence. We assume that it is not fair to the practitioner to mislead him in this matter, nor to jeopardize the life or health of the sick by over or under medication through ill-adapted drug substances and ill-advised indications.

On the other hand the physician who uses natural drug compounds, upon indications founded upon such entire drugs, gets the fullest and best action of his medicine with the least variability and least danger of either toxic results on the one side or non-effect on the other. He has, too, a controllable medicine; and besides, he has the lessons of history to fortify him in the long and uniform testimony from the experience of Eclectic physicians in nearly fifty years' use of whole plant products. Few will gainsay the fact that the Eclectic physician has half a century of experience in these directions, nor will any one deny that our Eclectic pharmacists have advantages in the direction of proximate principle manufacture second to none, either as to experience or apparatus. The Eclectic knows and has tested the indications, which takes years to establish, founded upon drug integrity. He has found them to work out so



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true that for ourselves we can see no reason why he should risk the substitution of a dangerously toxic alkaloid in preference to the more kindly methods known to him, particularly if the treatment be of women and children.

### EXTRACT FROM DR. KING'S ANNUAL ADDRESS.

You are well aware that there are several schools of medicine in this country, among which one arrogantly assumes not only the title of being "regular," but also the right to abuse, misrepresent, and persecute all the others, and to deprive their followers of all the rights and privileges guaranteed to them as citizens and freemen of this Government—"to secure which for themselves and their posterity, our patriotic forefathers were willing to risk everything." The members of this self-styled regular school of medicine bear themselves as if Heaven, which distributes its favor liberally and impartially to all, had conferred upon them knowledge, power, and prerogatives superior to all others; and they claim "the liberty of deciding for themselves, and also for others, on all matters in relation to medicine, and as this right of decision is claimed as an exclusive privilege, they give no intimations of charity for those who may differ from their peculiar views, whom they denounce as infamous and as unfit for honorable or respectable society, without regard to their greatness or goodness, the authority by which they have been governed, or the character which they have acquired by observing the laws of God and their country." Bear in mind, gentlemen, I refer to "regularism," so-called, in its mass, as a huge machine of despotism and usurpation, and not of its individual followers, among whom I am pleased to be able to state I have found many who are gentlemen and patriots in the truest sense of these words, and who form honorable exceptions to the general rule.

This spirit of tyranny, despotism, and persecution just referred to, although in existence since the commencement of reforms in medicine, has been especially manifested during the present Rebellion, and has been carried on unceasingly and with great vindictiveness of spirit, especially in our own State. At the commencement of the Rebellion they so influenced the individual whom we had assisted in making Governor of this State, that it became absolutely impossible for any physician not of their school, *however well qualified he might be*, to obtain a situation in our volunteer regiments as surgeon, assistant surgeon, or even hospital steward. They had managed to secure their own Board of Examiners, and to have all matters pertaining to medicine in the army arranged to suit their interests and selfish desires; and no candidate for examination was permitted to undergo an examination, *however thorough may have been his qualifications*.—Annual Address, *Eclectic Medical Journal*, 1865.

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### MODUS OPERANDI OF MERCURY.

This article is one of the earliest penned by Dr. King, and perhaps is the first to appear in an Eclectic medical publication. It is characteristic of the man, who ever sought to be fair to antagonists and bring about the desired reforms by educational methods. While many of the rank and file of the Reformers, and more especially those who took refuge under the banners of the new movement, were tactless, often uncultured, and more often abusive toward those of opposite faith, the leaders of the movement for medical Eclecticism preferred to use sound arguments and educational methods to gain their point. In the beginning mercury as well as other minerals were practically proscribed. With the leaders, however, there shortly came a change from proscription to restriction, and after the first few years Eclectic literature shows rather the trend toward a warfare against the *abuse* and not against the *use* of mercurials. Nevertheless, so well-grounded did the opposition become to this class of medicines, the horrors of which were everywhere apparent (and now admitted by old school writers), that few of the earlier Eclectics would ever employ a mercurial salt internally or externally; a prejudice still maintained by some Eclectic practitioners. Dr. King's paper was published at a time when nearly all the authorities of the old school disclaimed any knowledge of the manner in which mercury operated physiologically or chemically. The chemical theory he advanced, that it is converted into an oxide, though vaguely hinted at by others, became the prevailing theory for many years. Much dissension is shown at the present day over the question as to the form in which mercury enters the circulation, some contending as an oxyalbuminate, or with Miahl of France, that all mercury compounds are transformed into the bichloride in the stomach and bowels, and uniting in the blood with sodium chloride, become converted into a double chloride of sodium and mercury; or with Hensch of Germany, that an albuminate is produced, or as claimed by Voit, also of Germany, a chloroalbuminate. It is generally accepted that it is eliminated as an albuminate. "All these theories," says Hare, "as to its absorption are open to grave criticism." Therefore it would appear that with all the enlightenment possible from the advantages of chemical and physiologic equipment of to-day, we are little nearer an explanation of the modus operandi of the mercurials than was the scientific physician of seventy years ago. John King's theory as to its absorption as an oxide lacked but a step to that now accepted by many—that it enters the circulation as an oxyalbuminate. It must be remembered that the chemistry of the albumens is of much more recent elaboration. The value of this paper consists in exhibiting the fact that the early Eclectics were not wholly uncultivated nor ignoramuses, as some would have us believe, but that such leaders as King were thoroughly



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grounded in the chemical knowledge of the day and that the mass of Eclectic physicians welcomed scientific explanations; for a few years later Dr. King was asked to republish this paper, which was used widely as a weapon in the warfare for the abolition of mercurial abuses.—Ed. Gleaner.

MODUS OPERANDI OF MERCURY.—*Messrs. Editors:* It may not be amiss to lay before your readers the *modus operandi* of mercury, or the method by which it acts upon the human system, producing the many evil effects which are constantly witnessed from its internal administration.

The evils resulting from the employment of this mineral are not confined to the observation of a few, but are reiterated again and again by nearly all medical writers, and indisputably establish the fact that mercury ought never to be used as a medicinal agent; nevertheless, it is still resorted to for almost every disease by the physician; nor can we be surprised at it, when we are presented with such a medley of theories, and such discordant practice, as the various professors of medicine issue from time to time.

The student trained by his teachers to adopt a certain course of treatment, based upon certain principles, is ushered forth into the world as a practitioner of medicine, being highly prejudiced in favor of the particular theory and practice which have been taught him, and considering every other as absurd and empirical. In due time he is called to the bedside of the sick; he prescribes, but all his skill is exerted in vain: he loses his patient. Nothing discouraged, he continues in his unsuccessful career, until after a practice of six or eight years, he arouses, as it were, from a dream, and discovers the utter futility of the theory and practice of his professors. He now searches for something new; he finds it,—a celebrated medical author has advanced new ideas on the theory and practice of medicine,—he seizes them with avidity, and adopts them; but a similar misfortune awaits him,—his patients still continue to die, notwithstanding he has dosed them largely, or minutely as the case may be; until, after having ineffectually followed the various plans suggested by writers, he finally settles down into an entire state of carelessness, considering it a matter of indifference as to the recovery or non-recovery of his patients; and is satisfied that he has done his duty, by bleeding and doses of mercury, simply because all authors, however different their theories may be, agree in some measure to the adoption of such means.

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This is a correct statement of the practice and *experience*, as many significantly express it, of more than three-fourths of our physicians. And truly a lamentable statement it is, for in reality the more *experienced* the physician becomes, the more ignorant is he of the true principles of his profession; unless, indeed, he be one of those noble, philosophic souls who dares to break down the prejudices by which he is surrounded, and boldly examine for himself, without desire for future fame, or care for the scorn and malice of his blinded fellow physicians.

But, without further digression, let us enquire, do physicians understand how, or why, this metal produces its action upon the human system? We have conversed with many physicians upon this subject, but could never obtain from them any more satisfactory reason, than that its *irritating qualities*, or its *peculiar mode of action*, is the cause.

This is certainly an incomprehensible reason for him who honestly wishes to arrive at the truth, and the very next question would be, how is this *peculiar mode of action* produced,—or how, acting merely as an *irritant*, so many *serious* effects should result? If we refer to standard authority on this matter, we still remain in obscurity—thus, in the U. S. Dispensatory, under the article mercury, it is said:

“Of the *modus operandi* of mercury, we KNOW NOTHING except that it *probably* acts through the medium of the circulation, and that it possesses a *peculiar* alterative power over the vital functions, which enables it in many cases to subvert diseased action by *substituting its own in their stead*.”

If such, then, is all the knowledge which physicians have of the action of this mineral—such all the satisfaction we can derive from them—and yet, notwithstanding this ignorance, they still continue to employ it; let us ask if this is not downright empiricism? or if not, what is?

In Eberle's Therapeutics, we find the following remarks:

“Mercury,” it is observed by Cullen, “acts as a stimulus to every sensible and moving fiber of the body. What is the peculiar character of the excitement which it produces may be, *it would be in vain to enquire*; but it appears to be more permanent and universal, than that of any other medicinal agent with which we are acquainted.”

We will now demonstrate the *peculiar character of the excite-*



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ment which mercury produces in the system, as ascertained by us several years ago, notwithstanding the bugbear assertion, that "it would be in vain to enquire."

1. Phosphoric acid pervades almost every fluid and solid of the human body, and is more abundant than any other acid.

2. Phosphoric acid and lime, in the form of phosphate of lime, constitute the greater part of the composition of human bones.

3. Phosphoric acid does not act upon mercury but combines with its oxide, forming phosphate of mercury.

4. Phosphorus acid differs from phosphoric acid in containing one proportion less of oxygen, and decomposes all the oxides and salts of mercury—separating the mercury in its metallic state.

5. Human bile which is excreted by the liver, is composed of water, albumen, picromel, muriate of soda, phosphate of soda, phosphate of lime, soda and lime uncombined with any acid, etc.—hence the chemical character of the bile is alkaline.

6. Saliva is composed of water, mucus, animal matter, alkaline muriates, lactate of soda, and pure soda.

7. The mucous secretion from the mouth throughout the whole alimentary canal, with the exception of the gastric and pancreatic juices, as has been proven by M. Donne and others, is of an alkaline character.

8. It is admitted by all chemists that acids and alkalies mutually decompose or neutralize each other, forming new combinations; also, that the affinity existing between acids and alkalies appears to be much greater, in general, than between any other known substances in nature.

9. In whatever soluble form the usual preparations of mercury are introduced into the stomach, they are reduced to an oxide of the metal previous to being absorbed into the system.

10. Most acids are capable of combining with the oxides of mercury. By keeping the above facts in view, we can clearly understand the *modus operandi* of mercury.

Thus, when any salt of mercury, say, a dose of calomel, for instance, has been taken into the stomach, and as soon as it has passed through the lower orifice of the stomach, (*pylorus*) into the first intestine, or as sometimes, and more properly termed, the second stomach, (*duodenum*) it comes in contact with the bile, which is discharged from the liver into the bowels at this point. Here, in consequence of the affinity existing between the acid combined with

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the metal, and the alkali of the bile, the acid is separated, and forms with the alkali a new combination possessing three elements, while the mercury is left in the form of the black oxide, which is the natural oxide of this metal. And it may be opportune to mention here that any salt of mercury, when exposed to the action of the atmosphere for a sufficient length of time, will result in the black oxide.

By the above action a mutual decomposition takes place, both of the sub-muriate of mercury and the phosphate of lime of the bile, upon the principle called in chemical language, electric affinity. Thus, both the soda and the lime have a stronger affinity, or chemical attraction, for the muriatic acid of the calomel, than the affinity existing between the muriatic acid and the mercury. Hence the soda and lime combine with the muriatic acid, forming muriates of soda and lime, while a portion of phosphoric acid is set free by a decomposition of the phosphate of lime; and the mercury, by losing its acid, is reduced to an oxide. This is not only proved by chemical laws, but also confirmed by physiological facts. And in this manner calomel *touches* or acts upon the liver,—we may likewise understand why the discharges from the bowels produced by mercurial cathartics are invariably dark colored, like the black or gray oxide of mercury.

In the form of an oxide, then, is mercury carried into the mass of blood, to be thence circulated to every part of the system. Combining with the phosphoric acid of the bones, a phosphate of mercury is formed, leaving the bone in the state of an oxide of calcium, or common lime; the bony structure being thus chemically decomposed, crumbles and exfoliates.

A similar combination with the phosphoric acid of the nerves and brain produces nervousness, severe pains, loss of memory, headache, etc., and as the changes of the atmosphere act upon mercury in any state, the suffering patient can predict the various changes about to take place in the weather, with as much precision as could be derived from the most delicate barometer.

But pure mercury, or mercury in its metallic state, has been found in various parts of the bodies of those who have used it as medicine, by several celebrated anatomists; and how could this have been produced from its phosphate? We reply, not from the phosphate, but from the phosphite of mercury, which salt whenever formed separates after a time, freeing the phosphorous acid, and leaving the mercury in its metallic state.



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Phosphorous acid may be produced by any element capable of abstracting from phosphoric acid a part of its oxygen. Phosphorous acid being thus formed, and coming in contact with the oxide of mercury, will form a phosphite of mercury, from which eventually the mercury will be precipitated or separated into its metallic state, in which state it may remain any indefinite period of time. This also affords a clue to an understanding of the statement made by Dr. Goldsmith in his natural history, that those miners who have been condemned to labor for life in mercurial ores often "transpire quicksilver at every pore" before death releases them from their sufferings.

The oxide of mercury is capable of producing decomposition to some extent in every fluid or solid of the human body. And if any gentleman of the old school can disprove the above explanation of the modus operandi of mercury, I trust you will allow him the use of the columns of your journal, that is, if he dares to risk his reputation, or expose his ignorance, by attempting it.—J. KING, M. D., *Western Medical Reformer*, 1846.

### ON BLOODLETTING.

This is another of Dr. King's educational tracts, in which he attempts to teach the effects of blood-letting. Such papers were powerful assets in the hands of the reformers, whose opposition to the lancet was almost a matter of religious obligation. While not strictly in accord in all respects in points of pathology as understood to-day, it may yet be profitably read as furnishing valuable information upon the pernicious effects of the abstraction of large amounts of blood. Such arguments as offered herein did much to teach physicians the undesirability of certain old and established forms of routine treatment and to bring about the complete abolition of the practice of bleeding, thus fulfilling a part of the mission of the early Eclectics.—Ed. Gleaner.

ON BLOODLETTING.—Many individuals are in the habit of being bled once, or perhaps several times yearly, and some of them state that they have not experienced any bad effect from it; yet upon a close examination we find them subject to nervousness, dizziness of the head, debility, fainting, and often convulsions, with other strange and unpleasant sensations, for which they are unable to account, attributing them to any other cause than the loss of blood, which, in fact, they consider a remedy for these symptoms. And it often happens that from the general debility caused by it the ab-

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sorbents, exhalents, and the secreting and excreting organs perform their offices irregularly and unhealthily, producing diseases of solids, and dropsical affections, which more or less speedily determine the death of the individual. Some who read this article can, no doubt, bear testimony to the truth of the above statement. An idea has prevailed in community that bleeding removes only the bad blood, which absurdity is even encouraged by physicians themselves, but for what purpose, we are left to conjecture. It is, indeed, very true that a ligature being placed around a limb will obstruct and retard the circulation in its extremity, from which cause the blood takes up an increasing quantity of carbon of the animal substance, rendering it darker, thicker, and disposed to coagulate or clot; but this certainly does not prove that the whole nervous system partakes of a similar character; it merely proves that an obstructed or deficient circulation causes an increase of carbon in the blood, from which may result many dangerous diseases.

It has likewise been remarked by some that in case we draw the healthy and unhealthy portions of the blood from a vein at the same time, (the new blood which is constantly forming being pure and healthy,) that by repeated bleedings we may gradually remove all impurity in the same manner as we might purify a cask of foul water, by drawing off the foul water and, at the same time, supplying its place with pure, thus slowly correcting its impurity. But the cases are not parallel, for it must be observed that bleeding produces debility, disposes to disease, and every subsequent depletion increases this disposition; and, even should we admit the newly formed blood to be pure, yet by its assimilation with the unhealthy it soon ceases to be such, and becomes gradually diseased with the rest; the old symptoms again present themselves, and another bleeding is considered necessary, thus surely increasing the disposition to disease.

Let it be remembered, however, that bleeding also injures the powers of digestion, in consequence of diminishing the quantity of oxygen necessary for the health of the animal, producing dyspepsia and impaired chyle, from which neither pure nor healthy blood can be formed.

The effect of the loss of blood upon the lungs is also very serious, it subtracts the nervous energy, as if the eighth pair of nerves were divided.

Professor Andral states "that in cases where bleeding has been



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employed the lungs present similar appearances to those of animals in whom the pneumogastric nerves had been divided, or of individuals who died apoplectic." In addition to these evils resulting from bleeding alone, how much more serious do they become when the mineral poisons are administered in conjunction. By referring to the *London Medical Gazette* of April, 1829, we find that Drs. Brodie, Ward, and others agree that bleeding in cases of poisoning promotes the absorption of the poison. And as the action of many of the mineral remedies upon the system is poisonous, it may be readily perceived how much more serious must be their effects when used in connection with bleeding.

It may be enquired, "Do you bleed in case of falls, severe bruises, pleurisy, or apoplexy?" We unhesitatingly answer—No.

Apoplexy is produced in consequence of the blood becoming thick and viscid; from its sluggish circulation in the venous system particularly, and also from a consequent determination of blood to the brain, \* \* \* bleeding can not remove this viscosity, neither does it equalize the circulation, but always disposes to an aggravation of these symptoms, which, it must be borne in mind, generally result from a diseased condition of the liver, brain, or other organs.

Bleeding is not recommended by physicians in falls or blows until the natural reactive effort has taken place, which is the only effort that can restore the equilibrium of the circulation which has been deranged by the blow or fall—and the object of bleeding, then, is "to moderate the violence of the reaction when it does come on, as, if unrestrained, it often endangers the structure of the organ affected by inducing in it inflammation." We will presently enquire how bleeding may prevent inflammation.

In pleurisy, which is an inflammation of the pleura, bleeding may produce relief, but it does not cure the disease,—it only relieves one of the accompanying symptoms, *pain*, but does not allay the inflammation, or rather the cause of it.

Suppose we admit the above indication for the lancet in falls or blows, and for the sake of illustration grant even further, that inflammation is the invariable result of every blow or fall, howsoever severe it may have been. What then? Can not this inflammation be reduced without taking blood? Does bleeding reduce the inflammation in a *healthy* manner? On the contrary, does it not only reduce the *quantity*, (not the *quality*) of the blood in the system,

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affording a relief which is speedily followed by debility and increase of disease?

What is inflammation? Dr. Dunglison, who is excellent authority, informs us, "It is an *irritation* in a part of the body *occasioned* by some *stimulus*, owing to which the blood flows into the capillary vessels in greater abundance than natural, and those vessels become dilated; whence result pain, redness, heat, tension, swelling, etc."

Here then are three actions previous to inflammation, or rather three causes to produce inflammation. Firstly, a *stimulus* in some part of the body, which produces. Secondly, an *irritation*, from which is caused. Thirdly, a *greater determination of blood to the part*.

Now, does bleeding remove this stimulus? No, it only removes a portion of blood, and the blood certainly did not produce the stimulus. Does it prevent the irritation? No, it only prevents the patient from retaining his natural quantity of blood and thereby from recovering more rapidly. Does it lessen the determination of blood to the part? No, it only lessens the quantity of it in the system; and the patient in many instances lingers for days, and even weeks, when he might have been benefited in a few hours by a treatment more rational and more in accordance with the laws of the animal economy—namely, by properly and healthily equalizing the circulation of blood, without that lasting debility which is certain to follow its abstraction.

We are aware that by many physicians bleeding is considered a means of equalizing the circulation—of such we would enquire—how that portion of the blood which has been received into the basin equalizes its circulation throughout the system?

Let us endeavor to ascertain or investigate why and how bleeding injures. The material part of our system derives its maintenance from the food which we eat, and vitality is imparted to it from the atmosphere by which we are surrounded during the action of respiration.

It is universally admitted that the oxygen of the atmosphere contains that principle which bestows and sustains life, and that if we were deprived of it death would be the consequence.

Now let us examine this. The food which we eat undergoes the process of chylification, by which the chyle, a milk-like liquor, is separated from it, and from which fluid the blood is formed. But the blood thus formed from the chyle is entirely destitute of vital-



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ity, is utterly incapable of renovating the system until it has been thrown into the lungs, where it undergoes a complete new change, life is imparted to it, and it can now renew the wasting energies of the constitution. That change through which it has just passed is the excretion or expulsion of the carbon, derived from the food and animal substance in the form of carbonic acid gas, and the absorption of the oxygen gas of the atmosphere.

It has been found that 100 parts, in weight, of atmospheric air contains 21 parts of oxygen, and 79 of azote; but that after the action of expiration, or its expulsion from the lungs, it has undergone a material physical and chemical change. In the place of 21 parts of oxygen we have but 18 or 19 parts, with the same quantity of azote as before its inhalation, and three to four parts of carbonic acid gas. Hence we observe that at every inspiration which we make the blood thrown into the lungs absorbs 3 to 4 parts of the oxygen, or life-giving principle of the atmosphere, while at the same time it parts with an equal quantity of its carbonic acid gas.

It is now that the blood is ready to fulfill its proper offices—it is distributed throughout the system by means of the arteries, parting with the principal portion of its oxygen as it flows along, and thus continually supplying all the various parts of the body with vitality, at the same time freeing them of the carbon, azote, and hydrogen which they may contain, likewise depositing portions or globules of itself to supply the waste of the animal or material substance; it is then, by means of the veins, reconducted to the heart and lungs, again to receive the all-invigorating principle of life; having its hydrogen excreted by the liver—its azote by the kidneys—and its carbon by the skin and lungs.

From these facts it may be readily understood how bleeding injures and debilitates. By the loss of blood the quantity which is thrown into the lungs becomes decreased, the necessary amount of oxygen is not received into the system, consequently vitality is diminished, and the whole frame becomes debilitated. The lungs not having the requisite quantity of blood passing into them lose their energy—those gases which are deleterious when retained in the system, as hydrogen, azote and carbonic acid, and which are continually accumulating in the system, thus producing both unhealthy blood and bile, are from diminished vital action not separated and excreted as rapidly, nor in that proportion which health requires; hence arise diseases variously characterized as palsy, epilepsy, tic

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doloureux, apoplexy, impotency, sterility, etc., confined principally to the nervous system, as the nerves, spinal marrow, and brain receive more of this recuperant power than any other organs of the human body.

And when in addition to this loss of blood we have it still further injured by the presence of poisonous minerals, acting as foreign and irritating substances, partially destroying that principle on which the absorption of the oxygen depends, we are not at all surprised at the serious results, nor at a loss to conceive how and why they originated.

It may be said in reply to the above that if the venous blood holds all these deleterious gases, instead of being injured by bleeding, we are on the contrary benefited by losing only a portion of the blood which is deleterious to life.

But it must be remembered that there are certain organs which remove these gases with which we have been wisely provided, namely, liver, lungs, kidneys, and skin,—but no lancet, which is unnatural, unwise, and dangerous. By bleeding we remove both the blood and gases together—by increasing the excretions we remove only the deleterious matter, and the blood remains ready for the absorption of the oxygen in the lungs. And if we *must bleed* to remove these noxious gases, then do it effectually, by removing all that venous blood which holds them.

Dr. Thacher, in his Practice, page 203, says: "We have no *infallible* index to direct us. It is *impossible* from the state of the circulation in fever to point to any certain criterion for the employment of the lancet; the state of the pulse is often *ambiguous* and *deceptive*. Circumstances require the nicest discrimination, as the result is often very different in cases seemingly analogous. A precipitate decision is fraught with danger, and a *mistake* may be *certain death*."

How presumptuous, then, must be that man who, at the risk of destroying his patient, takes from him not only ounces, but often pounds of blood, and that too without any kind of knowledge as to its future effects; for we are told by Dr. Mackintosh that "*no physician, however wise and experienced, can tell what quantity of blood ought to be taken in any given case.*"—J. KING, M. D., *Western Medical Reformer*, 1846.



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### CONCENTRATED MEDICINES.

The class of agents of which this pioneer paper treats was the forerunner of concentrations which passed under the name of "Eclectic resinoids." The latter preparations, though alluring by reason of their apparent elegance and possibility of small dosage, were of little medicinal value. As a matter of fact, many were totally inert. Dr. King introduced the resins of podophyllum and macrotys, and the oleo-resin of iris, preparations which proved to have medicinal activities of pronounced degree. He afterward prepared resin of leptandra, which to his great disappointment, proved inert. Designing persons, seeing a commercial opportunity, but conscienceless, prepared and sold a series of so-called resinoids or concentrations, staking their opportunity on the success attending the administration of those prepared by Professor King. The resinoids as thus dishonestly made were either lacking in therapeutic value or worthless by reason of gross adulteration, and soon brought the attempted improvement of Eclectic pharmacy as contemplated by Dr. King into disrepute. To the young school this proved almost an irreparable disaster. To Dr. King it was a crushing sorrow. Attempt to saddle the resinoid stigma upon Dr. King because he had evolved this method of concentrating medicines proved an ignominious failure. That he was in nowise responsible for the fraud and chicanery of the money-changers was soon established. Dear to his heart as was the contemplated improvement in Eclectic pharmacy whereby medicines might be made representative and be given in small doses, Dr. King fearlessly shattered his hopes rather than to lend countenance to dishonest pharmacy, and he promptly repudiated all the resinoids except those which he personally knew to be honestly prepared and therapeutically active. The uncompromising foe of crookedness at all times, he now used his pen freely to expose these graft-medicines and medicine grafters. Faith in John King averted the disaster that must certainly have fallen upon Eclecticism had these men and their iniquities remained unattacked. To this day podophyllin as a true type of those concentrations intended by John King remains a powerful and salutary medicine, accepted universally as a leading drug in all schools of practice; the unrepresentative resinoids are known only in the history of past records.

The article below is the first or pioneer paper on "concentrated medicines" appearing in Eclectic literature, and will therefore stand as source-history for investigators in the field of Eclectic pharmacy. We regret our inability to give Dr. King's first article on Podophyllin, in *Philosophical Journal and Transactions* (1844), which volume is not accessible to us at present.—Ed. Gleaner.

CONCENTRATED MEDICINES.—*Gentlemen*: I have for a long time noticed an obstacle to the progress of Medical Reform, with a very numerous portion of community, particularly those who, when unwell, desire the least medicine possible to effect a cure (which,

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by the way, is not a limited class), and the obstacle is: the large doses and enormous quantities of medicine usually administered by those who practice with medical plants. I have known many individuals who were favorable to a Botanic system send for a mineral physician during an attack of illness, and take his medicine in preference merely because, however nauseous and dangerous it might prove, the dose was small in quantity. This is truly a very great hindrance to the extension of Reform, and one which undoubtedly every Reformer has met with in the course of his practice.

However, there is no actual necessity for this; our medicines are as capable of being prepared in diminished quantities, as any other, and when thus reduced are much more effectual in their results. Thus Blue Flag root (*Iris Versicolor*) contains resin and mucilage; in the former reside its purgative and alterative properties, in the latter its diuretic. Then why administer the crude root in powder, in which these properties are combined with woody fibre and other inert substances, when a few grains of the proper constituent will answer? The same is the case of the Cohosh root (*Cimicifuga Racemosa*); its alterative, anti-scrofulous, anti-rheumatic, emmenagogue, and other properties for which it is generally employed, reside in its resin. Then certainly it is useless to administer it in conjunction with tannin, gallic acid, gum, etc., when a few grains of its active principle is sufficient. The medical constituent of a plant is all that we require. True, there are some plants whose virtues consist in the union of these constituents, but they are scarce.

For the last several years I have prepared my medicines, or rather those of which I make the most frequent use, in such a manner that the doses, in quantity, are much smaller than usual, and are fully as effectual in their results, if not more so, than the same articles as generally administered. The object particularly in chronic disease is not to shock the system by repeated large quantities of active medicine, as is too much the case with practitioners, and from which cause very few *real and permanent cures* are effected in chronic cases, but to give medicines in the least possible doses that may be found necessary to keep the system constantly under their peculiar alterative, tonic, or other action, and always in union with the other requisites of proper exercise, diet, cleanliness, etc.

My method of preparing these medicines depends upon the re-



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quired active constituent or constituents of the medicines; thus, with the greater part of tinctures I prepare them saturated instead of the common strength, which of course lessens the dose in quantity. With the Alterative syrup, for instance, instead of boiling to 16 porter bottles, as mentioned in Beach's Am. Practice, vol. 3, page 258, I reduce it to 8 porter bottles, of which the dose is one teaspoonful 3 or 4 times a day. And so with all other syrups, charging, of course, proportionately.

From some I obtain only the resin, by extracting all that Alcohol will take up, then filter the Alcoholic tincture, to which add an equal quantity of water and separate the Alcohol by distillation; the resin sinks in the water. Thus, an excellent hepatic is obtained from the *Hydrastis Canadensis*, in the dose of from one-fourth to three grains; a purgative, alterative, or emmenagogue from the *Iris Versicolor*, *Podophyllum Peltatum*, *Sanguinaria Canadensis*, *Cimicifuga Racemosa*, *Caulophyllum Thalictroides*, etc. Sometimes I distil the Alcoholic tincture to a certain quantity without the addition of the water, and then evaporate the remainder, until the residue is of the required consistence for pilular extract, or powder, as with *Sang. Canad.*, *Aletris Farinosa*, *Peonia Officinalis*, *Euphorbia Ipecacuanha*, *Apocynum Cannabinum*, etc.

With other articles I make the Alcoholic extract, as above, then boil the roots or herbs in water till all the virtue is obtained; reduce it to an extract and then combine the Alcoholic and aqueous extracts together, as with *Rumex Crispus*, *Solanum Dulcamara*, *Leptandra Virginica*, *Baptisia Tinctoria*, *Inula Helenium*, *Arc-tium Lappa*, *Aristolochia Serpentaria*, *Berberis Vulgaris*, *Cornus Sericea*, *Viburnum Oxycoccus*, *Cypripedium Pubescens*, *Juniperus Sabina*, *Xanthoxylum*, *Fraxineum*, *Phytolacca Decandra*, etc.

With some articles I make an alkaline extract, but with only those which contain resin and have a drastic effect, which is made by adding from time to time during the evaporation of the Alcoholic tincture, and at every time when the resin begins to separate from the liquid, small portions of pearlash (Carbonate potash.), and continue adding it in like manner until the extract is finished; this renders the article less drastic, and completely prevents it from producing any nauseous or irritating sensation, as with the *Iris Versicolor*, *Podophyllum Peltatum*, etc.

There are other articles again, where I obtain the ethereal oil or extract, and which is made by saturating sulphuric ether with the

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article, filtering and then allowing it to evaporate spontaneously; as with Capsicum, Secale Cornutum, Cochlearia Armorica, Crocus Sativa, Ictodes Fœtida, Lycopus Virginicus, Lobelia Inflata, Scutellaria Lateriflora, etc.

By preparing medicines as above there is no change of the virtues of the constituent principles requisite, chemically considered, as is the case with sulphate of quinine, and some other articles in which there is often entire decomposition, or at least new combinations; the doses are also small in quantity, and the effect much greater upon the human system than when combined with inert, woody, and other substances.

In preparing syrups the following will be found one of the best modes: Have a vessel which will hold from 40 to 50 pounds of plants, to which add two gallons of water, and if the article contains resin add in addition one pound and a half of saleratus, which must be dissolved in water before it is added; by a gentle heat gradually distil off this water, returning it, as it runs off, into the vessel, by means of a tube adapted for that purpose. Continue the distillation in this manner until the herbs or roots are all as soft as mush; then remove them from the fire, and by means of a screw press press out all the fluid, until the articles are left dry in the press, remembering to add to it the two gallons of water which had been used to soften. Place this expressed liquor in a barrel, by itself, and keep it closed. In like manner obtain the expressed liquid of each article, separately. To prepare a syrup pour into a barrel churn the necessary quantity of each ingredient, together with sufficient molasses or syrup to sweeten; churn the articles together for half an hour, then bottle and cork tight. The dose of any purifying syrup thus made is: one teaspoonful 3 or 4 times a day; and it will keep well in any climate.

If, however, it is inconvenient for a physician thus to prepare his syrups, he can make a very pleasant cordial as follows: Take one pound of any mixture required and in a coarsely bruised state; place it in a vessel and add to it three pints and a half of Alcohol, place it over a fire till it boils, then cover tightly and remove from the fire. When cold pour off the Alcohol in a separate vessel, and add more Alcohol, merely sufficient to cover the articles; let this stand three days, and pour it into the same vessel with the other. To the mixture of roots add six pints of boiling water and when cold add the Alcoholic tincture and six pounds of loaf sugar. Let



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it stand for a week, frequently shaking it, and it will be fit for use. Dose, from a tablespoon half full to a wine glass half full, 3 times a day.

As this subject is of essential importance to the best interests of Reform I have not deemed the above suggestion superfluous or uncalled for, and trust that every true Reformer will investigate and make known his discoveries, mode of preparation, etc., through the medium of your journal.

Before closing I would remark that I am engaged in preparing an "United States Botanic Dispensatory," a work very much needed by all classes of Botanic practitioners, and will thankfully receive any communications (postpaid) giving accurate accounts of plants, with full descriptions, history, chemical composition, employment, doses, etc., or of other safe and valuable medical articles.—JOHN KING, M. D., *Western Medical Reformer*, 1846.

*Owingsville, Bath County, Ky., March, 1846.*

### PREPARATIONS FOR SKIN AND EYE AFFECTIONS.

In the early years of Eclecticism, Eclectics were ostracized by pharmacists as well as by physicians of the dominant school. Thus they were forced into methods of pharmacy of their own, extremely crude and complex though they may have been. A double advantage accrued to them, however, for it was the beginning of a crusade for representative medicines and taught them, through contact, to know drugs—drugs that could be depended on for therapeutic results. Moreover, it gave the incentive to investigation which only necessity is likely to foster. The ultimate achievement of all this is the world-wide standing now accorded to Eclectic pharmacy. Opposition and antagonism are often of great benefit to the opposed faction, and the refusal of pharmacists to prepare medicines for the early Eclectics, or the half-hearted and unsatisfactory preparation of such, only served to strengthen the arch which was to uphold Eclecticism.

The article selected illustrates the type of materia medica contributions which were eagerly welcomed by the pioneer Eclectics, and is reproduced herein to show one of Professor King's earliest efforts in the field of pharmacology. Crude though his methods might have been, and cruder still the products, yet were these medicines in therapeutic virtues in advance of those methods pursued and galenicals prepared by those who opposed the simple office pharmacy of the pioneer.—*Ed. Gleaner.*

PREPARATIONS FOR SKIN AND EYE AFFECTIONS.—*Messrs. Editors:* I have always been opposed to the use of any mineral preparation in the treatment of disease, whether administered inter-

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nally or applied externally; and invariably employ agents derived from Nature's garden, whenever they can be found to benefit, or effect a cure. If I mistake not, this is the true principle upon which Eclectic Reform is based, viz.: to employ medical plants in all cases where they prove beneficial,—but never allow a patient to suffer or die for the want of other remedial means, because our knowledge is not sufficiently advanced to enable us, in any given case, to relieve by botanic remedies, always avoiding all such as under common circumstances of their use are liable to do harm. At all events, this is the principle by which I am governed in my treatment of all cases of disease which come under my care; and in the treatment of some thousand cases during the last several years I have been quite successful without the use of any mineral preparation whatever, save in about 10 or 12 cases, with whom I used preparations of iron internally, and of zinc externally.

In the agents externally employed I fear there has not been that attention paid to the action of the medical virtues of plants which its importance demands; thus we find recommended in some of the older books of reform, among the preparations for cutaneous diseases, ulcers, ophthalmia, etc., those old and deleterious articles, as Murias Hydrargyri, Hydrargyri Oxydum Rubrum, etc., and which has given occasion for foul-mouthed slander to report, and in a number of instances with effect, that notwithstanding our assertions of botanic treatment *we slyly* employed some of the strongest mineral poisons.

However much truth such report may bear upon its face, it is basely false, as may be ascertained by referring to the many works on Medical reform of more recent date.

My object in the present communication is to call the attention of Eclectic physicians to a few medical preparations which I have been in the habit of using for the relief or cure of affections of the eyes, and which have seldom disappointed me in their result.

### No. 1. SALINE OPHTHALMIC POWDER.

Take a piece of stout limb of Tag Alder, (*Alnus Rotundifolia*), just cut from the shrub, through the center of which bore a hole, running lengthwise with the grain. Place any quantity of good, fine common salt into this hole, and then close it tightly at each end. Place the limb thus prepared in a fire, or among hot ashes, and let it remain there until it is nearly charred through, which will gen-



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erally be in about 36 hours. When cold, split the limb, and the salt will be found formed into a hard roll, like a roll of brimstone. Finely pulverize the salt thus prepared, and keep it in closely stopped vials.

A small quantity of this powder blown into the eye will be found an excellent remedy for scrofulous and other ophthalmic diseases, granulations of the cornea, etc.

In scrofulous and any other disease depending upon a taint or impurity of the system, external means must always be accompanied by proper internal means.

### No. 2.—FULIGINOUS OPHTHALMIC POWDER.

Boil about four ounces of good, hard, clean soot in four pints of soft water for about ten minutes. Filter the liquid while hot, and evaporate to dryness. Pulverize finely, and keep in well stopped vials. Used the same as the Saline Powder. In some instances a combination of the Saline with the Fuliginous Powder will be found invaluable. By combining one ounce of the Pulv. Fuligin. with one ounce of stramonium ointment, it makes an excellent preparation for tinea-capitis, and many cutaneous diseases.

### No. 3.—RESINOUS OPHTHALMIC OINTMENT.

Take one or two pounds of fresh Yellow Dock roots, (*Rumex Crispus*), cut off the outside bark and wash them free from any dirt or gritty substances; beat the roots, thus prepared and quartered lengthways, with one pound of fresh butter, and continue beating until the juice of the roots has become well incorporated with the butter, and then carefully remove all the fibrous and other portions of the roots which have not combined with the butter. To this add two ounces of resin of *Hydrastis Canadensis*, one ounce of the dried Hydro-Alcoholic extract of *Baptisia Tinctoria*, and half an ounce of the resin of *Sanguinaria Canadensis*,—each of which must be very finely pulverized. Incorporate them thoroughly together, and allow them to stand a week before using.

Useful in many cases of strumous and other ophthalmic affections, cutaneous diseases, etc.

### No. 4.—GOLDEN OINTMENT.

Prepare the *Rumex* and butter as above, and to every two pounds of the preparation add two ounces of the resin of *Iris versi-*

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color, two ounces of the resin of *Hydrastis Canadensis*, two ounces of the resin of *Sanguinaria Canadensis*, all in very fine powder, and half an ounce of the ethereal oil of Saffron. Incorporate thoroughly, and use as above.

### No. 5.—TONIC OINTMENT.

Melt spermaceti, one pound, add to it Balsam Tolu, one ounce, and enough good olive oil to make it of the proper consistence for an ointment; then stir in prepared Soot as above, one ounce, dried Hydro-Alcoholic extract of *Cornus Sericea*, two drams, dried Alcoholic extract of *Aletris Farinosa*, one dram, resin of *Hydrastis Canadensis*, two drams; all very finely pulverized, and keep stirring till cold.

Rub a small quantity on the inner surface of the eye-lids every night and morning. Useful for chronic inflammation and weak eyes.

The above remedies will be found beneficial, and much safer than articles containing any of the salts of Mercury; and their action can be modified or increased, according to circumstances, by increasing or diminishing the quantities of the articles employed in their preparation.—J. KING, M. D., *Western Medical Reformer*, 1846.

### CONSTIPATION.

At the time this paper was written, cathartics in drastic doses were in general use for the relief of constipation. With the introduction of resin of podophyllum and oleo-resin of iris and other agents peculiar to reform and early Eclectic practice, a new treatment of constipation was made possible. Professor King did not approve of the indiscriminate use of cathartics, and his views foreshadowed those now universally accepted by the profession at large. Note his conclusions in the paragraph preceding the last in this article. As stated in the paper, catharsis is not by any means desirable in this affection, but a gradual restoration of peristaltic activity is to be established, and this, he advised, to be accomplished with tinctures of agents, most of which were then new to medicine in general, but which are now quite generally employed for the very purposes and in the same manner as advised by Professor King.—Ed. Gleaner.

CONSTIPATION.—In commencing the treatment of constipation, we never administer a cathartic until we have faithfully but uselessly tried injections of cold water; though the cold water will almost invariably cause a motion of the bowels. After an evacuation



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has been obtained, we administer, in combination with saturated tincture of Nux Vomica, either one, or a mixture of two or more of the following articles, viz.: Saturated tinctures of Iris Versicolor, Podophyllum Peltatum, Convolvulus Panduratus, and Euphorbia Ipecacuanha. If one combination fails, or loses its action, another is generally most certain to succeed.

A favorite preparation is one ounce each of the saturated tinctures of Iris Vers. and Pod. Pelt., to which is added from three to six drams of a saturated tincture of Nux Vomica. The dose is ten drops on sugar three times a day. Some patients, however, will require fifteen or twenty drops, while in others three drops will suffice. This does not produce a purgative effect, nor is a catharsis by any means desirable in this affection, but by gradually restoring the peristaltic action to a healthy standard it causes one, but should never exceed two *natural* evacuations daily.

If, as is most generally the case, disease of the liver, kidneys, or other organ attends, the proper treatment for such disease must be adopted, giving alteratives, tonics, etc., as required, which will not interfere with the means for the constipation. From this course I am most constantly successful in all diseases of a chronic character.

Previous to exhibiting this tincture, if the tongue is coated white, manifesting acidity of the stomach, the proper alkaline remedies must be given, particularly when the constipation, as is generally the case, is connected with some chronic affection. If, in addition to this white coat, there is a preternatural redness of the tip and edges of the tongue, indicating internal irritation or inflammation, prussic acid in some form must be given; I prefer an infusion of peach leaves, wild cherry leaf or bark, etc., aided in extreme or obstinate cases by small doses, say two or three grains, of diaphoretic powders, every three hours. As soon as this condition of things has abated, or become removed, I commence with the above tincture in doses of ten drops three times a day; its action will be manifested in from one to eight days, by which time we will be enabled to regulate properly the quantity of the dose, which must never in any case exceed twenty drops. When its influence is not apparent until after several days, an evacuation must be produced daily by cold water injections. If the tincture produces no effect after a trial of ten days, some other combination of the above tincture must be employed in the same doses, one of which is certain to succeed.

When the disease is cured and the costiveness removed, we must

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then ascertain its permanency by gradually increasing the daily intervals between its administration, giving them at first every other day, then every third, fourth, etc., until their use be entirely suspended.

The only restriction in diet is to avoid acid, indigestible, and fat or greasy food or drink, allowing, however, lean meat—the food to be thoroughly masticated, and the whole body and limbs to be regularly bathed once in every week with weak lye water, cold or warm, as suits the feelings of the patient.

I am perfectly satisfied that the regularly or irregularly continued administration of cathartics in chronic disease, particularly when constipation is present, is highly pernicious and often prevents a cure; while on the other hand the omission of cathartics in *acute* diseases is an evil as much to be dreaded and avoided as their employment in chronic diseases.

It must not, however, be supposed from the above that cathartics are never useful in chronic cases, for I have at times found them invaluable, more particularly in the commencement of the treatment, when cold water injections are of no avail, or, when for certain purposes or indications it is found necessary to evacuate the intestinal contents as speedily as possible. A gentle but constant effect or influence of medicine will cure more chronic cases than all the severe or harsh measures that have ever been recommended.—  
JOHN KING, M. D., *Western Medical Reformer*, 1846.

### ON THE APPEARANCES OF THE TONGUE.

Dr. King was the earliest to publish studies that led to the formulation of the doctrine of specific medication. This study of the conditions of the tongue as indicative of certain abnormalities and the adaptability or non-adaptability of remedies therefor may be considered the pioneer paper in the study of Eclectic specific medication, though not then known under that name. The original paper in full was replete with theories concerning the electrical action of the fluids of the liver and digestive tract that are now known to be erroneous. It matters little now in what manner Dr. King attempted to account for such conditions and the effectiveness or failure of remedies, a common habit with physicians of the past as well as of the present time, the fact remains that his observations of conditions and the effects of remedies thereon were sound and are as tenable to-day as when first penned. This, so far as we are aware, is the first instance showing the indications for alkalines, and partially for acids, in medication in Eclectic or other forms of medical literature.



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Dr. King's part in the formulation of these indications is conceded by Professor Scudder, who devoted the following editorial to the subject, giving Dr. King full credit for these observations, which have so long stood the test of time and experience:

"Among the goods which have been deemed mine, and which some other parties have been disposed to appropriate, is the diagnosis of an alkaline and acid condition of the blood, and the rational use of acids and alkalies. How many persons have known the facts before my day I can not say, but certainly some, and probably hundreds of physicians, maybe thousands, have been guided by the same rules for the administration of one or the other or both. When I was a boy in medicine, our Professor King gave the alkalies for the very same reason, and guided by the very indications that we follow to-day. His teaching was explicit—'If the tongue is *pallid* give an alkali, usually bicarbonate of soda.' But of acids he only said this—'If the person desires an acid, give it; especially in typhoid and other low grades of fever give hard cider.' According to Chambers, muriatic acid was used with great success in the treatment of typhus and typhoid fever in England, and yet in answer to an inquiry they could only say that 'they gave it because it seemed to be useful in such cases.' So far as I know, I was the first to point out the relation between the *deep red tongue* and the beneficial action of acids. Others may have noticed the fact, and doubtless some physicians were guided by it, but it failed to get into journals or books. It is a good thing to know that acids and alkalies are valuable remedies; it is very much better to know that the pale or pallid tongue asks for an alkali, and the deep-red tongue asks for an acid." (Editorial in *Eclectic Medical Journal*, 1886, p. 89.)—Ed. Gleaner.

ON THE APPEARANCES OF THE TONGUE.—*Messrs. Editors*: I wish to direct the attention of Eclectics to several appearances of the tongue, and their indications, during the progress of the various forms of fever; from which, in connection with the other symptoms usually present, some information of a practical nature may be obtained. I am aware that "to *feel* the pulse, and *look at* the tongue," are with many physicians an indispensable part of their practice,—yet after having thus performed they remain in as much obscurity concerning the condition of their patient as before. There is no propriety in looking at the tongue, unless we intend to gain some correct information from its appearances, which will be of advantage in our subsequent treatment.

It is from this organ that we can ascertain with exactness certain conditions of the internal changes progressing, and thereby be enabled in a majority of febrile affections to treat them with promptness and success. In fact, there are no symptoms attending

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fever which I watch with so much care and anxiety as the changes in the condition of the tongue, which are to me at all times some of the most important of febrile indices.

I can not too strongly call the attention of practitioners to this subject, which has been comparatively neglected, and particularly by the regulars; they find such variations in the appearances of the tongue, for which they can not satisfactorily account, that they fain would have us believe that they, or their indications, are not to be depended upon. . . .

During the commencement of a fever, or in its first stage, . . . a torpid or slightly congestive condition of one or more organs takes place, as evinced by chills, headache, backache, yawning, restlessness, languor, etc. During this stage the tongue will generally be found *pale and moist* and the pulse slow and irregular, or if the term may be used, "it is sluggish." One or two emetics at this stage, followed by cathartics, and then some sweats, will in almost every instance break up the disease at once. . . .

In the second stage of fever, quick pulse, nausea, pains in various parts, difficult respiration, etc., and in some congestive forms, sudden death, the tongue will be generally found coated *white*, indicating an excess of acid or negative matter in the alimentary canal. This coat is sometimes complicated with other appearances.

1st. A white fur, body of tongue pale, indicates a mild grade of fever, and particularly if moist.

2d. White fur, sides of the tongue red, indicates inflammation of some portion of the alimentary canal, most commonly the stomach. If dry, the inflammation will be more intense.

3d. White fur, sides of the tongue slightly red, febrile pulse, with at times chills and intermissions, indicates a very torpid condition of the biliary organs, with a disposition to active inflammation of some portion of the intestines, and is very apt to prove a tedious and troublesome disease. It requires very energetic treatment. Emetics must be daily administered while there is sufficient strength in the system to bear them, or until some favorable change has taken place.

4th. A white fur, with a circular portion of the center of the tongue red, and sometimes its edges and inferior surface, indicates inflammation of the stomach and spleen, in proportion to the redness manifested.



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5th. The sides of the tongue white, or rather the whole upper surface white; but the center, and particularly towards the root, covered with a brown or yellow fur, pulse small and quick, indicates a disposition to debility, or a typhoid state; this appearance is sometimes met with in patients who have a tedious convalescence, though the pulse will be found more natural. . . .

It is sometimes the case that during the whole course of a fever the tongue will remain coated white, indicating a mild degree of the disease; and in such cases many physicians have highly extolled alkaline agents, which of course would be beneficial. Others having upon these recommendations employed alkaline remedies in similar fevers, have spoken of them as rather injurious than beneficial; these opposite results were owing to the fact that in the last instances these preparations were administered when the tongue was yellow or brown furred, and consequently were contraindicated. Similar results have happened even in yellow, bilious, and typhus forms of fever.

It is in this stage of fever that torpidity of the liver exists; the tongue being coated white, indicates the presence of acid or negative matter.

The third and last stage of fever, and the glossoscopia of which principally prompted this communication, is characterized by one of two conditions of the tongue; it becomes either red, or else coated brown, yellow, or black.

1st. When red, moist, and presenting a rawness of the surface, it is indication of inflammation of the mucous coat of the stomach and of the intestines.

2d. If red, dry and chapped, it indicates intense inflammation, and the disease will prove fatal, unless energetically treated upon Eclectic principles.

In all severe forms of fever I am always pleased when I perceive the tongue to be *permanently* coated brown or dark, and pronounce my patients safe. . . . At this stage patients almost invariably crave negative drinks, as cold water, acids, etc., . . . I allow my patients to drink tamarind water, lemonade, orange juice, lime juice, and even cider and vinegar. In typhus cases cider will be found very beneficial, as its slightly stimulating properties very much lessen the disposition to prostration. As soon as the tongue loses its brown coat, and assumes the white, all acids must instantly

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be forbidden, and resumed only when the brown coat is fully established. . . .

I have often had patients with the bilious and typhus forms of fever, with tongues coated very dark, who, when asked if they would drink lemonade, orange juice, or cider, would quickly brighten up, and eagerly exclaim, "Yes, yes, but I would not ask for it, Doctor, expecting you would not allow me to have it." . . .

I am aware that many authors recommend acid drinks in fever; not however as a remedial agent, but as a harmless, pleasant, and grateful beverage, and principally from the fact that patients invariably crave such drinks; I believe, however, it has never heretofore been advised upon the above grounds.

It is essentially necessary that the physician should know when to allow and when to interdict acids, for if allowed previous to the brown or yellow coat, and particularly if already coated white, all the febrile symptoms will certainly be aggravated, and that stage of the disease considerably prolonged.—J. KING, M. D., *Western Medical Reformer and Eclectic Medical Journal*, 1847.

### IMPORTANT REMEDIES.

This, one of the earliest contributions to the history, pharmacy, and therapy of the concentrated medicines of the early Eclectics, should be read in connection with the articles on "Concentrated Medicines," "Discovery of Podophyllin, etc.," "Preparations for Skin and Eye Affections," by Professor King, and the editorial reproduction of Professor Lloyd's paper on The Discovery of Podophyllin. These original papers, brought into this one issue, constitute a series of source histories on early Eclectic medicines, available to those who do not have access to the original contributions.—Ed. Gleaner.

IMPORTANT REMEDIES.—In the April number, 1846, Volume V, page 175, of the last series of your invaluable *Journal*, I directed the attention of Eclectic practitioners to the usefulness of employing the concentrated or active principles of medicinal plants, in preference to the usual mode of administering the crude articles in bulk with all their woody fiber and other inert principles, by which means disease can be combated more energetically and effectually, and a great objection to our practice be entirely removed, viz.: the large and disagreeable doses in general use. Since the communication above referred to, I have been pleased to learn that efforts have been made, and are still progressing, both in the



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preparing and testing the active constituents of our most valuable agents. The articles on Podophyllin and Macrotin, in the January number of the present New Series, I consider of vast practical importance to the practitioner; and I can not refrain from again alluding to the remedies and some of the forms in which I have employed them.

In the fall of the year 1835 I procured, for the first time, some resin of Podophyllum, Macrotys, Iris, and Aletris, also the dried Hydro-alcoholic extracts of Leptandra and Hydrastis. In obtaining the resin of Podophyllum, I made a saturated tincture of the root, which was placed into an equal quantity of water, and the alcohol distilled off; the resin remained at the bottom of the vessel, and had the appearance of a burnt substance, which led me to imagine that it had probably become injured by the mode adopted for its collection.

A young lady who was present at the time, and heard my observations concerning it, placed twelve or fifteen grains of it on a small piece of paper, and saying that she needed a dose of medicine, inquired if she might take that quantity. Supposing it inert, I answered affirmatively. In an hour or two after taking it she was attacked with excessive vomiting and hypercatharsis, which continued for three or four hours before I was notified of it. I found her in severe pain and distress, vomiting and purging, cramps in the stomach and extremities, weak, small pulse, coldness of the extremities, and nearly every symptom usual to Asiatic cholera;—she was sinking rapidly.

As the treatment of this case is published in the July number, 1844, of the *New York Philosophical Medical Journal*, I will briefly state that mustard to the wrists and ankles, a solution of bi-carb. potas., often repeated, fomentations to the stomach and bowels, and diaphoretic powders effected a cure, although the patient has since that time labored under some chronic affection of the stomach. This was my introduction to Podophyllin, and it was a long time before I ventured to employ it again; however, I conquered my prejudices, and have found it one of our best remedial agents, as a cathartic, emeto-cathartic, alterative, and hepatic, and decidedly beneficial in gonorrhœa, stricture, recent disease of the prostate, etc.

The Podophyllin, as now prepared by Mr. Merrill, is more refined than that I have been in the habit of making, and the dose is from two to four grains, which will generally produce an emeto-

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cathartic result; yet as a matter of economy it will be found that if ten grains be well triturated with twenty grains of sugar of milk, it will make ten or fifteen active doses. R. S. Newton, M. D., substitutes loaf sugar for that of milk.

The resin of *Iris Versicolor*, or Iridin, will be found to contain many properties similar to the Podophyllin, without much of the nauseating and disagreeable effects of this last, and may be used in the same class of disease. I prefer it to the Podophyllin in dropsical affections, and in cases accompanied with dropsical swellings. As anti-periodic agents, I can say nothing, never having employed them, or observed their action as such. In those obstinate cases of scrofula and other glandular diseases, where our most powerful agents seem to exert no influence whatever upon the disease, I have found salivation to produce that degree of action upon the glandular system, that by merely its addition to the treatment I have often cured such maladies by the same remedies which the patient had previously been taking for a long time without the least degree of benefit.

But there is a wide difference between the irritating, poisonous, and often uncontrollable salivation produced by mercury, and the mild, harmless, and readily-controlled salivation of medicinal plants, which do not manifest their salivant result until they have roused the whole glandular system to a condition rendering useful the action of our eutrophic treatment. I know of no better sialagogue than a mixture composed of equal parts of Podophyllin, Iridin, and the dried Hydro-alcoholic extract of *Xanthoxylum Frax*; of which half-grain doses must be given and repeated every two or three hours. I recommend this as an officinal Eclectic formula for all cases where salivation is deemed necessary; also as an unrivaled alterative in many forms of chronic disease.

Prof. Tully called my attention to the resin of *Macrotys* in 1835, which I obtained in the same manner as for the Podophyllin resin. I have used it with most excellent and I may say extraordinary results in scrofula, many forms of cutaneous disease, paralysis, enlarged spleen, chorea, rheumatism, etc. In some of these diseases I employ it in conjunction with a saturated tincture of *nux vomica*, two to four drops, three times a day, in a cup of sweetened water. In the treatment of *phthisis pulmonalis*, I believe the *Macrotin* will be found an indispensable agent, knowing as I do the value of



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the saturated tincture of the root in that disease, as well as in laryngitis. In uterine diseases I have given a mixture of equal parts of the macrotin and resin of aletris (aletrin, I suppose), and think the combination far preferable to either article alone. In some indolent habits the addition of the Podophyllin will be found to increase its efficacy. The action of all these articles, as with Podophyllin, will be very energetic in smaller doses than usual, if thoroughly triturated with sugar of milk, or loaf sugar, to which fact I especially desire to invite the attention of Eclectic physicians, as it is a point of no small importance to them.

As the action of the concentrated principles of our remedies is now undergoing investigation, I would refer to my communication named in the commencement of this for a list of articles worthy of immediate notice, and will mention several which I have made and used, as particularly deserving the confidence of physicians: dried hydro-alcoholic extracts of Baptisia Tinctoria, Euphorbia Ipecac., Hydrastis Can., Phytolacca Dec., Cornus Sericea, Rumex crispus, and Apocynum Cannabinum.—J. KING, *Eclectic Medical Journal*, 1849.

### EXTRACTS FROM INTRODUCTORY LECTURE.

The custom of delivering Introductory Addresses of a general character but strongly contrasting the existing systems of medicine was common in the middle of the last century. The following paper is but a fragment of one of these lengthy productions with which the students had their baptism into the mysteries of medicine.—Ed. Gleaner.

EXTRACTS FROM INTRODUCTORY LECTURE.—Homœopathy, Chrono-Thermalism, Physio-pathy, and some other sects all claim to be improvements upon the old Allopathic system, and though they *may, perhaps*, be preferable to this system, yet we object to them on account of their exclusivism, which would fetter the mind to certain fixed theories, whether right or wrong, instead of allowing it to roam in the field of close observation, and collect and classify truths as fast as presented. To be a physician in the true sense, the mind must be unrestrained and not warped by prejudice; there must be a freedom of choosing and selecting such medical views and such remedial agents, without regard to theory or devotedness to party, as have been fully demonstrated by facts and experience to be the most in accordance with nature, and the most effectual in restoring to health. Such a course is not permitted

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among the followers of these several medical parties—they are not allowed the advantages of valuable discoveries or improvements, which may be made by those who are exercising their intellects beyond the prescribed limits of sectarian doctrines—or should one of their adherents venture to rend the chains of mental despotism which bind him to party, the indignation, the slander, and the ridicule of all his professional brethren are at once levelled at him, to bring him to yield allegiance to their opinions and prejudices, or to effect his exile from the field of medical science.

This, however, is not the case with Eclecticism; unlike all sects in medicine, it admits free investigation upon all matters pertaining to the science; it does not hesitate to adopt whatever is found valuable, without regard to its origin; it combats error and supports truth and enslaves the mind to no one-sided opinions; and, if our friends prefer leaving our ranks to unite with some other party, although we may deeply regret such procedure, yet we aim no venomous shafts to destroy them; still we prefer that such change should be made openly and honorably, without fear or dissimulation.

Eclecticism widely differs from other systems, and especially from Allopathy, in its liberality and forbearance towards all who entertain opposite views and opinions. Eclectic students, instead of being taught to limit their thoughts and investigations within circumscribed bounds or rules, regardless of their correctness or falsity—the usual course pursued in medical teachings—are trained to cultivate and maintain the utmost freedom of mental action; to listen with patience and respect to the views and opinions of others, no matter how seriously they may conflict with their own; to test their truthfulness, and adopt them if good; or, if bad, to pass them by without regard to theories, preconceptions, sects, interests, popular favor, or anything, save a knowledge of truth, and truth alone.

Thus, like the industrious bee, we do not confine ourselves to the circumference of our own hive, as though heaven had specially favored us with all truth and knowledge in medical matters, to the exclusion of all others; but, knowing that they exist everywhere, however obscured they may be by error and ignorance, we roam abroad, and carefully gathering them, prepare from them the cera and honey, which adds strength and beauty to our Medical Reform. . . .



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It is not only in the peculiar theories and treatment of disease that we recognize Eclecticism as an original and distinct system, but also in the useful and astonishing discoveries effected by it, and which, when we consider the limited period of its existence in comparison with that of other systems, are unparalleled in the records of medical history. The spirit of enquiry to which it gives birth has effected a knowledge of many invaluable agents never before known or recognized in medicine—and those which were pronounced inert by a sect devoted to the lancet and mercury have undergone new analyses and have been found active and efficacious. And were we at this time to divest ourselves of all theory, treatment, and remedies, save those original with Eclecticism, we would have ample means to treat all human afflictions with peerless success and safety.

One great objection, and I believe the only one, formerly urged by patients against our practice, was in relation to the large quantities of crude medicinal substances which was administered to them during an attack of illness. For a long time this was an almost insurmountable obstacle to the rapid progress of our cause, but the discovery of the concentrated remedies has completely obviated this difficulty, and has given a new impulse to Eclecticism. We are now enabled to combat disease with an almost unerring degree of success, and as our doses, although not infinitesimal, are yet very small, patients are pleased with the change, and no further murmurings are heard.

The credit of discovering and introducing the active or concentrated principles of indigenous medicinal plants justly belongs to the Eclectic school, notwithstanding they are employed and claimed by others. And the disposition to the investigation and manufacture of these concentrations, which is now manifested throughout the whole country by various sects, commenced only after several of our preparations had become established as valuable and important agents.—J. KING, *Eclectic Medical Journal*, 1852.

### ON PRICKLY-ASH BERRIES.

Prickly ash was a favorite medicine with Professor King and the earlier Eclectics, and one which has suffered unmerited neglect in our own time. The uses here given by Dr. King were those of his personal experience and the added experience of those who passed through the great cholera scourges of the nineteenth century. We hope the

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reading of this paper will renew an interest in this valuable stimulant, alterative, and mucous membrane remedy.—Ed. Gleaner.

ON PRICKLY-ASH BERRIES.—Prickly-ash berries are stimulant, carminative, and antispasmodic, and exert a very persistent stimulating influence on mucous tissues. They likewise contain an oil, which is very fragrant, somewhat resembling the oil of lemons in odor, and the properties of which appear to be in many respects quite different from those of the oil obtained from the bark; this oil is the oil of xanthoxylum of the shops. The saturated tincture of prickly-ash berries is a very valuable medicinal agent, and it is to this preparation more particularly that I desire to call the attention of the profession.

I have used this tincture for some years past, and had the pleasure of introducing it to the profession in this city during the year 1849, both in the treatment of tympanitic distension of the bowels during peritoneal inflammation and in Asiatic cholera. In tympanites it may be administered by mouth and by injection; internally, from half a fluidrachm to a fluidrachm may be given in a little sweetened water, repeating the dose every half hour or hour; at the same time half a fluid ounce may be added to the same quantity of water and used as an injection, repeating it every fifteen or thirty minutes, according to its influence and the severity of the symptoms; and should there be pain, ten or twenty drops of laudanum may be added to every third or fourth injection. The action is usually prompt and permanent, and, as far as my experience with the agent has gone, I prefer it in a majority of cases to oil of turpentine and other remedies advised in this condition.

In Asiatic cholera, during 1849-50, it was much employed by our physicians in Cincinnati, and with great success—it acted like electricity, so sudden and diffusive was its influence over the system. In this disease the tincture was given in teaspoonful doses, and repeated, according to the circumstances, every five, ten, or twenty minutes, at the same time administering an injection, prepared as above, after each discharge from the bowels, and causing it to be retained by the patient as long as possible.

In the summer complaint of children I consider it one of our best and most effectual agents, and whatever may be the remedial means prescribed, the tincture of prickly-ash berries forms an important part of them; it stimulates the lining mucous membrane of the alimentary canal, which is in a debilitated condition, per-



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manently imparting to it tone and vigor. It should be used both by mouth and as an injection. A very pleasant preparation, after having first acted upon the bowels by the compound syrup of rhubarb and potassa, is made as follows: ℞. Rhubarb, Colombo, Cinnamon, of each, one drachm; Prickly-ash berries, three drachms; good brandy, half pint. Add the articles, bruised, to the brandy, and let them stand for several days, frequently agitating. The dose for a child two years old is a teaspoonful, which may be repeated three or four times a day, administering it in some sweetened water; attention must of course be paid to the character of the child's diet.

In diarrhœa it will form a valuable addition to the compound syrup of rhubarb and potassa in the proportion of one part of the tincture to three parts of the syrup, and it is rarely indeed that I omit its use in this disease. Children laboring under diarrhœa or cholera infantum are frequently attacked with a very painful tympanitic distention of the abdomen, often occasioning them to utter from time to time the most piercing screams; this condition obstinately resists the means usually employed for its removal, and generally terminates in the death of the child. In this difficulty I add together equal parts of olive oil and the tincture of prickly-ash berries, and having this rubbed over the abdomen whenever it becomes dry, I order the nurse or attendant to pass her hand, slowly and lightly at first, upon the swelled abdomen, in a downward direction from the pit of the stomach, and never upward, gradually increasing the pressure of the hand, as the child can bear it. This slow friction will, in the course of fifteen or twenty minutes, so far relieve the child as to cause him to be still and cease his moans, and should the operation be stopped, he will, by crying or in some other way, solicit its continuance; the friction will require to be continued for one or two hours, or until the bowels have become soft and yielding, and all tension removed. While it is going on it will be found that the child will pass off a great quantity of gas, the accumulation of which, undoubtedly, produces the difficulty. After the removal of the flatulent tympanites, there will frequently be a tendency to its return, which may be overcome by using the tincture of prickly-ash berries in injection, four or five times a day, and likewise administering it by mouth, in doses suited to the age of the child and his susceptibility to its influence.

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But it is in typhus fever, and typhoid conditions generally, to which I would more especially call the attention of the practitioner. In typhus fever, typhoid pneumonia, and the prostrating or typhoid conditions of several febrile affections, stimulants are indicated, and those more commonly administered are carbonate of ammonia, ale, porter, wine, brandy, etc.; but without wishing to detract from the value and utility of these, I am compelled to say that I consider the tincture of prickly-ash berries superior to them all. Those who have never used it in these conditions will be astonished to observe the promptness with which it acts, and the permanency of its stimulation; this can not be owing to the alcohol contained in it, for double the quantity of alcohol will produce no effects in the least approaching those following the administration of this tincture. I have known cases of typhoid pneumonia in which the patients were so low that all prospect of recovery was despaired of, to be so immediately benefited that the patients, who a few minutes before were unable to notice anything around them, would reply to questions, and manifest considerable attention, and ultimately recover. It must be employed in these cases both by injection and by mouth; the quantity for each should be according to the age of the patient, and the intervals of repetition will depend upon the influence it exerts, exhibiting it at longer intervals when it is prompt in its action, and oftener when the reverse is the case. As an injection it may be added to an equal quantity of water, gruel, beef-tea, wine, ale, or even brandy; the quantity for an adult is a tablespoonful of the tincture to a tablespoonful of the selected fluid, and this should be retained in the bowels as long as possible, repeating the injection, as recommended above. Internally, an adult may take a teaspoonful every five, ten, or twenty minutes, or every hour or two, depending upon the urgency of the symptoms, and it may be administered in ale, porter, wine, or brandy, when the patient is very low; in beef-tea, or mutton-tea, when nutriment is desired; in fluid extract of scullcap, or of valerian, etc., when nervous or spasmodic symptoms are present; and in tincture of lupulin, tincture of lactucarium, laudanum, etc., in cases of excessive wakefulness, where stimulation is not contra-indicated.

In recent piles, or where there is no great amount of inflammation present, and in piles during pregnancy, two parts of the oil of fireweed (*Erechthites hieracifolius*), mixed with one of the



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oil of prickly-ash berries, will be found very valuable. The parts may be anointed with the mixture several times a day, or, if the tumor protrudes, a piece of cotton may be dipped in the preparation and applied.

I have likewise found the tincture useful in some old, obstinate ophthalmic affections, as a local application, and likewise in some diseases of the mouth and throat, etc., of which I may speak on another occasion, having already exceeded the limits I had placed upon this communication. I trust I have said sufficient to interest our practitioners at least to give the article a fair trial in the diseases above named; and should any further discoveries of the value of the remedy be made, I should be pleased to have them published in the columns of this journal.—J. KING, *College Journal of Medical Sciences*, 1856.

### THE UTILITY OF THE MICROSCOPE.

This article refutes the idea that has been advanced in some quarters that the Eclectic, and especially the earlier trained Eclectic, had no love for scientific studies. This paper shows that Professor King was familiar with and taught the value of instruments of precision. Moreover, he wrote a manual, "The Microscopist's Companion," which was exceedingly popular with Eclectic physicians. This contribution shows well the graceful style and beautiful diction which Dr. King increasingly acquired as he matured in years.—Ed. Gleaner.

THE UTILITY OF THE MICROSCOPE.—Of all the instruments now employed in the investigation of scientific matters, there is none so universally adapted as the microscope. But a few years ago it was looked upon as a mere toy, not worthy the attention of men of science; at this day the many improvements which have been made upon it render it useful, and even necessary, to all philosophical investigators, and to none more than the medical man.

The microscope opens to the observer a new and unexpected world, full of beauty, perfection, and magnificence; in a single drop of water it presents to the astonished vision living creatures of most beautiful and varied forms, entirely unlike all former conceptions of organic existences, and so extremely minute that it would require from twenty-five thousand to eighty millions to fill the narrow space of one square inch. And yet, as small as they are, the microscope reveals to us their existence, their spontaneous motion, and their external and internal structures; it also makes known the fact that these minute living beings are extremely re-

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productive and "constitute the chief proportion of living bodies upon the face of the earth." They are found not only in the fresh water of ponds, brooks, rivers, and lakes, but even in the salty waters of the great deep, in some strong acids, in terraqueous matter, and in vegetable and animal fluids; indeed, there is no part of the world, either upon its external surface, or internally, but in which these microscopic beings can be found in either a living or fossil state. The mortar of the builder, the chalky cliffs of Albion, extensive tracts of country in various parts of the world, as well as chains of mountains, the coral foundation of the Polynesian Archipelagoes, of the reefs and islets of the Indian Ocean, and also of many other places, besides flint, slate, sandstone, limestone rocks, etc., all contain, and are, in fact, chiefly composed of the remains of once living, invisible animalcules. "Of the myriads upon myriads of organized beings created to work out the grand designs of Providence, all calculation seems futile; as the result would be beyond the grasp of our comprehension. And the remains of these minute animals have added much more to the mass of materials which compose the exterior crust of the globe than the bones of elephants, mammoths, hippopotami, and whales."

But the microscope does not terminate its utility here; it is equally necessary and useful to the geologist, the botanist, the mineralogist, the chemist, and the physician. To the latter in particular it has demonstrated the minute structure of parts of the human system which were previously altogether a mystery, and has assisted in affording a more perfect comprehension of the organic functions. It has revealed that the formerly supposed fibers of the brain and nerves are tubes holding a fluid; that the fine longitudinal fibers of the muscles are composed of numerous smaller ones, which are crossed by transverse *striae*, the contraction or relaxation of which gives rise to muscular motion; that there is an intermediary network of vessels between the nerves and arteries, and that however complex the glandular system may appear, all glands are formed of numerous simple sacculated membranes, varying in number or arrangement. The structure of all the solid textures of the body, as the skin, hair, nails, bone, cartilage, tooth, tendon, cellular tissue, etc., have within a few years past been thoroughly and correctly made known by the aid of this mighty instrument, so that no man can, at the present day, hold the title of even a "respectable physician" who is non-conversant with these revelations.



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Nor has its value ceased with a knowledge of the healthy structure; it affords us a certainty in the diagnosis of many diseases, several of which could not be correctly determined without it. The character of urine, as known by its uric acid, its urates, phosphates, oxalate of lime, grape sugar, blood corpuscles, fat cells, and other matters, is now greatly relied upon by every intelligent practitioner, not only as a means of determining the character of disease, but also its appropriate treatment; and this investigation of the urine is very much simplified and facilitated by the microscope.

That peculiar condition of some of the highly complex organic textures, termed "fatty degeneration," has been carefully investigated under the microscope by many eminent medical men; and from recent discoveries, there is strong ground for supposing that apoplexy, instead of depending upon a plethoric or hyperemic condition, is rather owing to a fatty degeneration of the arteries of the brain, caused by changes occurring in the assimilative processes.

The microscope has discovered to us that many diseases depend upon or are accompanied with parasitical algæous or fungous vegetations, as the *sarcina ventriculi* in pyrosis, the *trichophyton tonsurans* in *porrigo scutulata*, the *achorion schoenleinii* in *tinea favosa*, the *microsporon andouinii* in *tinea decalvans*, etc.; it presents to us the true condition of various epithelium, of the secretions from the mouth and air passages, of the pus from various diseased surfaces; it enables us to detect the presence of flour, starch, sand, milk, etc., which patients frequently add to their urine or other discharges, in order to deceive the practitioner; and it affords us important aid in detecting impurities and adulterations in food and drugs; in determining the presence of spermatozoa in instances of rape; in distinguishing between leucorrhœal and gonorrhœal matter; and in medico-legal matters, will assist us to discriminate, in cases of supposed murder, between human hair and that of animals; also between blood stains and red spots resembling blood.

These are but a few of the uses of the microscope, but they are sufficient to convince every medical man of the necessity of possessing and employing such a powerful engine of discovery; and I have thus briefly referred to its utility, that our practitioners abroad may hasten to avail themselves of its benefits. For forty or fifty dollars an instrument can be obtained suitable for all

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medical investigations, and this amount can not be disposed of to a better advantage, either as regards amusement, instruction, or pecuniary profit. It is as necessary to the practical physician as his probe, his stethoscope, his instruments, and even his medicines; it is indeed the most precious gift that has ever been bestowed upon science.—J. KING, *College Journal of Medical Science*, 1856.

### ON CHANCRE.

A revival of the use of tincture of chloride of iron among Eclectic physicians as a local application to chancre and chancroid recalls this contribution in which Professor King introduced this procedure. Not only did he successfully employ it when syphilis became manifest by the appearance of the initial lesion, but in several instances advised it as a prophylactic which acted successfully in individuals taking the precaution to use it, when others not so treated contracted the disease from the same source of infection. In a symposium in one of our journals a year or two ago several surgeons recalled this old method of treating the chancre as one of the most successful that has been used, and declared that they discarded newer forms of treatment in favor of the iron application as taught by Professor King.—Ed. Gleaner.

ON CHANCRE.—It is well known that for the last eighteen or twenty years my treatment of chancre has been different from that ordinarily pursued by medical men. Thus, while the chancre remains unbroken and in the pustular form, in which condition it is not acted upon by the oxygen of the atmosphere, I rupture it with a needle, and immediately apply to it a few drops of nitric or muriatic acid. . . . In some few cases it causes severe pain for a short time, but in most instances the pain is not noticed. No other treatment is required, unless to allay any fears the patient may entertain in regard to a perfect cure, for which purpose the chancre may be kept in contact with tincture of muriate of iron on lint, as named hereafter. I have treated some hundreds of cases in the above manner, and have not yet heard of any return of the disease, in either the secondary or tertiary form.

As a local application to open chancre, I know of no better agent than the tincture of muriate of iron, which must contain sufficient muriatic acid to enable it to mix with water, without giving any deposit on standing for twenty-four hours; and which deposit may be prevented from occurring in the tincture of the shops by addition of a sufficient amount of the muriatic acid. This tincture is to be gently applied, by means of a feather or piece



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of lint, to the chancre three or four times a day, being careful not to rub or treat it roughly; and during the intervals a piece of lint moistened with the tincture must be kept in constant contact with the ulcer. Occasionally it causes severe pain, when it should be diluted with as little water as possible, but in most cases, after the first or second application, patients hardly notice it. It keeps the surface of the ulcer clean and soft, and thus prevents any absorption of the venereal virus; in a day or two after its first application the chancre becomes changed into a simple sore, and is frequently difficult to detect from the surrounding healthy integuments, which appearance the practitioner must not be misled by and, in consequence, cease his internal medication too early. This application has not only been efficacious in my own practice for some sixteen years past, but likewise in that of several other practitioners, who have made use of it on my recommendation, among whom are some of my colleagues.

Perhaps it may not be out of place to remark here that I consider both varieties of the sheep laurel (*Kalmia angustifolia* and *Kalmia latifolia*) most efficient agents in primary syphilis, acting promptly and permanently; and the preparation most commonly exhibited by me internally is the following: ℞. Compound Syrup of Stillingia; Saturated Tincture of Poke Root; Saturated Tincture of Sheep Laurel, *aa* ℥ $\bar{v}$ . Mix.

The dose varies from a teaspoonful to half a tablespoonful three times a day, according to the effects of the laurel upon the system.—J. KING, *College Journal of Medical Science*, 1856.

### DISCOVERY OF PODOPHYLLIN, ETC.

Herein is again recounted the history of the *introduction* of resin of podophyllum as a therapeutic agent. This is the only claim made by Dr. King when asked who *discovered* this resin. It is sometimes difficult to know when to use the word discovery in connection with something that may or may not have been previously known, however slightly. We are all guilty of the substitution of the word discovery for introduction. As Professor King rightly states, resins were known before he stumbled upon resin of podophyllum, as he did when he found a material new to him when attempting to prepare a hydroalcoholic extract of podophyllum. If new to him it was a discovery to him at least, but if known before, as it appears from Dr. King's statement, that the existence of resin in the root of podophyllum was known to chemists and botanists before he was born, then is it only

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relatively a discovery. The *discovery of its therapeutic virtues*, however, must be conceded to Dr. King. He cites here the history of many agents about which more or less was known until some one individual acquired the distinction of making them prominent as medicines by introducing them into general practice. "To discover," "to introduce," and "to develop" have distinct meanings which we are very apt to lose sight of when writing of medicines, and in no field of human art has the lack of discrimination in the use of these phrases created more confusion than in that of the history of materia medica and therapeutics. Notwithstanding Professor King's admission concerning the possible previous knowledge of resin of podophyllum, we think he is too modest in his claims of being an introducer only, for to all intents and purposes it was a discovery. Some resins had been known in European pharmacy and were coming into vogue in American medical practice; notably resin of jalap; but it remains to Professor King's credit to have been the discoverer of the first resin from American plants and of introducing it as a therapeutic agent.—Ed. Gleaner.

DISCOVERY OF PODOPHYLLIN, ETC.—I have been frequently asked the question if I was the discoverer of podophyllin and some of the other resinoids, and as there has occasionally been considerable feeling manifested with the inquiry, I have deemed it better to make a reply through the columns of the Journal.

Resin is a constituent of many plants, and there is no doubt, from the records which have been handed down to the present age, that the ancient Greeks and Romans were cognizant of this fact. But, whether they were acquainted with the resin of podophyllin I can not say. There is no doubt that the existence of resin in the root of this plant was known to chemists and botanists many years ago, probably before I was born, from the fact that in speaking of its known constituents they mention *resin* as one. I had paid no attention whatever to the resinous principles of plants until in 1835, when my attention was first called to them by Prof. Wm. Tully, now of Springfield, Mass., who gave me some information concerning several plants, but especially of the *Cimicifuga racemosa*. I prepared some of this and used it in practice. The resin of podophyllum was accidentally discovered by me about the same time, while endeavoring to prepare a hydro-alcoholic extract of the root; and at that time I was not aware that it or the mode of obtaining it was known; but my first introduction to its therapeutical action having been of a serious character, I was obliged to examine several works in order to learn something more about its action upon the system, but could find nothing to enlighten me upon this point. As late as the fourth edition of the United



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States Dispensatory, published in 1839, I find on page 528 the following concerning a principle found in mandrake root by Mr. Hodgson, Jun.—“Should it be found to be the purgative principle of the plant, it would be entitled to the name of *podophyllin*.” So that up to 1839, about four years after my discovery of the active powers of the resin of podophyllum, it would appear that the purgative principle of the plant was not known to the profession. In 1844 I published some remarks concerning this resin and some others, but no notice was taken of them by the profession, when in 1846 I again called attention to them in the *Western Medical Reformer*, after which Mr. W. S. Merrell prepared some, which was carefully tested by the late Prof. T. V. Morrow, and some of his associates, and to Mr. Merrell justly belongs the credit of having first prepared it for the profession, notwithstanding what may be said by other parties.

A few years after my knowledge of podophyllum resin, I read a method of obtaining resins upon a plan similar to the one at present pursued, which if I am not mistaken was published in an early edition of Coxe's Dispensatory. But the fact that this resin was known before I was in existence, or that the method of obtaining it was also known, does not prove that its therapeutical powers were likewise known. I claim only the credit to introducing it to the profession as an active remedial agent, and until some one can show an earlier notice of its therapeutical powers than July, 1844, I shall continue to maintain my claim. I have no feeling in the matter; it is a subject of indifference to me whether I was anticipated by another or not, although there appear to be some who by their actions and assertions manifest much sensitiveness on this point. If another has preceded me in my claims, I shall be proud to acknowledge it and credit him with it, instead of endeavoring to abuse and misrepresent him; for be it as it may, it will not add to nor diminish the weight of my pockets financially considered, my peace of mind, nor my prospects for future happiness; nor do I think it will tend in the least to interfere with the yearly revolution of the earth around the sun.

Let us for a moment examine some other claims of a similar character: Ergot has been known for centuries, and had for a long time been used by midwives and others, but the credit of introducing it to the profession belongs to Dr. John Stearns, of Saratoga Co., N. Y. Lupulin, the powder of hops, had also been

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known for centuries, but to Dr. Ives of New York belongs the credit of its professional introduction. Iodine was discovered by Courtois, but Coindet introduced it as a medicine. Ether had long been known as a remedial agent, but Dr. Jackson or Morton have the credit of introducing it as an anæsthetic. Cod-liver oil had long been used in popular practice, and was introduced to the profession in England by Percival. Silver had long been known, and the nitrate has been used for some years, but M. Serre introduced other preparations of this metal as remedies. Gold had been known from the earliest ages, and was undoubtedly used medicinally, but the credit of introducing it to the profession belongs to M. Chrestien, and so of many other agents. Soft soap has undoubtedly been known for centuries, but as a remedy in itch it was introduced by Pfeuffer; and possibly it might be found very efficacious for those who have such powerful itchings for claims to which they are not entitled, or for tearing down claims which they are struggling uselessly to settle upon themselves.

I have received several letters concerning Keith & Co.'s preparations, in reply to which I will say I have not used them for the last two or three years, and consequently know nothing about them. Shortly after my publication concerning the adulterations found in the preparations of this firm, I saw Dr. Keith, and was informed by him that such adulterations were not authorized by him, nor was he aware of their existence until my article called his attention to it. He also stated that it should not be the case again: since which, however, I have not even seen them. Should they prove to be pure and reliable preparations, the profession may rest assured that I would more cheerfully announce the fact than to state differently, as I have no personal feelings towards this firm, and have a strong desire to know that their articles are just what they should be.—J. KING, *College Journal of Medical Science*, 1857.

### OZCENA.

A perusal of this article, selected as a brief sample of Professor King's text-book material, will readily show why his work on Chronic Diseases—the only American publication of its kind—was so popular with the Eclectic physicians. The completeness of each article, the fascinating presentation of symptoms and causes, and the fullness of treatment made King's Chronic Diseases for years a very popular and much valued work.—Ed. Gleaner.



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OZÆNA.—Ozæna is a discharge of a more or less profuse character from one or both nostrils, of a puriform or sanious character, and of an exceedingly offensive odor; I have, however, treated several cases of a most fetid, repulsive character, in which there was no appreciable discharge. It is *caused* by or is rather symptomatic of several abnormal conditions, as chronic inflammation of or ulceration of the lining mucous membrane in the deep-seated cavity of the nose, and is generally accompanied with a discharge; or it may be due to periostitis, ending in suppuration, caries, and necrosis, in a strumous person, or from syphilitic disease of the parts. Cancerous affections in the vicinity of the parts may also give rise to it; or it may originate from a decomposition of retained mucous discharges in the nasal cavity, without ulceration—from any obstacle to a free discharge of the nasal mucus, and occasionally, from a peculiar morbid condition of the system, predisposing it to modifications of the nasal secretion, as met with in other instances, in which, without the existence of inflammation or ulceration, certain offensive odors are evolved from the menstrual fluid, the breath, the perspiration of certain parts, etc. The offensive odor in ozæna usually proceeds from the retention and putrefaction of the nasal discharges; and the disease is more commonly the result of an improperly treated or neglected acute catarrh, occurring in strumous constitutions—the nasal bones being frequently involved in the affection.

Besides the odor, which is sometimes so fetid as to render the patient offensive to himself as well as to those who may be about him, other symptoms may be observed, varying according to the character and location of the disease. When limited to the nostrils or parts in their immediate vicinity, uneasy sensations are apt to be experienced, with a "stuffing up" of the nose, a fetid, yellowish discharge, and sometimes more or less clots, crusts, or fleshy matter will be passed; a dull aching will frequently be complained of, occasionally acute pain, especially just previous to the accumulation of the above mentioned matters, and in some instances there will be more or less epistaxis. If the frontal sinus is affected, in addition to some of the preceding symptoms there will be a constant and more or less severe headache across the affected sinus. In either instance there may be a nauseous taste in the mouth, and not unfrequently the sense of smell is lost or impaired. Often the offensive odor will be the only symptom observed. The disease

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usually progresses slowly, without being accompanied with acute pain, unless it be of cancerous or malignant origin.

The seat, extent, and nature of the local difficulty may frequently be detected with the aid of the rhinoscope, which will reveal a tumefied, dark red, and velvety appearance of the turbinated bones, sometimes extending to the ethmoidal and superior turbinated bones—the result, sometimes, of periostitis; or ulcers of the nasal fossæ, or of the turbinated bones—granulations on the floor of the nostrils, etc., may be observed.

The *prognosis* of ozœna, as far as the offensive odor is concerned, is as a general rule favorable; but as regards the disease upon which this odor depends, the prognosis must be governed by its character, as to a scrofulous, syphilitic, cancerous, etc., origin, and by the nature and extent of the local inflammation or ulceration.

The *treatment* of ozœna is constitutional and local. The constitutional measures will depend upon the conditions present; if the patient be anemic, preparations of iron, manganese, nux vomica, etc., will be indicated; if there be a general weakness of the system without anemia, vegetable tonics are indicated, as elixir of cinchona and iron; or a decoction of cinchona, a fluid ounce and a half, dilute nitric acid ten minims; mix; the whole to be taken during the day in doses of half a fluid ounce each, and its use continued daily in this manner for some time; or compound wine of comfrey may be administered. If there be a scrofulous, scorbutic, or syphilitic taint present, the appropriate remedies for such conditions must be prescribed. The diet must be nourishing; moderate exercise in the open air be taken daily; the digestive organs should be kept in as healthy a condition as possible, as any derangement of them will be apt to increase the difficulty; and a proper attention should be paid to the skin and kidneys. The local measures consist in cleansing the nasal cavities from accumulations of putrid and other effete substances, either by ordinary injections into the nasal cavity, or by injections by hydrostatic pressure; and in applying weak, medicinal solutions to the affected parts, by similar means. In many instances ordinary injections will not convey the fluids used to the diseased localities; in such cases, hydrostatic pressure should be used, which will enable the practitioner to reach every part of the internal nasal cavity with the fluids employed. In most cases frequent injections of tepid water, by removing extraneous matters, will effectually remove all offensive smell; other cases will



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require some disinfecting fluid, as a very dilute solution of carbolic acid; of Labarraque's solution; of pyroligneous acid; of chloride of zinc; of chlorate of potassa, ninety grains to one pint of water. to which may be added hydrochloric acid, one fluid drachm and a half, and in some instances a small quantity of tincture of myrrh; or of permanganate of potassa from two to ten grains to a pint of water. Another good preparation may be made as follows: To a decoction of rhatany root, six fluid ounces, add half a drachm of chloride of lime; rub well together, allow it to stand an hour, strain, and inject half an ounce at a time, repeating it three or four times a day. In addition to their disinfecting influence, some of these agents will likewise exert a very beneficial therapeutical action upon the affected parts.

More especially as remedial applications to the seat of the local difficulty, the following have been employed with more or less success: 1. Tincture of chloride of iron, either diluted or of full strength. 2. Iodine, two grains; iodide of potassium, four grains; glycerine, one fluid ounce: mix. 3. Dilute solution of perchloride of iron. 4. Solution of sulphate of zinc, ten or twenty grains to a pint of water. 5. Solution of nitrate of silver one to three grains to the fluid ounce of water. 6. Solution of tannic acid. Or decoctions of the following articles, either alone, or in various combinations—golden seal, black cohosh, white indian hemp, geranium, witch hazel, Solomon's seal, etc. A very useful stimulating nasal injection may be made by adding one fluid ounce of cologne to eight or ten fluid ounces of a solution of common salt, an ounce to a pint. An excellent tonic and astringent injection is composed of an infusion of equal parts of rhatany root, cinchona, and bayberry bark. In most cases, this course persisted in for a few weeks or months will effect a permanent cure.—J. KING, *Eclectic Medical Journal*, 1865.

### ELATERIUM: A SPECIFIC IN CHRONIC CYSTITIS.

When specific medication was in its infancy, Professor King offered as a decidedly specific agent the use of small doses of Elaterium for chronic inflammation of the neck of the bladder. This can scarcely be called a disease, but rather a condition of localized inflammation, and therefore the detailed symptomatic indications as given by Dr. King bring this agent within the field of specific medication, in which specifics for conditions, not for diseases, are recognized. The article shows the painstaking exactness which Professor King was accus-

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tomed to apply to his studies and offers the fullest and the first study of the conditions in which Elaterium is now considered a specific remedy. His reference to the introduction into American medicine of Apis as a remedy in urinary troubles should also not be overlooked.—Ed. Gleaser.

ELATERIUM: A SPECIFIC IN CHRONIC CYSTITIS. A SPECIFIC FOR CHRONIC INFLAMMATION OF THE NECK OF THE BLADDER.—*Prof. J. M. Scudder*,—DEAR SIR: As you are at this time engaged in preparing a list of specific remedies for the readers of your Journal, I now present you with one from which I have derived success in every instance where it has been employed. I will state in advance that as far as I have been able to learn the agent to which I here refer, *Elaterium*, has never been employed for this purpose. All the writers who have written upon this article view it merely as a drastic purgative, from Pliny to the present time. In a Dispensatory I have, which is 111 years of age, it is spoken of as a dangerous drastic purgative. Nor have I been any more successful with homœopathic writers, whose provings have never led them to view it as a remedy in the disease under consideration, or for its symptoms. Though, I have no doubt, since I now mention it, that they will soon solve the matter, as they did with the honey bee, after I had first made its value in urinary difficulties known to the classes to whom I lectured. I therefore claim the right to the discovery of *Elaterium* as a specific in chronic inflammation of the neck of the bladder, until some other party can show a distinct and definite priority.

I have used this remedy since 1849, and during that time have treated about forty-five cases (some of whom were patients of other physicians) and with invariable success. The symptoms among these patients were more or less severe, and nearly of a similar character; they may be summed up as follows: frequent desire to urinate, with pain if the urine was retained for a short time after the desire manifested itself; one or more urinations during the night; urine frequently voided with pain and difficulty; with some, during urinations, "it seemed as though the urine was poured into the urethra;" a constant sense of weight or pain in the region of the neck of the bladder, frequently increased upon standing or walking; with some standing occasioned a paralytic sensation and uneasiness in one or both thighs. In the worst cases a "severe, indescribable, cramp-like, aching pain" in the region of the neck of the bladder, and in the perineum, was experienced immediately after urinating, which



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sensation frequently extended, with more or less violence, over the whole of the lower region of the pelvis, and low down into the thigh; the region of the neck of the bladder was distended, and painful to the touch as well as on standing or sitting. With a few, in whom the disease had been of long standing, there were also present cold feet, swollen feet, hectic fever, colliquative perspiration, cough, etc.

In the more severe cases I have usually commenced by giving half a fluidrachm of the Tincture of Elaterium one, two, or three times a day until it acted upon the bowels; and afterward continue its use in doses of from five to ten drops, gradually increasing it as it could be borne. Great relief has always followed in these cases as soon as the purgative effect came on from the first large doses, and that, too, in cases where other purgatives had been frequently taken without any relief whatever. In less severe cases I commence with six or eight drops three times a day, gradually increasing it as could be borne, and being very careful to avoid giving it in doses to act upon the bowels. This action I have only deemed necessary at the commencement of treatment in the more severe and obstinate cases.

A great difference will be found among different persons as to the doses they can bear; while some can take from six to twelve drops three times daily for weeks without any unpleasantness arising therefrom, others will be found who can not bear more than one or two drops for a dose, on which account some care and attention is required on commencing the treatment.

As the agent is apt to excite nausea and vomiting, I have generally administered each dose of it in a teaspoonful or two of syrup, sarsaparilla syrup, or compound yellow dock syrup, etc. In cases of cold feet, general sensation of cold or chilliness, tincture of prickly ash bark may be added to each dose; if the liver is torpid, tincture of apocynum androsæmifolium, etc. Gastric acidity, constipation, nervous irritability, anemia, etc., when present, require the usual treatment for their relief or removal. I prepare the tincture by adding one drachm of pulverized Elaterium to one pint of alcohol, ninety-five per cent; allowing it to stand two or three weeks with frequent agitation. I will remark here that I have likewise found this remedy very beneficial in chronic gastritis, and other chronic inflammations of mucous tissues. In procuring the Elaterium be very careful that it is good, as there is much in the market that is worthless.—J. KING, *Eclectic Medical Journal*, 1870.

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### SPECIFIC MEDICATION AND SPECIFIC MEDICINES.

Though Professor King had made some initial studies leading to the formulation of a specific practice of therapy, as before stated, yet he generously gives the whole credit for the work to Professor Scudder, whose epoch-making studies and formulation of the system of specific diagnosis and specific medication made him the Father of Specific Medication. His generosity is well shown in this review, for he makes no mention of the assistance he among others gave to Professor Scudder, further than what is stated in the first paragraph. Professor Scudder invited and received many contributions toward his studies in specific medication and frankly acknowledges them, but before promulgation they underwent a thorough test at his hands. This detracts not in the least from the honor due him as the founder of specific medication, but rather shows his breadth of mind in not assuming unto himself all knowledge. Dr. King honors his pupil and colleague in this generous review, and having passed through the period of heroic medication both in the old and Eclectic schools of medicine, he affirms his preference for and belief in specific medication, which he declares had been among his "heterodoxical" views and teaching for many years.—Ed. Gleaner.

SPECIFIC MEDICATION AND SPECIFIC MEDICINES.—For many years the writer of the present article has been a firm believer in specific medication, and in a few instances has successfully pursued it in his own private practice. It is also well known by those who in past years attended his lectures on Chronic Diseases that he frequently named *specific treatment* as one of his "heterodoxical" views, and that he even publicly stated that he "had no doubt the time would speedily arrive when disease (not including surgical) would be more successfully treated by agents addressed entirely to the nervous system." These views he still entertains, and they have become more and more strengthened by daily experience. Various circumstances, unnecessary to name here, have, however, conspired to prevent him from devoting his attention especially to them, and from giving that thorough investigation which their importance requires, though they have by no means been entirely lost sight of. Judge therefore of his great pleasure when the work, the title of which is given above, was placed in his hands, through which he learned there was one man who dared to expose himself to the shafts of opposition, ridicule, misrepresentation, and perhaps persecution by giving publicity to novel ideas and facts in medicine, entirely at variance with those which more generally prevail with the mass of the profession, but by no means the less in accordance with



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what we believe to be the correct route to medical truth and medical success.

To Professor J. M. Scudder belongs the credit and the honor of being the first to call the attention of the medical fraternity to specific treatment, presenting it in such a manner that any one may be enabled to test its correctness and add to its usefulness—for it is by no means wholly perfected; many deeply-grounded prejudices and foggy sentiments have intercepted its advance at almost every step. The book which he has just issued is a small one, but a really valuable one for the medical man. To correctly understand and appreciate it we must divest ourselves as much as possible of the old routine mode of judging and pronouncing upon diseases and remedies, and adapt ourselves to the new method, briefly explained by Professor Scudder in his Preface, p. vi, as follows: "Specific medication requires specific diagnosis. We do not propose to teach that single remedies are opposed to diseases according to our present nosology. These consist of an association of functional and structural lesions, varying in degree and combination at different times, very rarely the same in any two cases. To prescribe remedies rationally we are required to analyze the disease and separate it into its component elements, and for these we select the appropriate remedy. The writer has had a sufficiently extended experience in the treatment of disease, to say that he knows absolutely that remedies have this direct antagonistic action to disease, and in many instances he is able to define it so that the reader can readily determine its truth."

Specific medication has thus far not only introduced new and useful remedial agents to the notice of physicians, but has also led to the discovery of new and unexpected medicinal virtues in many agents ranked heretofore as secondary, or which have held a very unimportant position in our *Materia Medica*. As far as the writer has ascertained, the theory of direct medication has already been favorably received by a large part of the profession, and it bids fair to become the prevailing theory and practice, thus placing Eclecticism upon an imperishable foundation, greatly above the present system of uncertainty and disagreement. A few years more and it will have completely revolutionized our *Materia Medica* and our *Pharmacopœia*, for, notwithstanding the many really excellent agents and compounds to be found in these as far as indirect medication is concerned, it will place within our reach remedies of more

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reliable and positive influences in the removal of disease, and at the same time greatly simplifying our Pharmacy it will free us from the many polypharmaceutical and objectionable compounds now contained therein in the form of balsams, pills, powders, syrups, etc. But whether our Pharmacopœia will consist wholly of alcoholic tinctures, as broadly hinted at by Professor Scudder, yet remains to be ascertained, as there are undoubtedly some agents whose virtues can be extracted to better advantage by other fluids than by alcohol; this, however, is at the present time of minor importance, and will be regulated by future experience.

Practitioners who desire to test the value of the specific method will find Professor Scudder's book very useful both as a *Materia Medica* and as a *Pharmacopœia*. It commences with a brief but clear explanation of the "theory of specific medication," "specific diagnosis," the "difference between specific medication and homœopathy," the "administration of medicines," "form of medicine," "preparation, classification, and dose of remedies;" and then follow, in alphabetical order, the various simples, numbering over 225, their properties and uses as pertaining to direct medication, the method of preparing, and the dose of each. Neither infallibility nor perfection are claimed, as the author acknowledges that much yet remains to be done; he very modestly states that the work "is presented to the profession as a guide in part, but especially as an incentive to the re-study of the *Materia Medica*." He invites his fellow physicians not to be influenced by any prejudices they may entertain in favor of the old method of indirect or empirical treatment, but to carefully test the correctness of his observations and statements, as well as to make investigations of their own, and thus assist in adding to the already long list of known positive remedies; he especially invites attention to several agents, the specific action of which he has not yet positively ascertained, and desires the profession to fully examine them. This publication is undoubtedly a step in the right direction, and will be joyfully hailed by all lovers of truth in medical matters.—J. KING, *Eclectic Medical Journal*, 1871.

### ADDRESS AT THE DEDICATION OF THE NEW ECLECTIC MEDICAL INSTITUTE.

When the new and handsome stone-front Eclectic Medical Institute was dedicated in 1871 it was one of the finest buildings devoted solely to the purposes of medical education in the Middle West. The dedicatory services were attended by the largest body of physicians



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representing the Eclectic profession all over the United States that ever gathered at one meeting. A new impetus was given Eclecticism, and Dr. King's address upon that occasion was significant. It recounts the history and origin of Eclecticism, shows the legislative perils over which they had triumphed, and points out the course the Eclectics themselves were to pursue if they were still to advance. He sounds a warning concerning misplaced zeal for the mushroom college, here to-day and gone to-morrow, and urges his hearers to adhere to the great principles of truth and liberality, both unchangeable in the platform of Eclecticism. Freedom and independence of thought, so characteristic of himself, he pleads for in this address, for he declares, "No science, whose followers are mentally enslaved to the arbitrary and despotic dicta of so-called authorities, can ever attain perfection." Faithfulness to their trust and principles had made possible the new college. He warns against neglect and lukewarmness as precursors of the destruction of Eclecticism. The idea that Eclecticism had accomplished its mission and was necessarily at a standstill was even afloat at that day, as it is to-day. "From the very nature of things Eclecticism can not stand still," declares this sage and prophet. Specific medication was largely untried by the mass of physicians at this time. Dr. King, after recounting the steady progress in Eclectic pharmacy, now comes out in full endorsement of the new medication, and the salutary effect of this address from one in whom they had the utmost confidence did much to hasten the adoption of specific medication as a cardinal feature of Eclectic practice.

While Eclecticism was dearer to his heart than anything under the sun, Dr. King did not arrogate to himself or to his cause all knowledge. He urges continued work, everlasting vigilance and industry as the means of improving an already superior practice of medicine. "If we vainly suppose that Heaven has specially favored us with all truth and knowledge in medical matters to the exclusion of every one else, we must expect to be vanquished. To win in the great medical struggle for ascendancy now going on in the civilized world we must study, we must labor, we must investigate." These last lines of Professor King's, we hold, point out the mission of American Eclecticism in medicine.—Ed. Gleaner.

ADDRESS AT THE DEDICATION OF THE NEW ECLECTIC MEDICAL INSTITUTE.—Only fifty years have passed since, even in our own republican country, there existed but one school of medicine, "the old or Allopathic school;" and the partisans of this school had such unbounded influence over the legislators of the land as to have been successful in procuring the passage of the most unjust and tyrannical laws in their favor. Clothed in mystery, unintelligible to all but the favored few, and securely sheltered under the wings of legislative partiality, even the most superficial thinker shrunk from an investigation of its merits. You, gentlemen, who are now peace-

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ably and happily enjoying the fruits of the strife of the past, can scarcely appreciate the inexorable character of the medical despotism and oppression of that era. Men who were found pursuing any practice at variance with that established by the authorities of the day were subjected to heavy fines, and in some instances were torn from their families, and rudely thrust within the walls of a prison. Every means were taken to persecute, insult, and misrepresent. Did one dare to think and act for himself in medical matters—did he exhibit sufficient courage and independence to question the authorities of the day—the indignation, the slander, and the ridicule of all his professional brethren were leveled at him, to force him to yield allegiance to their opinions and prejudices, or to effect his exile from the field of medical science.

Gentlemen, this is but a faint outline of the spirit that has actuated the followers of the Old School; whether they are still instigated by it remains to be tested—they still continue making loud professions of liberality, philanthropy, and reform!

That was a mournful period for mankind, who were compelled to recover from disease or die, *secundum artem*. Physicians were enslaved to authority, and the people in turn were slaves to the physicians. No change occurred in the unjust and tyrannical laws and customs just referred to until a daring and energetic spirit appeared upon the medical stage, like a "fair day amid storm and tempests," and who by his powerful and energetic efforts ultimately effected such a revolution in the public mind in matters where life and health were concerned as to arrest the arbitrary career of medical despotism, and of medical unsuccess, presenting to the world and to the profession new views, new remedial agents, and new treatment; or, in other words, the principles and practice of Medical Reform. I allude to Dr. Wooster Beach, of New York City.

At a very early period of life Dr. Beach observed the destructive effects of the mercurial and depletive system of practice, and keenly felt that suffering humanity loudly called for a thorough reformation in the science of medicine. Indeed, a perusal alone of the authorized medical works of that day will fully justify him in his undertaking, and will conclusively prove to every reflecting mind that from their own mouths they uttered sufficient condemnation and sufficient cause for a reformation.

It is unnecessary for me to enter into a detailed account of the trials and persecutions that Dr. Beach and the early reformers had



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to encounter, nor of the energy and perseverance displayed in overcoming them. This is well known to most of you, as well as the fact that for many years the three volumes of his Reformed Medical Practice constituted the only text-book employed by Reformers and Eclectics.

The first institution in this country that dared to differ in principles and practice from the medical teachings of that period was initiated by Dr. Beach in the city of New York, under the title of the "Reformed Medical College;" but owing to the many obstacles thrown in its way, and the powerful efforts of old school physicians to defeat the securing of a charter, as well as from the fact that the oppressive laws of most of the States placed its alumni among criminals and outlaws, the college was relinquished. However, the germ from which was to spring peace, health, and happiness to thousands of families had been sown; the late Profs. T. V. Morrow, I. G. Jones, and J. B. Day, among others, attended lectures and graduated in this Reformed College, and by them was given the most potent and effective *vis a tergo* that has laid the foundation of a mighty enterprise, and that has aided in almost completely revolutionizing medical science, and in placing us upon our present platform.

In the year 1830, forty-one years ago, these gentlemen, assisted by several other liberal-minded physicians, succeeded in establishing the first chartered Reformed Medical College in the world; and this college, from which were sent forth many of the working pioneers of Eclecticism to successfully grapple with disease, and to promulgate truth, liberality, and right in medicine, maintained a successful existence for ten or twelve years in the village of Worthington, in this State, when for various reasons it was deemed best to discontinue it and seek a larger and more extended sphere for action. Professor Morrow and some of his Worthington colleagues, together with a few others, came to Cincinnati and commenced giving courses of medical lectures to students; and in the year 1845, notwithstanding the active and untiring efforts of their antagonists of the old school of medicine, they succeeded in procuring from the Legislature of Ohio a charter for the Eclectic Medical Institute of Cincinnati, the parent school of Eclecticism.

Since the establishment of this parent school several Eclectic colleges have been attempted in various sections of the country, but from deficient patronage, local hostility, or inferior teachers they have nearly all failed. There are now three colleges in the United

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States claiming to be Eclectic; but we have only physicians enough to properly sustain two well-conducted institutions: one in the East and the parent college in the West. An increase in the number of colleges before an increase in the number of physicians and students demands them is detrimental to Eclecticism; it divides the students into small classes that give neither support nor encouragement to either, hence inferior teachers, hostility and dissensions between the rival schools instead of friendship and co-operation, a sickly existence for a time, a cessation of lectures, and the graduates possess only the parchments of defunct institutions. Certainly not a very desirable possession. The picture is no fanciful one, nor is it drawn from interested motives; it is a stubborn fact of which I trust all true Eclectics will never lose sight. I have no reference here to those mongrel so-called colleges that have usurped the name of Eclecticism the better to carry out their nefarious designs.

Notwithstanding the persecutions and misrepresentations of our opponents of the old school of medicine, and I may also add, the antagonistic influences of Homœopathy, the pioneers in our cause labored perseveringly with all their might, so that in this day we behold Eclecticism a fixed fact—firmly established as such—and so remaining as long as its followers strictly adhere to the principles of truth and liberality.

The attainment of truth is the first and greatest principle to which all others are subservient. Truth is not Allopathic, Homœopathic, nor Eclectic; it knows no party; it exists independent of all; we must follow *it*, and not expect *it* to pursue us. Truth is from heaven; it is co-eternal with Intelligence—omnipotent, omniscient—it belongs to *us*, to all mankind, and is the property of every mind that will receive it; and however much party or sect may retain and patent-right *error*, they can never monopolize *truth*. And if every one would fairly and honorably seek and avow truth, even at the sacrifice of self-interest and aggrandizement, medical science, like it, would become a unit, and there would be no rival influences, no persecutions, no heterodoxy, no orthodoxy; but unity of hopes, unity of purpose, and unity of action, and suffering humanity would thereby become the gainer.

Liberality is another fixed and unchangeable principle of Eclecticism. Every human being is by divine right and by divine command entitled to freedom of thought and of investigation in all matters, and especially in those pertaining to health and life. Inde-



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pendence of thought, independence of action, characterize the true man, the man of honor, of intellectual greatness; while subserviency of mind is the quality of the slave, the recreant, and the sycophant; and no science, whose followers are mentally enslaved to the arbitrary and despotic dicta of so-called authorities, can ever attain perfection. The truly liberal man bestows a courteous bearing upon all, and never approves nor condemns until arguments have been fully weighed and facts have been impartially compared. And had old school pursued this course in the infancy of our cause there would not have been a necessity for a new school in medicine. We contend that all physicians are under the strongest possible obligation to each other and to the human race to honestly examine the theories and practice from which they habitually dissent, with an attentive and tolerant spirit, not simply because such investigation produces greater circumspection in the treatment of the sick, but also because it promotes the progress of truth as well as sound conciliation; and that will be a happy day for the profession as well as for humanity when all parties become inspired by a catholic eclecticism.

Gentlemen, the institution to which we have met together on the present occasion owes its existence solely to our endeavors to faithfully carry out the principles of truth and liberality just referred to. Eclectics and Eclecticisms alone have erected this temple of medical science, whosoever may have been the individual agent to whom the task was confided. See to it, gentlemen, that your own college, the parent school of medical Eclecticisms in the world, continues to flourish and prosper; should it fail from your neglect, or from the absence of those principles that should ever guide true Eclectics, it needs no prophet's eye to see that its fall will be the precursor of the destruction of Eclecticisms, which Heaven forbid!

. . . Some have imagined that, as Eclectics, we have effected all the good that we possibly can in medicine; that our mission is finished, and that our cause is necessarily at a stand. This, however, is a very restricted view; for as mind progresses, and as truth develops itself, so does our cause advance. From the very nature of things Eclecticisms can not stand still. How has it been with Allopathy?

In early years, when we were struggling for existence, among the other means employed to crush us and also with the design of attaching a stigma upon us, Allopathy termed us "quacks," our reme-

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dies "quack medicines," and our pathological views "unsound and erroneous." How is it now? To-day many of these *unsound pathological views* are the received and established ones of old school; the *quack medicines* have been introduced into its medical works and are employed and recommended by some of its most eminent medical men; and we, no longer termed *quacks*, have been honored, if indeed it be honor, with the name of "irregulars," merely as a distinguishing mark between them and ourselves. Though what it is that constitutes them regular in preference to all others, Heaven only knows!

It must not for a moment be supposed that we allude to these matters in a quarrelsome or fault-finding way; we are briefly relating occurrences of the past, demanded by truth, and we should be unjust to Allopathy and to ourselves did we attempt to conceal them. For all the persecutions of the past it has our cheerful forgiveness, for its misconceptions of us at the present time it has our sympathy, for its bearing in future it has our hopes and best wishes. It is a pleasure to us that old school has progressed, and we feel it an honor that the line of this progression has been made in our wake. Bear in mind that in the past remarks I refer to Allopathy collectively and not to individuals, for I am happy in being able to bear testimony to the liberality, gentlemanly bearing, and noble character of many individuals attached to that school.

Has Eclecticism also progressed? It certainly has. The immatured views of its early period have been developed and improved; the crude materials that formed some of the first medicines it introduced to the profession have been passed through the wonderful operations of the chemist's laboratory, and are now presented in a smaller, more active, and more palatable form; and new discoveries have been made both as to the remedial virtues of many agents, and the more successful treatment of disease. Progress, progress is the order of the day. We can not rest. We must not rest. I have long been a firm believer that the time will ultimately arrive when disease will be successfully treated by remedies addressed solely to the nervous system.

The new departure, as some have termed it, is a step in the right direction; I refer to Specific Medication. It has its opponents even in our ranks; this probably arises either from an incorrect understanding of it, a lack of proper investigation, or from interested motives. Why, gentlemen, physicians for centuries past have



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been practicing Specific Medication, but in a blind, indifferent, immethodical manner. Would they produce catharsis, a specific would be prescribed that would occasion the desired result; would they produce diuresis, a specific would also be administered to effect this object; would they produce emesis, diaphoresis, or ptyalism, the known specifics for these purposes were employed. Was relief from pain desired, or was sleep required, how numerous the specifics! Intermittent fever called for its specifics, quinia, arsenic, strychnia, etc.; debility had its appropriate specifics among the vegetable and mineral tonics; anemia, its specifics among the chalybeates and man-ganic preparations; scrofula its specifics among the iodides, bromides, vegetable alteratives, etc.; parasitical affections had their specifics according to their nature; hemorrhages found their specifics in alum, gallic acid, perchloride of iron, etc. Digitalis to check undue action of the heart; hellebore to irritate the nasal mucous membrane; hydrastis to give tone to enfeebled mucous membranes, and so on.

In this way I could occupy your attention for hours in pointing out the crude specific medication of the past; superficial in its character, immethodical in its manner, overlooked in its actions and effects, and not always with the most desirable results from the fact that the *name* of a disease was more frequently prescribed for than its actual pathological conditions; and because, in many instances the diagnosis itself was very imperfect.

The Specific Medication of Eclecticism goes much deeper into the subject of health and disease; it requires a more thorough knowledge than heretofore; instead of resting satisfied that a symptom or a group of symptoms peculiar to a disease are present, we require to know why such symptoms are produced; what are the peculiar pathological conditions occasioning them, and what is the remedy to combat these conditions. Instead of being satisfied by external manifestations only or by the mere name of a disease, we must more thoroughly study the system and more accurately investigate its in-most operations. If we accomplish this we make a more correct diagnosis, and can thus prescribe *the* specific with more certainty. At least eight-tenths of success in the treatment of disease lie in a correct diagnosis.

Specific Medication is then systematizing the disjointed practice of the past, treating pathological actions or conditions instead of mere names or external manifestations; becoming better acquainted

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with the minute and recondite operations of the human body as well as with the direct influence of remedial agents upon these operations, thereby being enabled to more promptly subdue abnormal influences and restore to health.

It has been objected that the treatment by Specific Medication is yet imperfect; that there are many maladies for the cure of which it has not been adapted. True; but is that a valid reason why we should oppose it? Gentlemen, had a similar objection arisen against Eclecticism in its infancy and been acted upon we would not now be here. Forty years ago our practice and therapeutics were very crude and imperfect; but what are they now? Decidedly more perfect and more successful. Enough is already known of Specific Medication to enable a practitioner to treat the majority of maladies that may be met with in his career of practice, and with a certainty of much greater success than could have been done in the early days of Eclecticism, and with fully as much efficiency as can be done by its old therapeutics as prescribed at the present day. It remains for you, and for those who shall come after you, to fill up its deficiencies wherever they occur by close study and untiring investigation, thereby rendering it perfect and a success.

It is highly probable that the struggle for ascendancy now existing between the old and new schools of medicine may terminate during the rising generation, and *that* school alone can expect to be triumphant, can expect to be the people's choice, that can exhibit and maintain in one unbroken and intimate connection the most correct science, the greatest skill, and the most uniform success.

If we fall behind *great names, high authority, antiquated teachings and customs, or scholastic prejudices* as screens to conceal from our mental vision the glorious rays of truth and wisdom that emanate from other sources than our own, we can not expect to be the victors. If we imagine that knowledge can be grafted upon the human mind, as one tree upon another, or that it can be imbibed by mere contact, as with sponge and water, we must not expect to be the victors. If we vainly suppose that heaven has specially favored us with all truth and knowledge in medical matters to the exclusion of every one else, we must expect to be the vanquished. To win in the great medical struggle for ascendancy now going on in the civilized world we must study, we must labor, we must investigate. Instead of limiting our thoughts and investigations within circumscribed bounds or rules regardless of their correctness or falsity (the



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usual result of past medical teachings), we must train ourselves to cultivate and maintain the utmost freedom of mental action; to listen with patience and respect to the views and opinions of others, no matter how seriously they may conflict with our own; to test their soundness and adopt them if correct, or if false to pass them by without regard to theories, preconceptions, sects, interests, popular favor, or any thing, save a knowledge of truth and truth alone. Like the industrious bee we must not confine ourselves to the circumference of our own hive, but must roam abroad, carefully gathering knowledge and truth wherever found, and preparing from them the cera and honey, the strength and beauty of Medical Eclecticism. In a word, we must be true to each other and to ourselves. Then, gentlemen, we may confidently anticipate that our cause will be the triumphant one, and the new temple we have this evening dedicated to it will not have been erected in vain.

The presence of the ladies in our midst on this occasion, a compliment which demands our grateful recognition, reminds us that in the success and progress of our cause woman has always manifested a lively interest, for upon these and the qualifications of its adherents very often depend not only her own safety in times of danger, but, still more frequently, the safety of those dearer to her than life itself. To her we owe our present existence, the cultivation of our infantile plastic minds, preparing us for the contests of matured age, and giving to us impressions that can never be effaced by the finger of Time, the remembrance of which, even in advanced years, calls up the most grateful and pleasing associations. Without woman how blank, how dreary would be life!

When prostrated by disease how tender, anxious, and vigilant are the attentions bestowed by the true mother, wife, or sister! Her kindly, sympathizing words are a source of encouragement and consolation, and our physical or mental sufferings are alleviated by the gentle osculations of her fair hands. The hour of anguish, of grief, or of misfortune loses its bitterness, its severity under the influence of her smiles and affection, and the darkness that surrounds us becomes golden sunshine. True woman is the polar star of man's existence, guiding him onward in the road to virtue and happiness; she is man's richest treasure—the lovely link that binds him eternally to his Maker!—J. KING, *Eclectic Medical Journal*, 1871.

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### ANTAPHRODISIACS.

Every now and then some one brings forward what is supposed to be a new remedy for conditions difficult to rectify and is over-enthusiastic in the praise of it as an infallible remedy. Often a non-familiarity with the older writers gives him the impression that he has discovered something entirely new. This brief note concerning *Salix nigra* was one of the few instances in which Professor King attempts to correct this habit of positive statement concerning drugs new to the individual but old in medical literature. The careful investigator will avail himself of the sources of knowledge now available and for this purpose the use of such great collections as the Lloyd Library are now freely and cheerfully offered to the student-investigator.—Ed. Gleaner.

ANTAPHRODISIACS.—In the August number I notice what is supposed to be the introduction of a new sexual sedative. In the several late editions of my *American Dispensatory*, and under the heads of *Salix Nigra* and *Gnaphalium polycephalum*, will be found statements of the antaphrodisiac properties of these agents which I have successfully used in practice for many years, as have also several of my medical friends. These articles will not, however, prove infallible specifics, as they will occasionally fail of producing any desirable effects in certain cases, the same as with many other valuable agents that are administered to overcome certain symptoms or to effect certain results.—J. KING, *Eclectic Medical Journal*, 1886.

### EXCLUSIVE PRIVILEGES UNCONSTITUTIONAL.

The rights of man, as he understood them, lay very close to the heart of Professor King. Any deed or measure that jeopardized such rights aroused every fiber in his liberty-loving make-up. Special privileges he regarded as un-American and inherited from the Old World systems of government and from the days of feudalism. At the Cincinnati convention of the National Eclectic Medical Association, held in 1884, he delivered his memorable Address on Special Medical Legislation. This put a powerful weapon in the hands of those who were opposed to special privilege and legislative espionage. From this address we have selected the following thirteen abstracts, each complete in itself. We have taken the liberty of supplying titles (not in the original) for each of these selections, in order to facilitate their use and ready reference. The titles include the following: Exclusive Privileges Unconstitutional; Special Legislation a Curse to Any Country; The Common Interests; Who Ask for Protection?; Irregulars; The Cunning of the Serpent; Combating for a Principle; The Irregular Practitioner; Sacred Rights and Constitutional Liberty; A Union of



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Medicine and State; A Positive Admission of Weakness; Special Medication Means License; and Adherence to Principle.

The first paper shows the conditions that faced the practitioner in the first half of the last century and notes the awakening of legislative bodies to the injustice of the situation. We may well include here the words of Dr. King, in *The Coming Freeman* (page 13), which read: "There is no divine right of kings, legislatures, or Presidents to rule the earth, to tax citizens, to hold their fellow-men as slaves, to grant privileges to some not accorded to all, nor to make or unmake laws at pleasure."—Ed. Gleaner.

EXCLUSIVE PRIVILEGES UNCONSTITUTIONAL.—"Some fifty or sixty years ago, the Old School physicians of that period had legislative enactments in nearly every State in the Union, prohibiting any and every person not of their school from practicing medicine or surgery, under certain penalties. They thus reduced the public to the alternative of employing them, or else to have no physician at all. 'You must take our medicine—you must be treated by our mode of practice—for nobody else except one of us shall doctor you; if we can not cure you, you must die—you can not have anybody else.' This was the purport of the laws they had procured, and the consequence of such legislation was illiberality, misrepresentation, and persecution of and towards all persons who dared to think or act for themselves in medical matters; good, honorable citizens were subjected to a system of espionage equal to that of the most despotic countries in the world, and fines and imprisonment were inflicted upon them regardless of humanity, justice, or personal rights.

"The attention of our various Legislatures having been called to this obnoxious and unwarranted legislation, and to these despotic enactments, they were not slow to ascertain that the Constitution of these United States guarantees *equally* to every individual citizen certain inalienable rights and privileges, and that if by legislative enactments any citizen be deprived of the exercise of such rights under certain penalties, and the exclusive privilege to exercise them be granted to another—such a law or enactment must necessarily be unconstitutional and could not be sustained by any court or jury. And under these constitutional rights, acknowledged by these legislators, many of our citizens have for various and good reasons entered into medical practice without having obtained diplomas. They have proven to be excellent, law-abiding citizens, successful practitioners, have creditably held public official

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positions, and have even occupied seats in our Legislatures. Some among them have been in the practice of medicine for many years, and have not been considered as impostors and criminals until the recent unjust and arbitrary legislation of the States in which they reside—"the statutory invasion of rights of persons"—has attempted to make them such by interfering with and depriving them of that protection in their pursuits which they had previously enjoyed as honorable citizens and legal voters, and to which protection, under the Constitution of their country, they are most undoubtedly entitled.

"These Legislatures also observed that for certain individuals to have the *exclusive* privilege granted to them by law to exercise any art, trade, or profession, with all the advantages to be derived from it, whilst others equally competent and as well qualified should be debarred therefrom under certain penalties, was not only unjust toward the public at large, but that it laid the foundation for an odious monopoly with all its aristocratical, dictatorial, and dogmatic power. Certainly no particular art or science could be benefited in this way, as the security which such monopolists would feel under legal protection would tend to beget an indifference and carelessness that would effectually serve to produce a *retrograde* rather than a progressive effect; and which, indeed, was the actual condition of Old School medicine in this country at the time such unconstitutional legislation was in force.

"Would the intelligent citizens of any commercial city in the United States quietly and patiently submit and consider it right that the Legislature of their State should enact a law granting to A. B., G. T., C. R., and such other persons as they chose to authorize the exclusive right to purchase and sell all the flour that came to their market, prohibiting all others from doing so under severe penalties? And further that the said A. B., G. T., and C. R. should have full power and authority to furnish the kind and quality of flour they pleased, and to charge the prices they saw fit; that they should likewise direct and instruct how it should be prepared, used, or applied; and any other person doing so should be subject to prosecution and adjudged guilty of an offense punishable by fine and imprisonment, or perhaps (through clemency), in lieu thereof, they should *not* be entitled to *receive any compensation for their services*.—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.



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### SPECIAL LEGISLATION A CURSE TO ANY COUNTRY.

Special legislation and might makes right were synonymous to John King. To him the one was as equally hateful and oppressive as the other. He is not alone concerning the dangers of class legislation, for the note of danger is always sounded by writers upon jurisprudence when referring to this subject.

"From the earliest times these two principles [Might and Right] have been at variance. The possession of power creates a desire for more, hence the tendency of all governments has been and is to ignore the people. All the great nations of antiquity more than once have experienced the horrors of civil war simply because of the tyranny of their governments. The growing intelligence of the race constantly quickened among the people the desire for greater liberty." ("Civil Government," by J. R. Flickinger, p. 7.)

"A nation in which any one or more of its citizens have, in their business, certain rights and privileges granted to them by law that are not accorded to all, can hardly be considered a free nation. Such grants tend to the formation of dangerous monopolies, to enrich a few and impoverish many, to occasion the 'I am better, greater, and richer than thou art' people, and to develop a class of opulent, 'high-blooded' masters and mendicant, 'low-blooded' servants; they are the initiatory steps towards monarchy and absolutism. The people become gradually accustomed to them and to their influences, soon ignore the fact that they can bite and dangerously, too, and are unconsciously beguiled, step by step, to surrender their liberties to them. Special legislation is a curse to any country, and especially so to a Republic." (*The Coming Freeman*, p. 55.)—Ed. Gleaner.

SPECIAL LEGISLATION A CURSE TO ANY COUNTRY.—"The liberty of expressing our sentiments and feelings by the use of the tongue and pen while we keep the peace and keep the truth on our side is one of the privileges which we enjoy as freemen. But he whose feelings and actions are limited to a circle prescribed by others is not a *freeman*, but a *slave*. It may be the shackles of a party which are upon him, but still he is in bondage."

"Guided by the views heretofore referred to, our several Legislatures in time repealed these arbitrary laws in their respective States, the sole law relative to medicine (and the only one that should exist upon our statute books) being *penalty for malpractice*. The law can not furnish brains nor skill, nor has it any claim to recognize how or where an individual obtained his knowledge or ability so long as this knowledge proves useful and not injurious. And here let us ask, *if special medical legislation was found to be unconstitutional forty years ago, is it any less unconstitutional now?*

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or are those citizens who have availed themselves of these *constitutional contracts* between the people and past Legislatures by practicing medicine without diplomas to be robbed at the present era of their rights under such contracts? 'Might makes right' is the basis upon which the Spanish Inquisition was founded.

"This deprivation of legal backing was greater than our Old School physicians could bear; it did not give them that superiority over other schools of medicine which they would have the public believe; consequently, considering it a good epoch after our late war which had freed the blacks, enslave the (white) public and physicians not of their school, they have been assiduously occupied for the last fifteen or twenty years as though engaged simultaneously throughout the country in an *extensive conspiracy* against the constitutional liberties of the people in devising shrewd measures for regaining what they consider their lost power and authority, and in endeavoring by specious representations and sophistical reasonings to secure special legislation to suit their own ends—carefully ignoring the fact that *special legislation is a curse to any country.*"  
—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### THE COMMON INTEREST.

If equal rights are vouchsafed by the Constitution to every citizen of the United States, then no qualified physician should be debarred from service in the medical departments of the Government, no matter where he received his medical education. These rights were most flagrantly violated during the Civil War. All should have equal opportunity, for the service is for the common interest. Let Dr. King again speak from *The Coming Freeman*, p. 13: "The object and the duty of a free government should be, not to annoy, oppress, distress, rob, or persecute its citizens, but to employ all reasonable and consistent measures for the protection of each and every citizen in his rights, privileges, and welfare, and in his business up to a sufficient degree. And all laws that are oppressive upon even one member of its population should be at once repealed. Hence, each and every person, while receiving benefits from his fellow-citizens, owes it to them as a sacred duty to faithfully perform his part towards advancing their interests and prosperity, both physically and mentally. No one of us can, or should, expect to receive the protection, the respect, the good-will, the humanity of our fellow-creatures unless we bestow the same regards upon them and consider their interests equally with those of our own. This constitutes the basis of a true, free government, not 'the greatest good to the greatest number,' but the greatest good to all and to each one



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individually—and anything aside from this is inhuman, despotic, barbaric."—Ed. Gleaner.

THE COMMON INTEREST.—“During our Civil War, Old School physicians perseveringly used every effort with a determination that none but themselves should occupy the position of army surgeons; and though Homœopaths and Eclectics *with every qualification equal to their own*, who were extremely desirous of giving the benefits of their own treatment to our brave soldiers, had been given such positions in the early part of the strife, the insulting and oppressive course pursued toward them by the Old School medical men and the spirit of vindictiveness manifested by these towards all persons of other medical schools compelled the latter, as a matter of self-respect alone, but strongly against their wishes, to resign and withdraw into private life. In the meantime our Old School colleges hastened into the army and throughout the country hordes of newly-fledged, inexperienced medical graduates. The restoration of peace turned these adrift, and that they may now obtain practice and salaries is one among the other reasons why the special legislation in every State should be sought and procured. We wish it to be expressly understood during this entire discourse that we refer to ‘regularism’ or ‘old-schoolism’ only in its mass as a huge machine of usurpation and despotism, and not to any of its individual followers, many of whom are gentlemen and patriots in the truest sense of these terms and who form honorable exceptions to the general rule.

“In reference to the present subject, a departed patriot though dead still speaks and admonishes us as follows: ‘Let me exhort and conjure you never to suffer an invasion of your political constitution, *however minute* the instance may appear, to pass by without the most determined and persevering resistance. One precedent creates another. They soon accumulate and constitute law. What yesterday was fact to-day is doctrine. Examples are supposed to justify the most dangerous measures; and where they do not suit exactly the defect is supplied by analogy. Be assured that the laws which protect our civil rights grow out of the Constitution, and they must fall or flourish with it. *This is not the cause of faction or of party, or of any individual, but the common interest of every man in the Nation.*’”—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

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### WHO ASK FOR PROTECTION?

We do not recall any instance in which the people have arisen in their might to ask for protection in the matter of medicine. All such requests have come from the regular medical profession. Dr. King emphasized this in *The Coming Freeman*, page 70: "It is only to the one school of physicians, the 'old school,'—the adherents of which have, for certain egotistical and sinister motives, combined, originated, and petitioned for this despotic legislation,—that we are indebted for the existence of medical coercive laws that strongly favor of the barbarian rule that 'might makes right,' and which not only deprive certain citizens of rights guaranteed to them by our United States Constitution, but which likewise tend to enslave the entire people by compelling them to employ the services of only one class of medical men, not even granting them an opportunity for choice in the matter."—Ed. Gleaner.

WHO ASK FOR PROTECTION?—"Now let us observe who the parties are that have been so persistently urging and imploring our legislators to disgrace the State and dishonor themselves by enacting laws so foreign to the nature and effect of our principles of government. Have the people, who constitute the State and the Government, and who are in reality *the parties more deeply interested*, made such applications? By no means. These petitions have originated wholly from Old School adherents, and as they say, 'to protect the people'—and yet they bitterly complain that 'the people take no interest in the matter.' Strange! Is it possible that with all our public and private schools, all our literary and scientific institutions, and with all our facilities for instruction, observation, and progress, the people of this State, of this country, are so ignorant or so downright stupid as to be incapable of determining what physician has or what physicians have the greatest success following their treatment and without requiring their minds to be prejudiced or coerced by legislative enactments? "The people want no Old School, no Homœopathic, no Eclectic muzzle forced upon them to wear; *in the matter of medicine they want to have the same freedom as in selecting their politics, their religion, their tailor, and so on.*' 'But,' says the Old School petitioner, the self-styled regular, 'the irregulars do so much injury; as they are not of us they must necessarily be an ignorant class of men, and can not avoid doing harm.' A harm which they have never yet proven and which we defy them to prove."—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.



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### "IRREGULARS."

As a matter of principle Professor King could see no valid reason why one physician should be called regular and another irregular, when both are educated practically alike in the fundamental studies, yet differ only in the remedies employed and their application, a "matter based upon experience and observation." This epithet was not relished by earlier Eclectics. Many of the Eclectics of to-day, however, do not object to this term, and rather deem it a mark of distinction to be thus allied with the minority. Still they question by what authority they can be so designated. There is no such exactitude in the so-called science of medicine by which the term regular can be arrogated by one class and denied to another, as is well shown in the emphasis Dr. King gives to the historical remarks concerning the vacillating career of so-called regular medicine.—Ed. Gleaner.

"IRREGULARS."—"Homoeopaths, Eclectics, and all other so-called 'irregular schools' of medicine must necessarily teach the same anatomy, the same chemistry, the same obstetrics, the same physiology, the same surgery, and very nearly the same materia medica that is taught in Old Schools and which tuition, according to their peculiar mode of reasoning, renders an Old School graduate a 'regular' and the graduate of any other school an 'irregular.' The chief difference between these several schools is found in the therapeutics and practice, a matter of opinion based upon experience and observation. Now we would ask, is this a sufficient reason for denouncing physicians not in the Old School ranks as 'irregulars,' to be transferred by State legislation to the tender mercies and regulations of their avowed and determined opponents the 'regulars?' What certainty or perfection is there in regular medicine that should induce our Legislatures to transform it into a *hideous and oppressive autocracy?*

"Even were medicine an *exact science*, it would be no reason why the rights of citizens should be interfered with so long as they effected no harm. Should a farmer, a grocer, or other non-professional person fortunately discover a cure for cancer, for Bright's disease, for locomotor ataxy, etc., he should not be prevented from using it nor from doing all the good he could. Independent of everything else, there is a great *principle* involved in this whole matter. Dr. N. L. North, of Brooklyn, N. Y., states '*that medicine is not yet an exact science, is easily demonstrated.*' (*Med. Record*, N. Y., Oct. 14, 1882, p. 431.)

"If we examine into the history of the so-called 'irregular prac-

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tioners,' we will find an onward, successful advance in spite of all the misrepresentations, sneers, and persecutions of 'regulars.' We will also find less disagreement and more harmony among them as to therapeutics and success in practice than among the 'regulars' during the entire history of their school, which for hundreds of years past has presented a series of most astonishing changes and somersaults; the theories and hypotheses of one age being set aside for the new theories and hypotheses of the next age, and these again in their turn surrendering to those of the succeeding age, and so on from period to period; thus clearly showing that as to disease and its remedies Old Schoolism is but a vacillating, uncertain system and that with all their egotism and self-eulogized knowledge and science, regular physicians are no more thorough or perfect and know no more about disease than other practitioners.

"Thus we find a period when disease was known to be due to certain conditions of the fluids of the system; another period in which it was the result of certain abnormal conditions of the solids; then another period in which the subject was settled once for all, as disease had been proven by the most careful study to be due to unhealthy conditions of both the fluids and solids. At the present day all past views are in process of becoming displaced and a new set about being developed in which the 'germ hypothesis,' the presence of microscopic germs, under the names of bacteria, bacilli, micrococci, microbes, or minute vegetable formations in the fluids, in the solids, or in both, will be sufficient to account for the existence of disease! To show the vacillating character and the uncertainty of the therapeutics and practice of these men who are so fierce in their denunciations of 'irregulars' and who seek for legislative aid to destroy personal right and mental freedom, if we examine their journals, text-books, and other publications, we will frequently find one or more remedies or modes of practice highly eulogized by the writers thereof, and which remedies or modes of practice will, almost as it were in the same breath, be condemned as useless and of no value by other writers fully as eminent. And yet this uncertain, capricious, imperfect class of medical men would have all schools of medicine and all classes of physicians arbitrarily and unconstitutionally restrained by legislative enactments of tyrannical laws shrewdly gotten up and carefully prepared by themselves for their especial



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benefit. It is not to be supposed from what has been stated that suffering humanity has derived no benefit from Old School labors; far from it—for it can not be disguised that they have had brilliant constellations in their ranks, and that they have accomplished much and great good; more especially among those of recent years, when they have creditlessly employed the agents and means advised by those whom they have the unblushing effrontery to call 'irregulars.'"—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### THE CUNNING OF THE SERPENT.

Dr. King accuses the regulars of his day of perfidy and lack of sincerity in attempts to act covertly in the gaining of special legislation under the guise of health regulations establishing Boards of Health and Sanitary Commissions. The Eclectics and Homœopaths of this day are no more assured of the good intentions of the promoters of such measures than were the so-called irregulars of Dr. King's time. No one can well object to measures to insure, protect, and improve the public health, so long as every man is dealt with fairly. If the advocates of the establishment of a National Bureau of Health will include in the statutory provision for it a clause stating that such a measure shall in no way infringe upon the forms or methods of medical education, then it is possible to have some uniformity of movement by which such a measure may be obtained if it is found to be demanded for the public good. If, however, it is to create places of emolument and power for certain persons of the dominant school, only continued opposition may be expected. At the present time it looks as though all such movements may be defeated through dissensions among the forces belonging to the regular school. That is their own fight, however, and all that the Eclectic and Homœopath is concerned in is that which John King contended for, "sacred rights of the individual and constitutional liberty." Those who resort to artful cunning in this matter of regulation would do well to heed a truth from the sayings of Confucius: "Advance the upright and set aside the crooked, then the people will submit. Advance the crooked and set aside the upright, then the people will not submit."—Ed. Gleaner.

THE CUNNING OF THE SERPENT.—"Again, as an inducement to forward the successful passage of their petitions for pseudonymous State Boards of Health or State Sanitary Associations, they have held out the idea that they have no wish to disturb the colleges of 'irregular physicians,' but to prevent men from practicing medicine who have not attended college lectures and received their diplomas. My friends, for us this is a battle for principle, for

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liberty, in which the lukewarm man is more than half a traitor. Now let us examine: when the bills heretofore presented to the Legislatures of our several States, petitioning for *laws* that would deprive men of that practice and that business through which they were not only doing much good to others, but also honorably and conscientiously earning bread for themselves and their families, and in which acts they had for years been protected by their State governments and by the Constitution of their country, and *which laws*, if enacted, would now and hereafter render these loyal citizens *criminals*, liable to oppression, prosecution, fines, and imprisonment—when these bills failed of being passed, these Old School petitioners ingeniously invented State Boards of Health and, more recently, State Sanitary Associations, anticipating of course that every one would consider such Boards or Associations very desirable and necessary. But, mark you, with the cunning of the serpent that betrayed humanity, they introduced sections into these bills empowering these Boards to regulate medical schools and medical practice within the State and to compel all physicians to register and thus subject themselves to the espionage of these 'regulars,' an espionage, however little to be feared, yet conducted in a perfidious and malevolent manner, or else to be punished as criminals. And indeed this is their paramount object—sanitary regulations, study of epidemics, vital and mortuary statistics, being nothing more than a thin glossing or sugar-coating of that old scheme to bolster up by legislation a school of medicine thus confessedly unable to exist by its own merits."—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### COMBATING FOR A PRINCIPLE.

"Another outrageous imposition upon the people of a free country, and which has been borrowed from monarchical aristocracy, is the chartering, in addition to the commercial, monetary, and other incorporations referred to, of literary and scientific institutions; the effect of such chartered institutions is to create an insolent snobbishness among their members and graduates fully equal to that encountered among a certain character of persons who have suddenly and ill-definedly acquired wealth. It is by no means intended to convey the idea that university or college education should be disparaged or dispensed with; on the contrary, we commend it, and consider it highly necessary and useful in all departments of life, more especially because the higher the education of a person the greater should be the good



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conferred by him upon his fellow-man. But we do most decidedly object to a rule, a law, or a statutory invasion of the rights of mankind that, by favoring envy and malice, or by occasioning a species of hostile espionage, would scrutinize the when and the where a person had received his education, in order that he might be maltreated, misrepresented, and ostracized should he have dared as a free, independent being to educate himself or to obtain his education at some other institution than that enforced upon the people by an infamous, despotic law."—John King, in *The Coming Freeman*, pp. 67, 68.

COMBATING FOR A PRINCIPLE.—“A great deal has been said concerning ‘irregulars’ who are ignorant or who do not hold diplomas from any school of medicine. We wish it to be distinctly understood that we are by no means endeavoring to uphold ignorance nor to disparage erudition; we are combating for a *principle*—the same principle through which Homeopaths and Eclectics have been enabled to attain their present high standing—the same principle for which our forefathers of the Revolution fought—mental independence and personal right—and which, whenever ignored or set aside by unconstitutional legislation, will enslave our people to a *precedent* that can serve as an entering wedge through means of which all constitutional and personal prerogatives may ultimately be destroyed.”—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### THE IRREGULAR PRACTITIONER.

Dr. King answers his own question to the best of his knowledge and belief. The success of the irregular practitioners—so-called—has been phenomenal, and it is with pardonable pride that he accounts for their rise and continuation as practitioners, in whom the people have confidence equal at least to that professed for the members of the self-styled regular school:—Ed. Gleaner.

THE IRREGULAR PRACTITIONER.—“Irregular practitioners! What originated such a class of practitioners? Would they—could they by any means whatever—have succeeded in securing public patronage had scientific Old School or regular physicians proved as perfect, as eminently successful in their treatment of the sick, as they would induce us to believe? And if these ‘irregulars’ had not verified themselves to be equally if not more successful in overcoming disease than their opponents, the regulars, would the people have entrusted to them the lives and healths of their families and of themselves? The very fact of the exist-

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ence of this class of irregular practitioners is *prima facie* evidence of the fallibility of regular practice—that it is not as thorough, as perfect, nor as harmless as its adherents assume it to be, and that the public know it.”—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### SACRED RIGHTS AND CONSTITUTIONAL LIBERTY.

“When any kind of business whatever, designed by its originators for what they represent or suppose to be the public good, is not appreciated and supported by the said public, it should not be forced upon this public through the erroneous and dangerous method of a special legislation therefor, but should be permitted to rise or fall upon its own intrinsic merits, the same as with a hatter, a tailor, a bootmaker, etc. So with every institution, the same as with every business or professional man, it should be allowed to rise or fall upon its individual merits alone, and not upon legislative favor, which can neither furnish nor control brains and intellect. The rights of every citizen should be held sacred; he should be allowed to ‘go when and where he pleases,’ to pursue such ‘business or calling as best suits his interests or tastes,’ provided he ‘does not infringe on the same rights of others,’ nor effect personal injury in his calling. In a free country it is no person’s right or business to know how or where one has received his education in any trade, business, or profession, nor to interfere with him in its pursuit, so long as he accomplishes good,—this alone is desirable; but when he effects wrong or injury, he should then be held accountable for it, school or no school, parchment or no parchment.”—John King, in *The Coming Freeman*, p. 69.

SACRED RIGHTS AND CONSTITUTIONAL LIBERTY.—“As heretofore remarked, it must not be supposed from our statements that we are opposed to learning and science. On the contrary, we wish they were more common, not only among physicians, but among our merchants, bankers, grocers, bakers, tailors, shoemakers, blacksmiths, and those of other professions and trades; it would tend greatly to add to the worth, honor, and dignity of our country, as well as of its individual citizens. And though it would not make them better physicians, bankers, grocers, or blacksmiths, it would nevertheless be a condition greatly to be desired. Yet, because a large proportion of these persons are not scientific or highly educated, we ask for no special legislation to make them so. Recollect, my friends, *this is not a warfare for the diffusion and protection of ignorance*, nor for the furtherance of education or of science—these have naught to do with it—we repeat that we are simply contending for a great principle, personal right and



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constitutional liberty. 'Science asks for truth, not legislation; it never desired or required protective statutes, which simply legalize charlatanry inside and proscribe manhood outside. Science asks only for a free field, and what asks for espionage, for expulsion, is not science. I may not like a man nor his doctrine, *but his rights are sacred*, and in this matter of medical legislation there is principle as well as rights at stake.'—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### A UNION OF MEDICINE AND STATE.

What John King wrote concerning the Union of Church and State applies to a union of medicine and the State: "A union of Church and State was most positively repudiated by our Savior, when He said, 'Ye can not serve God and mammon,' and also, 'Render therefore unto Cæsar the things which are Cæsar's and unto God the things which are God's.'" (*The Coming Freeman*, p. 44.) The practice of medicine, ever changing as it must necessarily be to keep pace with scientific revelations, should be free from all connection with either government or politics. It is no more rational to attempt to link medicine with the State than to effect a union of Church and State.—Ed. Gleaner.

A UNION OF MEDICINE AND STATE.—"The originators of these petitions for special medical legislation claim that they desire 'to protect the people,' whereas the course they have pursued and still pursue towards all not of their school, towards all who do not think, speak, and act in accordance with themselves, renders it self-evident that they desire *to protect and to stabilize* themselves, *to effect a union of Medicine and State*, that they may, through despotic and persecutive enactments, wipe out all other medical schools and modes of practice in order that they may ultimately enjoy sole possession of a powerful, unconstitutional, anti-American, State medical monopoly. If they honestly desire the people's good, instead of conspiring to defraud those who differ from their medical views of their rights, why do they not confine themselves to their legitimate sphere, attacking the sources of disease and death that are so common throughout the land? Why is there not so much disease produced, injury effected, or death occasioned in a period of five years by all the 'irregular' practitioners in this country as by the illiterate physicians among the 'regulars' in any one year?—and there are many such.

"But if it be protection for the people that they are really striving for, we would direct their attention to the injuries and

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deaths annually effected through railroads and for which in most cases *nobody appears to be to blame!* We would remind them of the well-known facts that more positive injury, more terrible misery and disease, and a greater number of deaths are annually inflicted upon a community through drinking saloons and bawdy houses than would or could be effected in a century by all the uneducated physicians in the United States, and yet they have asked for no legislation concerning these, nor is any statement required of bawds or liquor dealers as to their capabilities for safely and healthfully carrying on their respective businesses, nor is registration demanded of them! Much injury is annually inflicted upon the public from adulterated groceries, from the use of deleterious articles in bread, cake, and confectioneries, from the ingestion of diseased meats, and so on; yet it is well known that grocers, bakers, confectioners, and butchers are not called upon to exhibit their certificates of study or apprenticeship, nor have the 'regulars' asked that they be required to register! They are merely occupied in persecuting those freemen who dare to think and act in opposition to their ideas.

"Now, when the parties just referred to—grocers, bakers, etc.—do wrong, commit malpractice, *consummate the overt act*, then, and not till then, are they amenable to law and penalty; and such should likewise be the case with physicians—for in this country every man and woman has the positive and undoubted right of pursuing any trade or profession that he or she pleases, so long as no injury to others is thereby effected. Besides, when a class of persons is sustained by mistaken legislation and not by merit, what guarantee has the public that much wrong and injury may not be committed and concealed or denied by these favored sycophants?"—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### A POSITIVE ADMISSION OF WEAKNESS.

Dr. King takes it for granted that the continued application for legislative protection on the part of some old school practitioners is "a positive admission of weakness." A business or a profession ought to possess merit enough to make it self-sustaining and self-protecting. Perhaps those who have in the past persistently clamored for restrictive legislation little dreamed of the danger that now confronts them, for the tendency even in the camps of those who have been so ready to saddle restriction upon others is there now a mighty com-



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motion. The reports on medical education, submitted by those whose whole energies are bent upon the consolidation of all medical teaching in the large and opulent universities, have acted as a boomerang which strikes where danger was never suspected. Retribution seems to follow those who would impose unjust burdens upon others, and now we may expect to find these same men opposing medical legislation. It makes a difference, sometimes, whose ox is gored.—Ed. Gleaser.

A POSITIVE ADMISSION OF WEAKNESS.—“We believe in freedom of institutions, as few statutes as possible, *some reliance on integrity in human nature*, and an endeavor to make men *free* by granting them all means and sources to render them intelligent. Arbitrary legislation is no better than ukases, firmans, or other devices of tyrants. A king is one sort of man—a tyrant is an uncultivated peasant in lawless power.

“The good and celebrated Dr. Benjamin Rush, in course of his introductory to the medical class of the University of Pennsylvania, November 3, 1801, remarked: ‘Conferring exclusive privileges upon bodies of physicians, and forbidding men of equal talents and knowledge under severe penalties from practicing medicine within certain districts of cities and countries, *are inquisitions*, however sanctioned by ancient charters and names, serving as the Bastiles of our science.’

“We would have every medical statute in existence repealed, leaving every man responsible for the mischief he did. There is no republican liberty, no civil liberty, no rights of persons except this. All else is usurpation. Old School physicians have appeared to think and act as if Heaven, which in general distributes its favors impartially, has bestowed upon them all knowledge in medical matters to the exclusion of every one else. Finding, however, that other parties have dared to think and act for themselves in medicine, they ask for special legislation—thus undoubtedly placing themselves in the attitude of fearing a comparison between the results of their practice and that of these other parties. And the special legislation they have for years past annually urged upon our Legislatures appears to be the result of an extensive conspiracy among them against the constitutional rights of man; it is undoubtedly designed as the first step towards crushing out all other schools of medicine—is a disgrace to that profession which should stand or fall *upon its own merits*, without requiring legislative apron-strings to sustain it—is an insult to our legislators, and *is a positive admission of weakness*.”—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

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### SPECIAL LEGISLATION MEANS LICENSE.

The Constitutions of the United States and of the individual States are in their very nature contracts between the people at large and their respective governments. They can be no more justly broken by the one than the other. Dr. King contended that an individual had a perfect right under the Constitution to make a living in any manner he saw fit so long as he committed no wrong in its performance. Only when a crime is committed can one be punished therefor; not for the peaceful pursuit of happiness. That a diploma does not permit one to practice in many States is now true, but in addition a license must be procured. This Dr. King believed was contrary to the provisions of the Constitution and degrading to the spirit of free institutions.—Ed. Gleaner.

SPECIAL LEGISLATION MEANS LICENSE.—“As Christians are all struggling for salvation, each according to his own belief and understanding of the Scripture under the several names of Roman Catholics, Baptists, Presbyterians, Unitarians, Methodists, Episcopalians, etc., so physicians are likewise struggling to overcome disease and lessen human suffering each according to his understanding and belief of therapeutics under the names of Old School, Homœopaths, Eclectics, etc., and neither the interests nor the elevation of either of these require any special legislation. Special legislation means license. License implies a legal privilege to do that which everybody else is prohibited from doing; and it generally implies that the licensed are legally responsible for the faithful performance of that which they have been authorized to do by license. The giving, or what is more common, the selling of licenses is always preceded by restricting laws—laws which prohibit the people from doing that which they want done—which it is necessary should be done.

“Restrictive laws are enacted for purposes of revenue; generally for the purpose of taxing the people indirectly for the support of the governments that make the laws; but sometimes as a grant, as a special grant or privilege to particular individuals or classes of individuals. Licenses sold by a government, such as butchers', cabmen's, etc.; licenses for selling spirituous liquors, gunpowder, etc., and the appointment of inspectors, are of the former class. They are for purposes of revenue of indirect taxation. Whatever may be the pretext for making these restrictive laws—whether it be the promotion of morals, the health of the people, or public security—or whatever may be the method adopted to obtain the



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consequent revenue—whether by selling the license for a specified sum or by receiving a percentage on what the licensed party collects under the license, their character is not changed; they are for revenue by indirect taxation, and the individuals holding inspectors' 'warrants' or licenses, which they have bought, are held responsible for their deeds performed under the authority thus derived.

"Licenses for engaging in a particular trade or profession, in a particular place, where the members of the particular trade or profession are authorized to grant or sell the license, are of the latter class. They are special grants, are privileges granted to particular individuals or classes for their especial benefit—such as sought for by the petitions and bills of Old School physicians heretofore referred to—whatever may be the pretext offered and set forth as a justification for such special legislation, whether it be the promotion or the protection of mechanics, as was set forth in Great Britain as a reason for prohibiting every man from commencing business as a mechanic until he had labored at the business through a seven years' apprenticeship and received a certificate or license to that effect from those who live by the same trade; or whether it be the protection of the public against imposition, as set forth by one school of physicians in this country, the character of the grant is not altered; it is a special privilege to levy an indirect tax and to collect it. It is of feudal origin and is based on the assumption that man is not capable of taking care of himself; therefore he needs a master or law to take care of him and point out what he must or must not do."—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### ADHERENCE TO PRINCIPLE.

Honor and principle stood above all else in the creed of John King. While he was accused of contending for ignorance and putting the privilege to practice medicine into the hands of all and any who should choose to exercise it, yet it was only in the interests of man's rights—a principle with him—that he fought every movement to fetter a human being so long as that being violated no principle of right. He was the foe of malpractice and would promptly punish therefor; he was the advocate of a liberal education, but contended that a parchment did not necessarily show that the possessor was educated. Even though his own interests were imperiled would he adhere to a principle he believed in, and such an one can justly ask of another, "In this matter what have you done, what are you doing, and what will you do to overthrow this monstrous and oppressive fraud?"—Ed. Gleaner.

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ADHERENCE TO PRINCIPLE.—“My fellow colleagues, in this matter what have you done, what are you doing, and what will you do to overthrow this monstrous and oppressive fraud? I understand there are some who assume the name of Eclectic, but who have no idea of the labor, the expense, the arguments that our early Reformers were compelled to employ in order to overthrow medical legislation in the States and to have the constitutional rights of persons recognized and acknowledged. At this time these Eclectics have gone back upon the manly efforts of their originators and predecessors, and, aping Old School meanness and anti-republicanism, are sneakingly whining for legislation to restrict practice, thus undoing and giving the lie to our sturdy patriotic pioneers. When I observe this toadying to Old School attempts at usurpation and tyranny among our physicians, I can not refrain from exclaiming, God help our country if this aggressive, restrictive tendency is to prevail—it is but one step from this to imperialism!

“Interfere with no man’s rights; but if in art or science he be in the wrong, prove it, not by legislation, but by overpowering him with superior knowledge, superior skill, and truth. This is the best method to compel him to thoroughly inform himself upon those points in which his deficiency has been proved. But no legislation. Science does not need it and can much better take care of itself when not attached to statutes *per force*.

“I have no objection to college studies; on the contrary, I highly commend them as useful and valuable to every person who would practice medicine. I have been deeply interested in the welfare of a medical college for many years; it is in its behalf and that of its alumni that I am now battling. But as deeply interested as I am in the success of Eclecticism, for the furtherance of which my whole life has been devoted—as much as I desire the prosperity of all our Eclectic medical colleges—I have a higher regard for truth, for duty, for *principle*; and as much as I love Eclecticism, before I would surrender to a precedent in legislation that would interfere with the privileges of the lowest, the meanest citizen—before I would enslave myself to a precedent that can serve as an entering wedge through means of which all constitutional and personal prerogatives may be ultimately destroyed—before I would submit to be deprived of my American manhood and freedom of opinion, I would give up Eclecticism and everything else, that posterity could not censure me for ignoring the chains of mental and personal slavery that were being forged at this era for their



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inheritance. Give me Eclecticism, but do not mistakenly endeavor to sustain it by shamefully permitting to pass unnoticed the foulest, the most wicked, the most obnoxious and usurpating legislation that could befall a free people. If we can not sustain ourselves without conniving at disgraceful legislation, let us stop here, acknowledge our cowardice and helplessness, and submissively pass into the deathly field of special legislation—death to mental independence—death to constitutional rights of man—death to free science—death to American liberty—and death to Eclecticism!"—KING, Address on Special Medical Legislation, *Eclectic Medical Journal*, 1884.

### PROPERTIES AND USES OF CIMICIFUGA RACEMOSA.

(MACROTYS RACEMOSA, BLACK COHOSH, TRAUBIGES WANZENKRAUT.)

Originally an aboriginal and domestic remedy, the therapy of *Cimicifuga* was most largely developed by Eclectic physicians. Dr. King introduced it as a remedy for acute rheumatism as early as 1844, and for this purpose it has been widely employed, not only in our practice, but in that of the regular school. The same may be said of its use in chorea and disorders of the reproductive organs of women, in all of which it is conceded to be a remedy of first importance. This article is taken to illustrate the manner in which Professor King presented the therapy side of drugs in the various editions of the American Dispensatory. The selection is taken from one of the older editions.—Ed. Gleaner.

PROPERTIES AND USES OF CIMICIFUGA RACEMOSA (*Macrotys Racemosa*, *Black Cohosh*, *Traubiges Wanzenkraut*).—This is a very active, powerful, and useful remedy, and appears to fulfill a great number of indications. It possesses an undoubted influence over the nervous system, and has been successfully used in chorea, periodical convulsions, epilepsy, nervous excitability, asthma, pertussis, delirium tremens, and many spasmodic affections. In chorea it has been administered in teaspoonful doses of the powdered root, to be repeated three times a day; I, however, prefer the alcoholic extract, which I have used successfully, both alone and in conjunction with the alcoholic extract of scullcap. In phthisis pulmonalis, cough, acute rheumatism, neuralgia, scrofula, phlegmasia dolens, amenorrhea, dysmenorrhea, leucorrhœa, and other uterine affections the saturated tincture is the best mode of exhibition, and which exerts a therapeutic influence not to be obtained from the impure resin, termed *cimicifugin*. The tonic and antiperiodic virtues of this root

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are well marked in remittent and intermittent fevers, and I have found it very useful in other febrile and exanthematous diseases, especially among children where there exists a strong tendency to cerebral difficulty. It uniformly lessens the force and frequency of the pulse, soothes pain, allays irritability, and lessens the disposition to cerebral irritation and congestion. In febrile diseases especially it frequently produces diaphoresis and diuresis. In doses of one fluidrachm of the tincture, repeated every hour, it has effected thorough cures of acute conjunctivitis, without the aid of any local application. As a partus accelerator it may be substituted for ergot; half a drachm of the powdered root may be given in warm water, every fifteen or twenty minutes, until the expulsive action of the uterus is induced, and which it seldom fails to bring on speedily and powerfully; or half a fluidrachm of a saturated tincture of the root may be given in the same manner. After labor it will be found effectual in allaying the general excitement of the nervous system, and relieving after-pains. In large doses it produces vertigo, impaired vision, nausea, vomiting, and a reduction of the circulation, but no alarming narcotic effects. I have known three drops of the saturated tincture given every hour for twenty hours to produce symptoms in every way simulating those of delirium tremens. Green tea is said to counteract its narcotic influences.

The saturated tincture of the root is recommended as a valuable embrocation in all cases where a stimulant, tonic, anodyne, and alterative combined is required, as—in all cases of inflammation of the nerves—*tic dolooureux*, periodic cephalic pain, inflammation of the spine, ovarian inflammation, spasms of the broad ligaments, rheumatism, *crick in the back or side*, inflammation of the eyes, old ulcers, etc. If a more active preparation is desired, add tincture of grains of paradise in proper quantity, and if a more powerful anodyne be useful, add tincture of sulphate of morphia.

*Cimicifuga* exerts a tonic influence over both the serous and mucous tissues of the system, and will be found a superior remedy in the majority of chronic diseases. In all cases where acidity of stomach is present, this must first be removed, or some mild alkaline preparation be administered in conjunction with the remedy, before any beneficial change will ensue. Dose of the powder, from a scruple to a drachm, three times a day; of the saturated tincture, from five to sixty drops; of the decoction, from two to four fluid-ounces. The saturated tincture of this article was recommended



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by me in acute rheumatism, in the *New York Philosophical Journal*, as early as in the year 1844; to be given in doses of ten drops every two hours, gradually increasing to sixty drops, or until its action on the brain is observed, which action must be kept up for several days; it almost always removes the disease permanently, especially if it is a first attack. The fluid extract of Black Cohosh may be used in all cases where the article is indicated; its dose is from half a fluidrachm to two fluidrachms.—JOHN KING, *American Dispensatory*.

### PROPERTIES AND USES OF PIPER METHYSTICUM.

This is another selection from the therapeutic writings of Dr. King, being the therapy section of the article on Piper Methysticum as it appeared in the Supplement to the American Dispensatory in 1880. It was then a newly introduced agent, and the fullness of the article shows the care which the author exercised to give complete information on the newer drugs.—Ed. Gleaner.

PROPERTIES AND USES OF PIPER METHYSTICUM.—The root of Piper Methysticum has a pleasant, somewhat lilac odor, and a slightly pungent, bitter, and astringent taste, and which augments the salivary discharge. It has been employed as a pleasant remedy in bronchitis, rheumatism, gout, gonorrhoea, and gleet, and has also been recommended as a powerful sudorific. It appears to exert its influence more especially upon diseased mucous membranes, and may be found useful in chronic catarrhal affections of various organs, and in chronic inflammation of the neck of the bladder. The action of the root varies, according to the amount taken; in small doses it is tonic and stimulant, while in large doses it produces an intoxication which, unlike that from alcohol, is of a reserved, drowsy character, and attended with confused dreams. The natives who use its infusion as an intoxicating beverage for a considerable length of time, are said to become affected with a dry, scaly, cracked, and ulcerated skin, and vision becomes more or less obscured. M. Dupouy, who has given considerable attention to the therapeutical virtues of this drug, arrives at the following conclusions: Given in drink, kava is a sialagogue, but it is not sudorific. In medicinal doses it acts upon the stomach, similar to the bitter stimulants, increasing the appetite, without occasioning diarrhoea or constipation, and may prevent catarrhal affections of this portion of the digestive tube. It exerts a special stimulation upon

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the central nervous system, differing essentially from ethylic intoxication; and as its taste is agreeable, one soon becomes a proselyte to it. It has a very powerful action upon aqueous diuresis, and may be classed among the most efficacious diuretics. It does not occasion priapism, but on the contrary antagonizes it. It is endowed with remarkable and prompt blennostatic properties, augmenting the discharge previous to effecting its cure. It is of undoubted efficacy in acute vaginitis or urethritis, allaying the inflammation, causing the pain during micturition to disappear, when dysuria is present, and suppressing the muco-purulent catarrh from the vesico-urethral mucous membrane. It has, over other blennostatic agents, the marked advantages of being pleasant to take, of augmenting the appetite, of occasioning neither diarrhea nor constipation, of alleviating or entirely subduing pain during urination, of completely changing the character of the discharge, and of effecting the cure in a very short time—ten or twelve days. He can not too highly recommend its employment, especially in the treatment of gonorrhoea. The anti-catarrhal action is probably due to the resin present, and the diuretic effects to the neutral crystallizable principle, *methysticin* or *kavain*. There may likewise be present some other active principle, not yet detected, to account for certain other influences following its employment. Sixty or seventy grains of the scraped root, macerated for about five minutes in a quart of water, may be taken in the course of twenty-four hours, repeating this quantity daily as long as required. The dose of the fluid extract of the root is from fifteen to ninety minims in a glass of water, repeating the dose every three or four hours.—JOHN KING, Supplement to *American Dispensatory*.

### PROPERTIES AND USES OF DAMIANA.

Dr. King was too good a therapist to be easily duped, and the article selected betrays his caution when writing upon drugs introduced with extravagant claims. He not only gave a short notice of this then much-vaunted drug (for all drugs must be included in a Dispensatory, which is a compilation and commentary), but he sounds the warning of doubt, and time has proved that he was right. Perhaps the best that can be said of Damiana to-day is that it is a harmless stimulant comparable in some measure to common tea, and that very weak tonic properties may be possessed by it. As an aphrodisiac it is now thoroughly discredited, except by those whose commercial instincts impel them to continue to sell a drug that once filled their coffers



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and lent the glamour of mysterious powers to the advertising side of medicine.—Ed. Gleaner.

PROPERTIES AND USES OF DAMIANA.—This drug has been almost eulogized for its positive aphrodisiac effects, acting energetically upon the genito-urinary organs in both sexes, removing impotence in the one, and frigidity in the other, whether due to abuses or to age. Many physicians who have tried it deny its possession of such virtues, but the friends of the drug attribute their failures to the use of the spurious articles. It will very likely be found to possess laxative, tonic, and diuretic properties only; and the aphrodisiac effects following its use no more prove that these belong to it, than the same effects that not infrequently appear after the employment of many other agents prove that such agents possess similar excitant virtues. The dose of the fluid extract is from half a fluidrachm to half a fluidounce.—JOHN KING, Supplement to *American Dispensatory*.

### PREFACE TO OBSTETRICS.

This article is self-explanatory and is selected from the preface of Dr. John King's popular work, *The American Eclectic Obstetrics*, chiefly to note the introduction of the newer remedial agents into obstetric practice. The difference between Eclectic and old school obstetrics lay in the wider therapy of the former. Most of the remedial agents named have now found their way into regular obstetrical literature; too often, we regret to say, without proper credit as to the source of their introduction into medicine. While strongly Eclectic in the best sense, Dr. King shows his fairness and liberality toward all who truly contribute to the good of medicine, and as was always his method while presenting his own side of a subject, he was never discourteous or abusive toward those who differed with him or the school he represented.—Ed. Gleaner.

PREFACE TO OBSTETRICS.—In *American Eclectic Practice*, the mechanical management of obstetrical cases varies but little, if any, from that advocated and pursued by the profession generally; but a very marked distinction may be observed in the collateral treatment, which was for the first time presented in a published form in the first edition of this work, and in which several new agents were introduced, not previously recognized in obstetrical practice. For the last thirty-two years the writer has been more or less actively engaged in the practice of his profession, and has made extensive and successful employment of the several measures made known in the present volume; and from the results of careful experience and

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close observation he feels fully justified in recommending these measures as safe, successful, and superior to any other means yet offered to the medical world—and which have received the commendation of every practitioner who has given them a fair and unprejudiced trial.

The introduction of *Lobelia*, *Gelsemium*, *Cimicifuga*, *Caulophyllum*, *Aletris*, *Helonias*, *Asclepias*, and various other agents, together with their compounds and concentrated preparations, into the *Practice of Midwifery and Diseases of Females*, by American Eclecticism, has proved to be an important addition to the remedies previously known and recognized by the profession, as, through their means, the sufferings of the sex are prevented to a greater degree than has ever been accomplished heretofore by any class of practitioners, and the various ailments peculiar to them are more readily and permanently removed. The several medicines and compound preparations herein referred to, and particularly those which are not commonly met with in the medical works of the day, belong to the *Materia Medica of American Eclectics*, a description of which, together with their virtues and modes of preparation, may be found in the new edition of the *American Dispensatory*, recently published by the Author.

Yet it is not in accordance with Eclectic precepts and teachings to assume an arbitrary authority in any matters connected with the science of medicine; it is the right—it is the imperative duty of every physician to thoroughly and impartially investigate every subject connected with his profession, no matter by whom presented; he can not, with any degree of justification, attach his medical faith to the sleeves of any man—he alone is responsible for the health and lives of his patients—and, after a fair examination of medical matters, it is equally his right and duty to pursue those views and measures which he has decided to be correct, carefully avoiding, however, every means which past experience has demonstrated to be injurious and deleterious to the human system. This is American Eclecticism, and that physician only, who rigidly and honorably follows this plan, no matter in what school he may have graduated, is the true American Eclectic. Therefore, while not desiring to authoritatively force any partial or sectarian views and treatment of Midwifery upon the profession, the Author sincerely hopes that sufficient credence will be accorded to the statements herein given as to induce others to test and avail themselves



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of the remedies and treatment which, in his estimation, are unequaled by any others known.

In presenting this work as an illustration of the American Eclectic System of Practice, and in the references to the difference between the Eclectic and Old School treatment, the Author hopes that he will not be misunderstood by the intelligent reader. The use of these distinctive terms has been rendered necessary by the existing differences in the courses of practice taught in different schools; but it has not been his intention to refer to these different modes of practice as belonging to radically distinct and independent systems of medical science. If the progressive spirit of American physicians has led them to the discovery and adoption of many new and important improvements, they have not become so infatuated with the value and superiority of their new contributions as to have neglected the careful preservation of the great mass of well-established medical science, accumulated by the labors of European physicians. Like all enlightened and liberal physicians, they aim simply to improve their knowledge and advance the profession in those directions in which progress is most evidently necessary, without losing their sympathy and communication with all true cultivators of the science, and without desiring to be distinguished from the mass of the profession, except by greater diligence or success in following the instructions of Clinical experience, and acquiring a more enlarged and accurate knowledge of the therapeutic powers and pharmaceutic preparations of an extensive *Materia Medica*. For our success in the introduction of clinic and therapeutic improvements, we are mainly indebted to an Eclectic spirit of liberality, which has discarded the formal routine of authority for a free investigation of nature, and adherence to the results of the most recent clinical experience. The universal satisfaction with which these improvements have been received, *satisfies* us that ere long they will have the unanimous sanction of the entire Medical Profession, since they are already, so far as known and tested, cordially approved of by enlightened physicians, whatever may have been their previous doctrines or impressions.—J. KING, Preface to *American Obstetrics*.

“Proclaim liberty throughout all the land unto all the inhabitants thereof.”—Leviticus 25:10.

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### RIGIDITY OF THE OS UTERI.

This article is selected from Dr. King's work on Obstetrics and represents at that date advanced views upon the treatment of rigidity of the os uteri. Of the use of lobelia Dr. King was thoroughly familiar by reason of long experience with it. Gelsemium was just coming into prominence among Eclectic practitioners for the treatment of this same form of difficult labor. Dr. King had used it sufficiently to test its worth, but for neither of these agents, perhaps the two best drugs for rigid os, were the exact conditions in which one was superior to the other then recognized. Now the specific medicationist knows that lobelia is specifically indicated by the thick, doughy, and unyielding os, and gelsemium when the os is thin and tense, with the parchment-like edge and the patient's condition is one of great excitation and painful apprehension. Both agents are safer than chloroform.—Ed. Gleaner.

RIGIDITY OF THE OS UTERI, during the first stage of labor, is a frequent cause of its protractedness. This may occur in any case, but is more frequently met with in primiparæ, in females of an advanced age, and in instances where the membranes are prematurely ruptured. It may be occasioned by repeated and unnecessary examinations, the use of stimulants, mental excitement, constipation, or retained urine. It may also be owing to dysmenorrhœa, or a diseased condition of the os itself, either natural, or effected by the improper use of pessaries or other mechanical aids to support the uterus, as well as the imprudent application of escharotics to the os, for the removal of some real or imaginary affection.

Rigidity of the os uteri may be suspected in cases where the head presents and the pains are regular and normal, but dilatation proceeds very slowly, if at all; the pains gradually lose their force, and the patient becomes exhausted; in addition to which, Madam La Chapelle refers to another symptom, viz.: pains in the loins. On examination, the os uteri will be found thin, resisting, hot, dry, and painful to the touch, or soft, œdematous, semi-pulpy, and undilatable, and which must be carefully distinguished from the soft and flabby condition into which the thin and rigid cervix must pass before it will dilate. Sometimes the rigidity is excessive, the os being unusually dense, feeling like cartilage, with a stubbornly unyielding edge; or if this be thin, the same resistance will be met with, and a sensation is conveyed to the touch, similar to that produced by a hole made in thin, extended parchment.

Very frequently the rigidity will not be confined to the os uteri,



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but will extend into the vagina and soft parts; they will be found hot, dry, swollen, and extremely sensitive to the touch, and if this condition be not overcome, the patient becomes restless and feverish, the pulse rises to 100 or 110, and finally exhaustion of the vital forces manifests itself. Occasionally the os uteri will be found to contract during a pain, remaining rigid in the interval; and in such instances a rupture of the uterus may occur. Instances are recorded in which the rigidity was so obstinate that the os uteri has been torn off and expelled in the form of a ring.

TREATMENT.—Among many writers, venesection, *ad deliquum animi*, is considered the most successful and potent remedy in this difficulty, and is the one on which the utmost reliance is placed by the major part of the profession. I admit that bleeding will overcome rigidity of the os uteri, as a general rule, but then I by no means admit it to be a proper or safe remedy. A female in labor requires all the strength natural to her system, not only to sustain her during its progress, but also to enable her to withstand and quickly recover from the nervous shock. By the loss of an amount of blood sufficient to cause syncope, a debility of the nervous and circulatory systems must ensue, producing a condition unfavorable to either of these requirements; and I have frequently witnessed a tedious second stage, with subsequent hemorrhage or other evils, following a bleeding practiced in the first stage, and which I had every reason to believe were augmented, if not actually produced, by the venesection. Debility of the system, and more especially when sudden, persistent, and at the period of parturition, is incompatible with a safe or energetic labor. Besides the weakening influence of venesection upon the constitution, we have an increased prostration of nervous and muscular force, produced by the shock imparted to the brain and nervous system, as well as by the loss of blood which necessarily follows the birth of every child. Indeed, it is impossible for any practitioner to determine what amount of blood may be lost from the labor itself, independent of any artificial discharge; and who can tell how many precious lives have been lost from uterine hemorrhage, or other fatal symptoms, in the practice of believers in this treatment, which might have been preserved had the lancet been cast aside? Indeed, so well are the adherents of this practice satisfied of its danger to the parturient woman that they especially caution us not to resort to it until the parts become swollen and tender, the pulse increased, with febrile

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symptoms, or a tendency to cerebral congestion; and even then we are advised to use it with care. The injurious tendencies of bleeding do not cease with the completion of delivery, for whether it be artificially effected by the lancet or naturally by uterine hemorrhage, not only is the puerperal month one of slow, tedious convalescence, if this term can justly be applied to it, but very frequently a lifetime of irremediable suffering and disease is the inevitable consequence.

In the treatment of this difficulty, *we* have no occasion to wait for the appearance of the above symptoms before attempting relief, because we have means to subdue it without the infliction of any immediate or permanent injury to the system, and as soon as the evil manifests itself, we at once apply the remedy, saving the patient a great amount of suffering, and the friends and ourselves much anxiety and alarm. And hence we believe our practice has a vast advantage over that which dare not attempt *certain* relief until after a lengthened period of pain and distress, and when exhaustion of the vital forces is about to commence. Promptness in combating this system, as well as many others, is the only method by which to insure certainty of success.

In cases of rigidity, during the early part of labor, it will be necessary to evacuate the contents of the rectum as well as of the bladder; if, after having waited for ten or fifteen minutes subsequently, the rigidity still remains, it may readily be overcome by one of the following means: The compound tincture of Lobelia and Capsicum may be given in a dose of one, two, or four fluidrachms, according to the urgency of the case, and repeated in ten or fifteen minutes should it be required, and in the generality of cases this will effect a speedy and safe relaxation. I have sometimes met with cases in which it became necessary to administer, in conjunction with the above, an injection of the same tincture, employing it in the quantity of half a fluidrachm, or a fluidrachm diluted with a similar amount of water, and requesting the patient to retain it as long as possible. Indeed, in many instances this enema will be found sufficient to overcome the rigidity, without the administration of any medicine by mouth; and in a few instances, where rigidity had existed for a long time, and was rather intractable, I have subdued it by aiding the above conjoined means with fomentations of Stramonium leaves applied over the abdomen and genital parts. In the first stage of labor this fomentation may be



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employed with safety. Lobelia, or some of its compounds, has been used by various practitioners in a manner similar to the above, and with almost universal success. The emetic influence of this agent, in whatever combination it may be given, is not necessary to produce the required result, nor indeed is it always desirable that emesis should follow; much more salutary and immediate results will ensue from nauseating and relaxing doses—and when vomiting has once occurred from its use, without relaxation, it will frequently be found that smaller doses will not be retained sufficiently long upon the stomach to exert any relaxing influence. Lobelia has been combined with some preparation of Opium and administered by mouth and in enema with success by several physicians, but I have never employed it in this form, although I have no doubt of its efficacy.

The tincture of Gelsemium has within the last few years been recommended to overcome this difficulty, and I have administered it in a considerable number of cases with benefit. It possesses an advantage over Lobelia in not causing nausea or vomiting; but, as a general rule, its influence is not so readily experienced as with that drug, and when once effected it is of a more permanent character. Some cases will be met with, however, whose susceptibility to its action is so great that half a fluidrachm will produce powerful relaxation, while others again may take several fluidrachms with but little effect; these latter instances are found only occasionally, but sufficiently often for the practitioner to keep the fact constantly before him. The dose of the tincture is from half a fluidrachm to a fluidrachm, which may be repeated every fifteen or thirty minutes, according to the peculiar nature and urgency of the case. An overdose will not produce any evil effects, further than an increase of relaxation and its greater persistency, unless the remedy be improperly continued after a full manifestation of its influence; the antidotes to its overaction are stimulants internally, aqua ammonia to the nostrils, and, if required, electro-magnetism.

In those cases where inflammation of the os uteri is caused by unequal pressure of the child's head upon it, the Gelsemium will be found a valuable remedy.

The induction of copious perspiration by the spirit vapor-baths or otherwise has been advised, and will, probably, be found effectual in some cases. But on account of the trouble attending its applica-

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tion during parturition, and the danger of chill subsequently, it is better to employ it only when imperatively required.

Inhalation of Chloroform, the direct application of extract of Belladonna to the os uteri, artificial dilatation, etc., have all been recommended by various writers, but I have never used them; the above means having proved successful in my own practice, as well as in that of others presented to my notice. I have, however, known Chloroform to be a very efficacious remedy in the hands of other practitioners.

Rigidity depending on disease of the os uteri, may be removed by the above plan, but it can not always be expected to answer. Incising the cervix has been advised as a successful measure in those cases which prove very obstinate and protracted; but I have never had occasion to attempt the operation, probably from never having had a case of this nature.

When the various means recommended to subdue the rigidity fail to accomplish this result, and artificial delivery becomes necessary, it is recommended to complete the labor with the forceps, provided the os is fully dilated, and the fetal head has descended so low into the pelvic cavity that an ear can be felt. But if the os is not fully dilated, and the greater part of the fetal head remains above the superior strait, and circumstances present, demanding prompt delivery in order to save the mother's life, the perforator and crotchet *must* be employed, for in such instances the attempt to deliver by forceps would be rash and unjustifiable; however, it will seldom happen, unless in cases of diseased os, that the treatment above named will fail in overcoming the rigidity.

The tendency to this cause of difficult labor, as well as of inefficient uterine contractions, may generally be obviated by a proper course of management through the gestating period, or at least during its latter months, in all cases where the physician is aware of his selection as the accoucheur. For a few months previous to the expected labor he should explain and impress upon his patient's mind the necessity and advantages to be derived from a proper preparatory course, especially if any circumstances exist which might lead him to anticipate a difficult parturition. The course to be pursued at this time, and which has proved generally successful, is to keep the bowels in a normal condition by diet, if possible, otherwise by mild laxatives, as Rheum and Bicarbonate of Potassa; avoid fatigue, overstimulus, and improper food, and administer once



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or twice daily a dose of the compound syrup of Partridgeberry, which exerts a healthy tonic influence over the uterus, disposing it to act with proper energy at the time of labor.—JOHN KING, *American Eclectic Obstetrics*.

As Dr. King neared the end of his journey in life his thoughts reverted to the days of his activity in college work. To few men had it been vouchsafed to have served as a medical teacher for nearly sixty years, in over forty of which he taught Obstetrics to the classes in the Institute. When no longer able to do his work there, he kept in touch with the Faculty and student-body. This letter, almost the last that John King wrote, is characteristic of him, breathing his love for Eclecticism and the desire for remembrance. If the memory of any teacher ever deserved to be enshrined in the hearts of his pupils it is the memory of John King. He knew his work was well done; he knew he would be remembered; and his mind and heart looked forward to the future of the school in which his fruitful and happy life had been spent.—Ed. Gleaner.

### *Ladies and Gentlemen of the Medical Class:*

This morning the 1st of January, 1892, I have entered upon my eightieth year of life. Over forty years of that life have been devoted heart and soul to the cause of Eclecticism; for its advancement I have labored, and its interests have ever lain very near my heart; and now although by reason of physical infirmities I have been obliged to retire from the active duties of my honored position in the Faculty of this College, my mind and heart are still for the cause, and for the advancement of this school; my best wishes for the happiness and prosperity of each friend and student here. In all our relations as teacher and pupil there has been much pleasure to me; and many of the happiest hours of my life have been passed in this lecture room. For you and my colleagues I have only kind feelings and pleasant recollections. I am now nearing that other shore where I shall become only a memory to friends here. It will cheer me to think that in those years to come your thoughts will turn to the past and recall a kind remembrance of the old Professor gone before.

I send my kindest greetings, and happiest wishes for the New Year to you and my colleagues. Your friend and old-time teacher,

JOHN KING, M. D., 1892.

Andrew Jackson Howe, A. B., M. D.

*By*

Harvey Wickes Felter, M. D.

Editor of

The Eclectic Medical Gleaner,

A

Serial Publication of

The Lloyd Library,

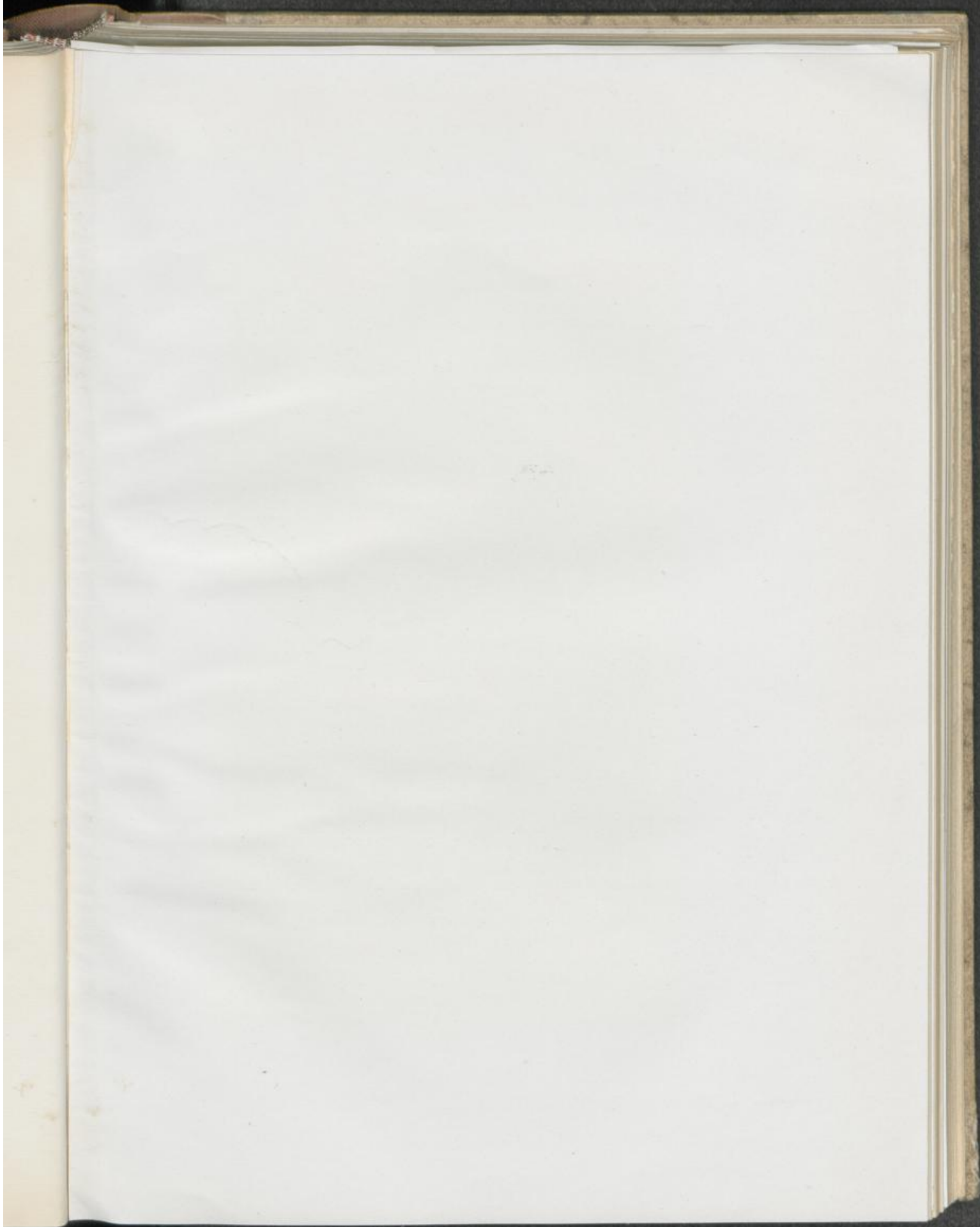
Cincinnati, Ohio.



Andrew Jackson Howe, A.B., M.D.

The Federal Medical Council

The Board of Health







DR. ANDREW JACKSON HOWE.

At 63

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Andrew Jackson Howe was born in Paxton, Massachusetts, April fourteenth, eighteen hundred and twenty-five. He died in Cincinnati, Ohio, January 16, 1892. Himself distinguished, he came of a conspicuous ancestral line, honored in early American annals. His parents were Samuel H. Howe and Elizabeth Hubbard (Moore) Howe. With the earliest history of the towns of Watertown, Sudbury, and Marlboro is linked the name of Howe. According to a writer in the *Worcester Magazine*, one of the earliest printed records of New England, and quoted by Professor John Uri Lloyd in a sketch of Dr. Howe, is the tradition that "John Howe, of Watertown, came from the parish of Hodnel, in Warwickshire, England, and that he was connected with the family of Sir Charles Howe, of Lancaster, in the reign of Charles I." The John Howe referred to subsequently lived in Sudbury, and his name appears in the petition for the grant of Marlboro in 1657. Thus Dr. Howe's paternal ancestor was prominent in the settling of New England within forty years after the memorable landing of the *Mayflower*. Watertown was near Boston, and from there many, striking out to found other towns in the wilderness fringe of our eastern seaboard, became the pioneers of statecraft from whence our great nation has evolved. To the privations and toils of the home-builders on the rugged and inclement shores of Nova Angliæ do we owe the building of our great commonwealth, and Dr. Howe was fortunate indeed to have descended from one who was an active participant in the evolution of this



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great gift to posterity. In 1743, a grandson of this same John Howe bought a tract of land farther inland and built a home in which Andrew J. Howe was born, and in the bosom of the sacred soil of this purchase all that is mortal of the great surgeon now reposes. Not only is the name of John Howe's line treasured in the early history of New England, but it has found an abiding place in the classics of American literature, for the poet Longfellow, in his delightful "Tales of a Wayside Inn," has immortalized the famed colonial hostelry—the "Red Cross Inn," kept by another grandson of John Howe of Marlboro. The poetic record reads:

"Proud was he of his name and race,  
Of old Sir William and Sir Hugh,  
And in the parlor, full in view,  
His coat of arms, well framed and glazed,  
Upon the wall in colors blazed;  
\* \* \* \* \*  
Upon a helmet barred; below  
The scroll reads, "By the name of Howe,"  
And over this, no longer bright,  
Though glimmering with a latent light,  
Was hung the sword his grandsire bore,  
In the rebellious days of yore,  
Down there at Concord in the fight."

IN PREPARATION.—The boyhood life of the subject of our sketch was much like that of the average country boy favored by the diversified environment of hill and valley, forest and stream, and the quaint old roads and by-paths of the New England country. Born with an unbounded love for nature, his naturalist spirit fairly revelled in the beauties of landscape and sky, the advantages for observation, and in the sports of the season—sports ancient and more satisfying, perhaps, in the older settlements than can ever come into our faster and more artificial life of to-day. To young Howe were known the haunts and habits of the birds, fishes, and fur-bearing creatures, and so well did he observe them that in height of his career as a teacher and surgeon he recalled these most useful and vivid assets, and they went far toward making of him one of the most gifted comparative anatomists of his time.

While yet a small boy, Dr. Howe's father removed from the farm at Paxton to the neighboring village of Leicester. Here the preliminary schooling was obtained, under several different in-

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structors, in the district schools. The earlier education was also largely and wisely directed by his mother, "a woman of remarkable energy and decision of character, and of an affectionate disposition." She came of a people of worth and standing from ancestors living about Worcester, the neighboring city to Leicester. The teachings and guidance of his mother Dr. Howe was wont to refer to as among the chief blessings of his early life. The youthful Howe was not inclined to idleness. He worked on the farm and at other work that he could obtain during vacations, and at all odd times could be found upon the fox trails and trout streams for miles around. While such pastimes absorbed his soul and formed the basis of a sound knowledge of things, his ruling passion was his love for books. One who had known him in his youth wrote him in the last years of the doctor's life, "I soon found you were not suited with the interests of ordinary village life—that books and study were your needs."

Perhaps it was through the influence of this discerning friend that Howe went into an office in Worcester to study medicine with the celebrated Dr. Calvin Newton as preceptor; he remained a good part of a year struggling with medical terminology, and attending lectures at the Worcester Medical Institution. While thus engaged he gave especially close attention to anatomy, and worked assiduously with the Demonstrator of Anatomy. He soon became convinced, however, that something was lacking. He recognized it as want of preparation to pursue this study properly. Therefore he made it his business to acquire a more complete and general education before proceeding with his medical studies. This meant toil and the prospect of many years of struggle before him. With characteristic will-power he drove his plow deeply into the soil and cultivated the new field. Returning to Leicester he entered the Leicester Academy, famous throughout New England as a preparatory school for college entrance. There he came under the beneficent influence of the noted educator, Josiah Clarke. After three years of close application he was ready, in 1849, to enter Harvard. Then came four more strenuous years in that famous seat of learning under the most celebrated teachers of the day. The great naturalist, Professor Agassiz, was then thrilling the classes with his matchless presentations of natural history subjects, and the enthusiastic Howe followed him in his lectures, and frequently went with him upon geological excursions. In 1851 Sir



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Charles Lyall came from England to lecture upon geology in the Lowell Institute at Boston. These lectures were also closely listened to by the young student, who had now about made up his mind to adopt geology as his life work. His career in college, however, was not without incident. "He met with some obstacles to progress, such as small pecuniary means often create, but his happy temperament, combined with great determination, found in these difficulties incentives to new resolution." He graduated in 1853, and had for classmates, among others more or less distinguished in later years, Dr. Charles William Eliot, who has but recently retired, one of the most famous of Harvard's presidents, and Justin Winsor, one of the most painstaking and accurate historians the world has produced, and whose "Narrative and Critical History of America" is a monument to his industry and ability. To be privileged to be under such teachers and among such classmates is a heritage bound to bear sound fruit.

Graduation from Harvard did not put an end to study for Howe, neither did geology claim him, for medicine, which had first attracted him, now lured him again, and he returned in the autumn of 1853 to the office he had left six years before to better qualify himself for the work before him. Dr. Newton, his first preceptor, was now dead, and Dr. Frank H. Kelley\* had succeeded to his practice, and was doing a large and lucrative business among the best people of Worcester. Howe then engaged for a time to study under Dr. Kelley (whom he always regarded as his real preceptor) when, in the winter of 1853-4, he left Worcester to

\*Dr. Frank H. Kelley was born at New Hampton, N. H., September 9, 1827, and died at Worcester, Mass., October 25, 1890. He came to Cincinnati in 1847 with Dr. B. Keith (who had conducted a small hospital at Dover, N. H.) to attend a course of lectures. The engagement with Dr. Keith terminating in 1849 he formed another with Dr. Aaron Ordway of Lawrence, Mass., who had a large practice. In 1851 he went to Worcester where he formed a co-partnership with Dr. Calvin Newton, who being otherwise engaged a large portion of the time, left most of his practice in Dr. Kelley's care. Dr. Kelley attended a Physiological Medical College in Cincinnati at various periods between 1846 to 1862, when he received the honorary degree of Doctor of Medicine. His practice was large and lucrative, his social standing high, and his influence in the community of Worcester recognized. He retired from practice in 1883, having practiced thirty-two years. He wrote "Reminiscences of New Hampton, N. H.," with genealogical sketches of the Kelley and Simpson Families and a brief autobiography. Dr. Howe wrote of him (E. M. J., 1890, p. 611):

"October 25th in Worcester, Mass., Dr. Frank H. Kelley died, at the age of sixty-three. He was born in New Hampshire, and studied medicine with Dr. Bethuel Keith, a Thomsonian practitioner, of Dover, N. H. Dr. Kelley took a course of medical lectures in Cincinnati, under Alva Curtis, the then unrivaled champion of Thomsonism, pure and undefiled.

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attend Jefferson Medical College at Philadelphia. Among his teachers there were the brilliant lights of the profession—Professors Mütter, Pancoast, and Meigs. He applied himself diligently, and of the vast concourse of students in attendance there were two that could be found at work in the dissecting room in the small hours of the morning—Howe and a student named Ives, from New Haven. The following year—1854-5—he attended medical lectures in New York City at the College of Physicians and Surgeons and at the New York Medical College in Thirteenth Street, and walked the wards of the hospitals for every available advantage in clinical medicine and surgery. True to his first love, he now returned to the Worcester Medical Institution, to graduate in 1855. His great ability and splendid attainments at once secured for him the post of Demonstrator of Anatomy, from which he promptly rose to the full professorship of anatomy. He was also made an assistant editor of the *Worcester Journal of Medicine*, the college organ.

A new opportunity for practical experience now came to Dr. Howe. At this time the Professor of Surgery, Dr. Walter Burnham, of Lowell, Massachusetts, was elected to the Massachusetts Senate, and Dr. Howe was invited to care for his large surgical practice during his absence, which he did with great satisfaction for six months, when he returned to Worcester to open an office for himself. While waiting for business he busied himself with post-graduate reading in medicine and writing articles, and increasing his knowledge of comparative anatomy by dissecting small animals, and the heads of bears and other larger creatures.

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"After practicing medicine as a Reformer and Botanic for several years, Dr. Kelley became the successor of Dr. Calvin Newton as editor of the *Worcester Journal of Medicine*.

"After the Worcester Medical Institution and its organ went out of existence, Dr. Kelley joined the local Allopathic organization, yet he was *eclectic* in doctrine to the end of life.

"The doctor was for a term elected mayor of Worcester; and was often made one of the officers of the city government. The circumstance is cited to demonstrate his popularity as a citizen.

"At length his health became permanently impaired, so that he traveled for recuperation and recreation. While in California he broke a hip or femur through a railway accident. This injury quite incapacitated him for any kind of business, and tended to shorten his period of existence.

"The 'presence' of the doctor was calm, dignified, grand; and as a sympathetic physician he had few equals in the profession. He was my preceptor and cordial friend. Pleasant memories of his inflexible integrity will ever abide with me and with a large circle of personal admirers."

A full biographical sketch of Dr. Walter Burnham appeared in the *ECLECTIC MEDICAL GLEANER*, May, 1906, page 169, and of Dr. Calvin Newton, January, 1910, page 1.



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The autumn following his service for Professor Burnham Dr. Howe was invited to lecture in the newly formed College of Eclectic Medicine and Surgery in Cincinnati, Ohio. At the close of the term he returned to Worcester, where he expected to remain. He was again invited to lecture the following year in the Cincinnati College, and was induced to remain in the latter city. When the college in which he was teaching, which was established by seceders from the Eclectic Medical Institute, merged with the latter in 1859, Dr. Howe was shortly thereafter appointed Demonstrator and Professor of Anatomy, and upon the resignation of Professor Zoeth Freeman, in 1861, he succeeded to the chair of surgery, which he filled with great efficiency and distinction until his death in 1892.

Dr. Howe was united in marriage, on February 2, 1858, with Miss Georgiana Lakin, eldest daughter of George S. Lakin, of Paxton, Massachusetts. Mrs. Howe is still living.

THE SURGEON.—Without question Andrew J. Howe is the foremost and greatest surgeon the Eclectic School has produced. He was especially well-skilled in surgical diagnosis, and this led him to operate where others had failed to make the attempt. Bold, quick, and careful, he was extremely fortunate in securing a successful issue, and this now seems a marvel when we realize that he operated in preaseptic days, and with little of the surgical preparation now thought absolutely essential. Just as Howe was leaving the theater of surgical activity the new methods of surgical precaution and technic were being evolved. The veteran surgeon, whose results had been so marvelously successful, looked upon these innovations with distrust and even ridiculed them, yet it was the extremes to which some operators seemed to go that excited his opposition rather than the ground that has now been reached—surgical cleanliness. The sprays of Lister and such methods, though perhaps necessary in giving eclat to new methods, and though subsequently discarded by Lister himself, were targets for Howe's wit and satire. Perfectly fearless, knowing his anatomy and pathology thoroughly, Professor Howe never hesitated to operate upon an operable case, nor did he unwisely subject one to the knife where the issue—operation or no operation—was sure to be fatal, provided no good or relief to the patient would come of surgical intervention. Good surgical judgment, a well ordered mind, and steady hand and head made him sought for far and

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near, and he was sent for from every State in the Union to perform operations.

THE TEACHER.—Professor Howe was an ideal teacher, genial and beloved by his pupils. He was a good speaker, and reminded one more of an able forensic orator than the medical professor. Possessed of a magnetic presence, and a vivacity that made things move with celerity, he proved an exceedingly interesting and entertaining speaker. His lectures were not long and heavy, and were never dull. He was inclined to contract a lecture rather than to expand it, hence his auditors were never wearied with much talk and little instruction. He was concise, direct, and never ambiguous, illustrating his meaning largely by gestural movements, or by means of charts and illustrations, and by impressing students into service as impromptu clinics. It was in the quiz, however, that he appeared at his best. Starting off with a surgical question put with apparent ferocity while his keen eye snapped with merriment—almost devilry—he would frequently carry the astonished student through the mazes of physics, geography, or astronomy, and drop him somewhere in Africa's torrid sands or on the planet Mars. The student who answered promptly and with assurance was sure to get several pointed questions, and if still unvanquished, received an approving grunt from his interrogator. The student who promptly acknowledged that he did not know the answer to a question put to him was promptly passed and left unmolested. But woe to the comfort of him who vacillated or sought to display knowledge he did not possess or who attempted to guess or dodge the issue, for his grilling usually took up the major part of the hour. While such an one was most generally persistent, defeat was sure to come, and to the class his discomfiture was the challenge for merriment. It is always funny when it is the other fellow. Yet at the end of it all the student felt no resentment, for it was too apparent that the questioner was giving him gratuitously a liberal education, and doing it in the most humorous, if persistent, manner. The questioner would touch upon everything under the sun but surgery, for as he often said, "If a man has a general knowledge of things and good common sense he is the better prepared to learn surgery and will do it." If we were asked to point out the secret of Professor Howe's success as a teacher we would say it was his power to instill his own enthusiasm and courage into the student. He was not only a great surgeon himself,



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but he made surgeons, many of whom have proved an honor and credit to their greater master.

THE AUTHOR.—Over the well known H. the pages of the *Eclectic Medical Journal* fairly teemed for years with crisp and breezy editorials from the pen of this versatile scholar. Almost every conceivable subject was touched upon that would enlighten physicians concerning their work. These articles show great range of learning and an ever ready mind, and abound largely in a happy quality of contrasts and citations showing the widely read author. Every sort of topic from the commonplace to the sublime flowed from his pen; wit and satire, argument and exposition; encouragement to the weak and restraining caution to the over sanguine mark these papers. If published alone they would form an exceptionally useful series of commentaries upon legal medicine, surgical procedure, medical history, geological studies, and physical phenomena, as well as the natural history of animate beings, botany, geography, astronomy, and ethics. Many of the papers that were subsequently embodied in his famous work on surgery appeared as leading articles in the *Journal*. For over thirty years these editorials and leading articles appeared monthly, and whenever the editor, Dr. Scudder, was absent, Dr. Howe assumed full editorial responsibility. The text-books by Dr. Howe were few but important, and at once displaced among Eclectic practitioners all other works upon the same subjects. These were "A Treatise on Fractures and Dislocations," appearing in 1873, "Manual of Eye Surgery" in 1874, "Art and Science of Surgery," 1876, and "Operative Gynecology" in 1890. Of these his work on Surgery is the best known and most characteristic. Unlike the ordinary text-books in being evolved after a set fashion, it is rather a collection of surgical essays, exceedingly interesting and instructive, and for its day a remarkable and new style of text-book. While science moves on and new discoveries displace old theories and methods—and some of Dr. Howe's will go with them—yet will this book remain a delightful and valued repository of surgical lore stored in choice and chaste language. As a piece of literature it will never grow old, and one wonders at the immense scope of the matter stored up in this compact volume. It shows the wide range of the author's reading and experience told in a delightfully entertaining classic. Long out of print the physician who is fortunate enough to pick up a volume of Howe's Surgery will have secured



DR. ANDREW JACKSON HOWE  
In the 80's



ANDREW JACKSON HOWE  
Before graduation at  
Harvard.



ANDREW JACKSON HOWE  
When he graduated from  
Harvard College in 1858.





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a treasure that will be valued more and more as time rolls on, and one that will lend honor to the record of the surgical status of the Eclectic School at the period in which it was published.

As stated above, Dr. Howe very early in life showed a love for natural history studies. This never left him, and all through an exceedingly active professional life he found rest in this as an avocation. He never neglected an opportunity to enlarge his knowledge upon his favorite studies. Comparative anatomy was his delight, and few physicians other than those scientists whose life work is the teaching of that science were better posted in it than was Dr. Howe. This made him one of the best known members of the Cincinnati Natural History Society, before which he read many profound and scholarly papers. While deep in subject matters these productions ring out so clear in thought and diction that one little versed in natural history can not fail to be instructed and interested by them. He made collections of interesting specimens, dissected large animals dying at the Cincinnati Zoo and in Robinson's Circus, and published interesting papers respectively on the "Autopsy of a Lion," "Autopsy of an Elephant," "Autopsy of the Whale," "Autopsy of a Tiger," etc. Dr. Howe was also an active member of the Association for the Advancement of Science, the Cuvier Society of Natural History of Cincinnati, and of the Ohio Historical and Philosophical Society.

The love for animal life which was so dominant a trait he loved to instill in others. Especially did he endeavor to interest the youth in studies of this sort. To that end he spent several of the last years of his life at odd times in the preparation of a volume for the young, which should reveal to them the wonders of animal, bird, and insect creations—giving instruction and amusement which the young ever crave. His death, however, prevented his bringing this work out, though the manuscript and hundreds of dollars worth of engravings were long in readiness for the printer's art. It was fitting, therefore, that after his demise Mrs. Howe published this production under the title, "Conversations on Animal Life." This, together with a choice selection from his published papers on varied topics, published also by Mrs. Howe after the doctor's death—"Miscellaneous Papers by Andrew Jackson Howe"—are worthy memorials of their distinguished author. Shortly after publication and when but few of these two productions had been distributed, a disastrous fire occurred in the publishing



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house, and the plates and entire undisposed stock of books were destroyed.

IN THE FORUM.—Dr. Howe was a member of several State societies and of the National Eclectic Medical Association, to the presidency of which he was elected at New Haven, Connecticut, in 1882. The latter position was actually thrust upon him, for he always preferred to be upon the floor rather than the rostrum. He seldom missed a meeting, and was easily the most conspicuous member present. Taking a seat near the platform he listened intently to every phase of the proceedings, and was ever ready to debate and perfectly fearless to express his opinions. It mattered little to him whether an antagonist was a friend or foe, and no man had fewer personal foes; he would go to the limit in debate, and usually came off victorious. He was the very life of a meeting of the National, and many considered it as good as a post-graduate course to hear Professor Howe annually discuss surgical and gynecological topics at these sessions. His brusque manner, though it obscured the most kindly heart, often drove the less fearless to cover, but occasionally he would find a debater worthy of his mettle, and then the arena of debate would fairly scintillate with wit and wisdom to the intense enjoyment and admiration of the auditors. These discussions carried no bitterness even when matters of medico-political policy were at stake. As one has truthfully written: "In conventions, after openly opposing the advocates of a principle with the great energy that he commanded, upon adjournment he gave and received pleasantries with his adversaries. He contended for principles, and as no underhand advantages were taken, no painful recollections remained to embitter his feelings." He was at all times an eloquent and valiant defender of Eclecticism.

In the preparation for professional life Dr. Howe added to his other accomplishments a thorough knowledge of the principles of common law and medical jurisprudence. Evidence of this appears frequently in his *Journal* articles and editorial comments. He stood ready to advise and protect the rights of physicians in court when sued for damages upon various pretexts. To such he was ever willing to give assistance, and frequently made long journeys to appear as an expert witness in behalf of his professional brethren, whether of the Eclectic or other schools of practice. But especially did he oftenest appear for the Eclectic, for the odds were oftenest against him on account of professional bigotry and intolerance.

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Never would he appear for one whom he was satisfied was guilty of criminal malpractice, though like every judicial mind he recognized that even such an one has some rights in the law. His rare fund of medico-legal knowledge, his acknowledged skill as a surgeon and scholar, and his dignified bearing and deportment made him a respected antagonist in the courts of justice, and his testimony had great weight with intelligent juries.

THE THERAPIST.—As a rule surgeons do not acquire distinction as therapists, some having no aptitude for any but the surgical side of medicine; while, besides, the more visible and brilliant triumphs of surgery are apt to obscure the apparently lesser achievements of medicinal therapy. Many have looked upon Dr. Howe as being little versed in therapy, if not wholly skeptical regarding the efficacy of medicines. He had his own views as to specific medication, in which, in some respects, he differed from the specific medicationist as understood at present. Essentially, however, he believed in the specific action of medicines, and while extremely conservative in the use of medicines he was thoroughly conversant with the values of a chosen few old remedies, and was instrumental in developing and introducing several new agents, chiefly compounds, which have attained wide recognition as valuable therapeutic preparations. It was his habit to study but few agents, and those thoroughly, and to experiment long and carefully with them both as to their pharmaceutical construction and their therapeutic efficacy. He demanded the best quality of drugs, and when he put his name to a medicine it was sure to be a good one. His pupils will recall his partiality for veratrum as a fever remedy and an alterative, morphine judiciously and fearlessly used as a pain reliever, Fowler's solution, chloral, Epsom salts, salicylic acid, thymol, and syrup of lactophosphate of calcium. He was probably the first to introduce "Aqueous Pinus Canadensis," though his name is in no way connected with the pinus preparations now marketed. He devised "escatol" in three strengths as an escharotic; "juniper pomade" for itching and scaly skin eruptions; "acid solution of iron," which, in our opinion, is the best active iron preparation for internal use as a tonic and hematic; "viburnum cordial," a delightful stomachic and uterine sedative; "leontin" as an emmenagogue; and "dynamyne" for the relief of local inflammation and pain. His developmental studies of thuja as a remedy in hydrocele, warty excrescences, and vascular blemishes are all well known to the student of Eclectic therapeutic



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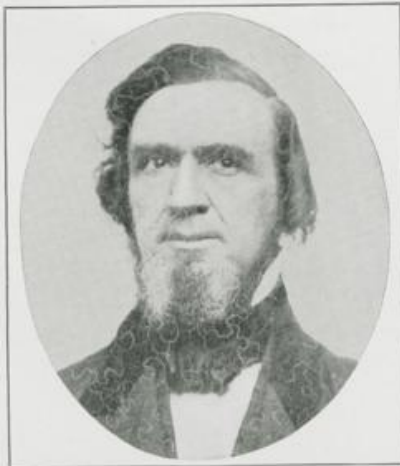
history. He also named and introduced "asepsin" into practice. Most of the agents introduced by Dr. Howe are now employed to a far greater extent than during the lifetime of their author.

THE MAN.—As time clears the vision it is plain that Dr. Howe was a great man—great and good. The dominant traits of his character were courage, patience, and simplicity. He was kindly disposed toward humanity and the brute creation. His capacity for work was marvelous, and he lost no time in unworthy pursuits. He would often say, "How little one can do!" yet fewer men accomplished more than did Professor Howe. His personality was largely reflected in his literary work, and he used to say that there was more of him in his little book, "Conversations on Animal Life," (then only in manuscript) than in anything he ever wrote. Dr. Howe was portly and of more than medium height. His face and keen and searching eye portrayed the thoughtful scholar and the manly man. In manner he was somewhat brusque, and betrayed his English ancestry, but with all his brusqueness and self-assurance there lay in his breast the kindest of hearts. To the young man he was an inspiration, and many an uplift did he give to the despairing and desponding young practitioner struggling to obtain a foothold in the profession. No amount of work appalled him, and a distant journey to render surgical aid was welcomed by him, whether it meant a luxurious trip in a Pullman across the continent or a perilous horseback journey into the fastnesses of the Ozarks. He did his work cheerfully and completely, but without that prudence for self-preservation which might have prolonged his days. Belonging to a long-lived race he had reason to expect and did expect to live a life well rounded in years, but it was decreed otherwise. It was the irony of fate that he should succumb to a surgical malady, and he died from a huge carbuncle upon his neck. Of Dr. Howe's personality let the following words of Professor John Uri Lloyd, his life-long friend and colleague, bear testimony:

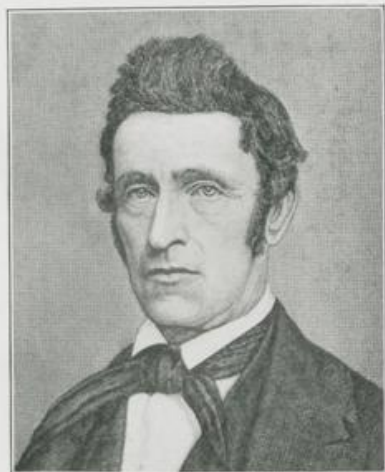
"I have never known a more zealous and determined man than was Professor A. J. Howe. His professional life was one of activity from early morning until late at night. To him money was of secondary consequence. His advice to the class was, do not make money a god; do not sacrifice your honor for gold. Indeed, his own professional life stood before his scholars as an example, for while, with his young energy, he was laying the foundation of his



DR. ANDREW JACKSON HOWE  
About 1865



DR. WALTER BURNHAM  
With whom Dr. Howe was associated  
in Lowell

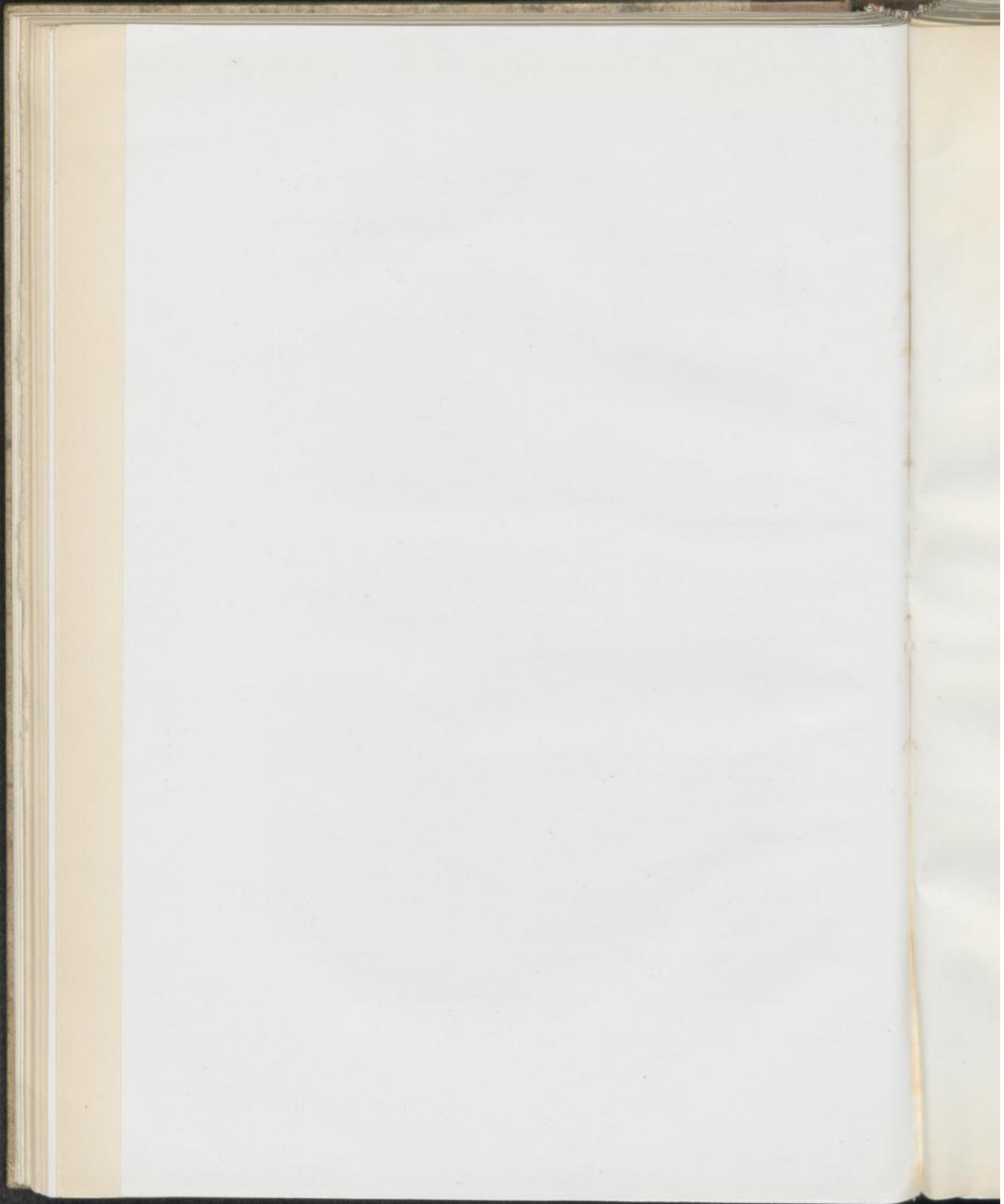


DR. CALVIN NEWTON  
Dr. Howe's first preceptor



DR. FRANK H. KELLEY  
Dr. Howe's preceptor





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future sufficient fortune, his purse was open to individual and public needs. He always gave his time liberally to work in other interests than his own. He performed surgical operations in nearly every State in the Union, and never to my knowledge refused an appeal for such assistance. If he received a just recompense in cash, well and good. If he paid his own traveling expenses in behalf of the poor and worthy sufferer, it was to him a cheerful gift. He was many times called to various parts of the United States as an expert witness in surgical cases. It was his custom to discourage, when consulted, patients and physicians from bringing malpractice cases into the courts. He was fortunate in never having had the disagreeable experience of such a case, but he recognized the injustice to surgeons that often attends suits for damages, and steadily refused to be a witness against his competitors. . . .

"He has taught thousands of physicians, who remember him with constant gratitude. Words are inadequate to describe the veneration of the Eclectic profession for this man. He stood before them as a leader, censuring, guiding, soothing them, taking upon himself responsibilities others shirked or could not bear. As a professional man, the term 'freeman,' in every way that the word can honorably be employed, is exemplified in the life of this characteristic personage, Prof. A. J. Howe, M. D. . . .

"Professor Howe was of portly figure, and invariably commanded the attention of strangers. Something about him impressed the beholder that he was a leader among men.

"His deep fund of information, derived from his extensive reading, made him a good conversationalist. He had traveled much in America in the interests of his profession, and in 1886 he made a tour in Europe. He could tell a story with piquancy, or converse on graver topics with divines. He joked and laughed with children, and comforted the aged. As a companion none stood higher in the esteem of his acquaintances; as a citizen and neighbor none were better loved.

"It was a high tribute that Dr. Cooper paid to his memory by saying, when his death was announced, that the children in the neighborhood wept upon the street."

THE PHILANTHROPIST.—Dr. Howe's childhood was spent in a picturesque part of the commonwealth of Massachusetts. As he neared the setting of the sun his heart thoughts reverted to those happy childhood days, and the old ancestral home of the Howe's, pur-



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chased in 1743. Though he had lived but a few years in the old homestead and visited it but occasionally, it remained ever the dearest place to him in all the earth. He planned for years to become the owner of that sacred tract, and finally accomplished his cherished desire. It was his purpose to bequeath the estate entire, with its typical New England dwelling, to the town of his birth, to be used as a natural park forever for the benefit of posterity. Death cruelly thwarted the consummation of this plan, but his wishes were faithfully executed by his wife after his death, who, in July, 1892, made the town of Paxton the richer by this munificent gift of the house and one hundred and two acres of land. Of a truth

"None of us liveth to himself and no man dieth to himself."  
(Rom. 14: 7.)

### PROFESSIONAL AND POPULAR CREDULITY.

PROFESSIONAL AND POPULAR CREDULITY.—Pliny, who for centuries was considered authority in matters pertaining to natural history, declared that pearls were formed by drops of dew falling into the open valves of the oyster. It was a pretty fable, and told by a well-known scientific writer. Nobody thought of questioning the soundness of so beautiful a story. Once charmed with the tale, who would stop to inquire whether the gaping valves of the animal were ever exposed to the falling dew, whether the shell of the oyster ever opened except under water? Or, finally, whether, if the dew did fall in, it would assume the rounded form, and continue thus till the drops changed into pearls?

Another classic author has informed us that if the blood of toads be topically applied to warts, it will cause them to disappear. Probably the resemblance between the knotty skin of the reptile and the warty excrescences led to the therapeutical hypothesis. The earlier medical writers furnish plenty of similar incongruities. A delusion once started, has never failed to find a host of believers, and few doubters.

In our time equally absurd fallacies have become popular among credulous members of the community and the profession.

It is useless to employ argument with individuals who are bewildered with the subject of medicine. If they have embraced a wild theory, there is little hope of restoring their senses by words.

The *obsolescent* doctor never doubts the universal efficacy of "hydrargi chloridum." The drug overcomes constipation and checks diarrhea, excites the liver to action, and restrains bilious overflow; it is a gland stimulant and a sedative; and then it is so good when the physician does not understand the nature of the disease! There is no medicine of equal value, except "antimonium

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tartarizatum." This infernal tormentor will, in skillful hands, keep a patient sick longer than any article in the materia medica. It was, no doubt, this medicine which was employed in treating the woman spoken of in Scripture (Mark 5:26), who "had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse."

Medicine, like other sciences, needs to be enriched by well-attested facts; and the zealous supporters of parties and theories contribute nothing but confusion.—A. JACKSON HOWE, M. D., *Eclectic Medical Journal*, 1864.

### ASEPSIN.

ASEPSIN.—This preparation was so named by Professor A. J. Howe, and introduced into practice as an antiseptic and anti-fermentative agent. For these purposes it is very pleasant and effective, lacking the dangerous qualities of some topical agents, and being devoid of unpleasant odor. We value it as an addition to medicines compounded during the summer season to preserve them from decomposition when an alkaline preservative is admissible. It is a fairly good corrective of stomach and bowel disorders depending upon putrefactive changes. For borborygmus we employ it almost exclusively. It may be added to anti-rheumatic mixtures with the prospect of enhancing their effectiveness, as the compound is practically a sodium methyl salicylate. Combined with chlorate of potassium it makes a fine deodorizer. In gastric troubles we have administered it triturated with sodium bicarbonate, sodium sulphite, and sodium salicylate. There is no pleasanter mouth wash than a solution of asepsin, and as a liquid dentifrice it may be used alone or combined with a glycerinated solution of borax. As a dressing for simple abrasions, cuts, lacerations, contusions, and small scalds and burns, we combine it with distilled hamamelis. For the washing away of foul discharges asepsin dissolved in hot water is effective and pleasant. It may be thus employed in nasal and vaginal catarrhs. For rhus poisoning it is one of the pleasant and soothing topical agents, and it may be used to cleanse fetid feet and axillæ. In dressing wounds of the hands we use it with echa-folta. Where dangerously infective discharges are present, or where infection is virulent, asepsin is not equal to some of the more powerful antiseptics. But for most purposes we value it as a safe, pleasant, and effective agent, and one we would not like to do without after so many years of successful use of it.—FELTER.



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### ASEPSIN.

Asepsin is a sodium salt of methyl salicylic acid introduced to the medical profession about 1880. It was first noticed therapeutically by Howe in the *Eclectic Medical Journal*, May, 1884, p. 241, and at his suggestion the name *Asepsin* was given the new antiseptic as the trade designation, the following being Professor Howe's (1884) introduction of the preparation:

Asepsin is a delicate crystalline body, bearing the pronounced odor of checkerberry. The crystals readily dissolve in water, thus surpassing salicylic acid, and the agent in moderately strong solutions is not irritating to sensitive structures. A leading feature of Asepsin is its power to prevent both fermentation and putrefaction. Not a strong solution will preserve meats indefinitely. Inasmuch as the bichloride of mercury is an irritant poison, it has to be used with caution; therefore, something like Lloyd's discovery has long been a desideratum. I am now employing Asepsin where I have previously used boric glyceride, carbolic acid, mercuric bichloride, etc., and obtain the most satisfactory results. In eczematous and epitheliomatous manifestations Asepsin may be utilized to advantage. It may be mixed with vaseline as a vehicle or with any nice cerate. It may be used in the nose instead of menthol to ease headaches and to prevent nervous rigors of various kinds, especially those of tuberculosis. In future I expect to use Asepsin to keep wounds as free as possible from putridity. The agent is not expensive, and consequently is economical, considering how far a small quantity will go.

I have not employed Asepsin internally to a considerable extent. I found it to do excellent service in relieving a case of dyspeptic flatulence; and in minute doses it encourages digestive action. In as large as grain doses it increases respiratory activity, and slightly raises the temperature of the body.

**Asepsin in Antiseptic Obstetrics.**—A correspondent wishes to know what antiseptic obstetrics means and how it is to be conducted. In reply, I would say that clean hands wetted with a solution of Asepsin before manipulations are made to constitute about all there is in midwifery antiseptically conducted. Clean beds, napkins, towels, and binders are aseptic and need not be medicated with antiseptic solutions. If coagula and fragments of the placenta remain in the uterus, the cavity of the organ should be douched with a warm and weak solution of Asepsin. Ten grains to a pint of water will make the antiseptic strong enough to wet the obstetrician's hands, or to be used as an intra-uterine injection. If a tampon be employed in the vagina it is well to wet the fabric forming the plug with the least objectionable antiseptic known—with a solution of Asepsin. Carbolic acid and efficient solutions of corrosive sublimate are irritating and poisonous.

It is not necessary to render the ligature which constricts the funis antiseptic, yet there is no objection to the precaution. I sometimes employ the aseptic animal ligature which I use in general surgery. Ligatures preserved in a solution of Asepsin are soft and pliable as silk and not hard and stiff, as they used to be when kept wet in carbolized oil.

The blades of forceps and other obstetrical instruments should be mopped with a solution of Asepsin before use.

A plug or pledget of antiseptic lint kept in the os tinæ or in the ostium vaginæ, after delivery, is not required. Too much zeal in the matter of employing antiseptics in deliveries is not evidence of greatness.—Howe.

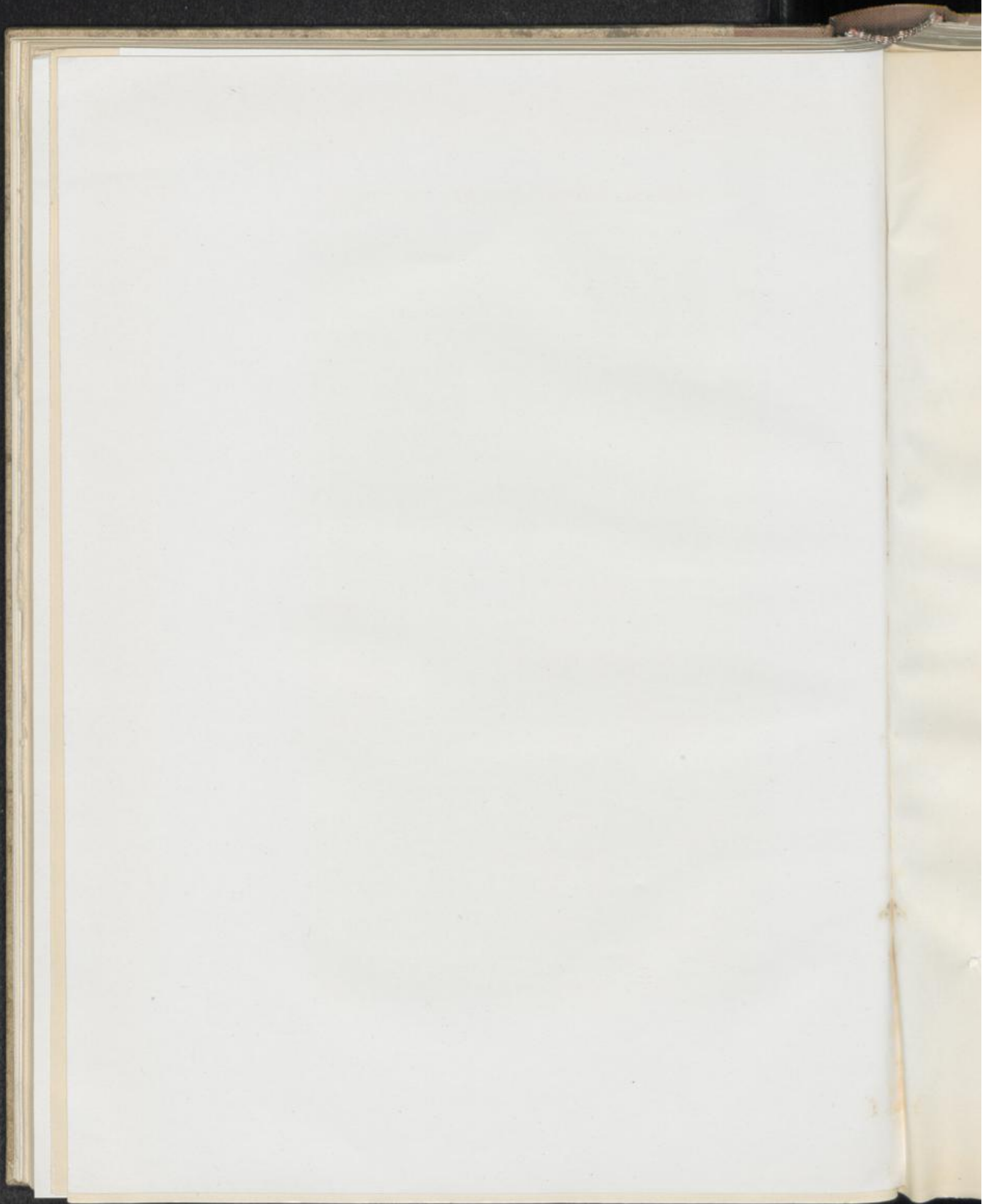


DR. HOWE'S BIRTHPLACE



WORCESTER MEDICAL INSTITUTION  
Where Dr. Howe graduated in 1855





ANDREW JACKSON HOWE, A. B., M. D.

CANTHARIDES: AN UNSAFE REMEDY.

So far as we are aware, this is the first signed article from the pen of Dr. Howe. It was in the year of his graduation in medicine, and he had been made an assistant editor of the college paper, "The Worcester Journal of Medicine." While some of the unsigned editorials may have been written by him, this paper is the first to bear his signature. It marks the beginning of a long and fruitful career of authorship, and true to his mission, he begins by attacking a common abuse in practice at that day. What he wrote is now commonly recognized as true, and all text-books on medicines give the cautions he penned concerning the dangerous effects of the cantharidal blister upon the urinary organs and the general system.—Ed. Gleaner.

CANTHARIDES: AN UNSAFE REMEDY.—One after another heroic remedies heroically administered go out of use. Many a blood-thirsty lancet now lies in its case in a state of inglorious rusting. Not, however, laid away on account of its unprofitableness, for it has "bled" many a victim in bygone days, as often at least as once a year, to relieve distended veins, and make plethoric the doctor's pockets. But its use has been discontinued, both on account of a popular prejudice having grown up against it, and the results of a thorough examination of its merits, which has blunted its point.

With the lancet, mercury, antimony, and arsenic are going out of use with the great body of practitioners, at least as leading remedies, being used by them only in particular cases, for the simple reason that substitutes of a more harmless character are now well known.

Another leading article of the old materia medica is cantharides, and their use is likely to be continued till a popular prejudice as strong as that against blood-letting shall arise against them. For the great body of physicians are too lazy to seek out a more harmless substitute, while the people do not shrink from the deformities of the old remedy.

Cantharides are used as a stimulant of the genital-urinary organs, and as a topical stimulant in low forms of fever; also to produce vesication. And if these indications alone were fulfilled by cantharides, and no injury produced, the remedy would deserve a eulogy next in power to that on antimony "by Basil Valentine, a



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Benedictine monk." But in numerous instances they prove a remedy worse than the disease—producing distressing symptoms of tenesmus and stranguary, even when taken in officinal doses. At times they aggravate the disease which they are intended to relieve. In other cases mischief arises from want of uniformity in the action of the remedy. When given as an emmenagogue it often only excites the kidneys and urinary passages; and when given as a diuretic or excitant of the urinary organs, it spends its force on the intestines. Also, when used for vesication, it performs not that alone, but the veins becoming absorbed, it brings on the most violent and distressing symptoms.

The external use of cantharides, under my observation, has oftener produced mischief than when administered internally; for the reason, I suppose, that they are exhibited thus with less regard for their poisonous effects. A blister can not be raised with cantharides without danger, especially if the blister surface be extended. Even death has taken place from the constitutional disturbance excited by extensive vesication. In low grades of fever, when cantharides are often used as a topical stimulant, their evil effects are not observed sometimes until days afterwards, when sloughing will commence, and not infrequently prove fatal. Several cases have come under my care after the fly blister had been improperly used. One was that of a lady who primarily was threatened with symptoms of pneumonia. Her physician, to relieve the lungs, which began to be oppressed, applied cantharides over the greater part of her chest, and allowed them to remain until enough of the poison had been absorbed to produce tenesmus and the most violent symptoms of stranguary. When I was called, the lady was suffering from nothing but the effects of cantharides, and her physician had been obliged to use the catheter for twenty days, with no apparent approach towards relief from this unpleasant situation, except that the urine had ceased to be bloody. I ordered slippery elm injections to the vagina, and prescribed carbonate of potassa and mucilaginous diuretics, to be taken several times a day. And so fortunate was the treatment that I was not obliged to use the catheter at all. Another case was that of a laboring man who had been treated with the fly blister over the abdomen to relieve him of colic. The catheter had been used for three days, and its introduction produced intense pain. He suffered from a constant desire to micturate and from obstinate priapism. Cooling mucilaginous diuretics, together with

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demulcent injections into the bladder and rectum—those into the latter allowed to remain near the neck of the bladder—soon afforded permanent relief. Other cases milder in their character have always yielded to a similar course of treatment.—Howe, *Worcester Journal of Medicine*, Vol. X, No. 11, November, 1855.

### SURGERY OF THE HAND.

The selection from the "Surgery of the Hand" is made to show the character of the articles which Professor Howe began years ago to contribute to the *Eclectic Medical Journal* and which were subsequently embodied, modified as time necessitated, into his "Art and Science of Surgery." This production is marked by the impress of a master of both surgery and writing. The style is direct and free and the language appropriate—points which apply to all that Dr. Howe wrote—even his earliest productions. Differing considerably from the set form of surgical article of the text-books, this paper constitutes more of an essay covering all the possible phases of injury to the hands and their possible complications in the briefest manner. This style of composition made his surgical articles easy to read and to remember. The element of personal experience also pervades his writings upon surgery, giving an added value to them not possessed by those compiled most largely from the works of others.—Ed. Gleaner.

SURGERY OF THE HAND.—The hand, on account of its complex construction and high functional endowment, requires some special rules or suggestions for the treatment of its diseases, injuries, malformations, and deformities. A distorted foot can generally be corrected by the division of contracted tendons and the application of proper apparatus. The success is often complete or satisfactory. Not always so with the hand or fingers. Adhesions take place between the tendons and their sheaths, which prevent motion; and the knife may divide nerves essential to the nutrition and function of the finger. The aponeuroses from slight injuries become atrophied, thickened, or puckered, so that not only the tendon distorts the finger, but all the subcutaneous investing tissues of the digit. A finger which is rigidly contracted from the effect of cellulitis, abscess, or the penetration of a needle, spicula of glass, iron, or wood, is seldom restored by surgical or other means. The use of apparatus does little permanent good, and the application of salves or ointments is next to folly.

Sometimes a peculiar distortion of the hand and fingers arises from an abnormal contraction of the flexor carpi radialis. This



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deformity may be overcome by dividing the above tendons near the wrist, and dressing the limb in a splint for a few days. I have always obtained satisfactory results from this operation. The spaces in the divided tendons fill up as they do after a club-foot operation, and no atrophy or paralysis follows.

Notwithstanding the unsatisfactory results which generally follow attempts to straighten morbidly contracted fingers, the hope of lifting the finger nails out of the palm of the hand, and the prospect of relief from the nettling of vesicles which are apt to form on rigidly flexed digits, will make almost any sufferer from these causes beg for all the benefit that can be obtained by an operation. A subcutaneous operation upon the finger is not very painful, yet it is best to employ an anæsthetic, so as not to be opposed or thwarted in attempts to break up adhesions about the joints and tendons. In dressing the finger the position of semiflexion is generally more desirable than complete extension, if ankylosis takes place. The patient's wishes may be consulted in regard to the position he would prefer the finger to assume in the event of immobility. Fingers are often distorted by the cicatrices which follow burns. The texture of the skin and structures beneath is so altered that bands or bridles of inodular tissue form and resist all attempts at restoration. All physicians are familiar with these peculiar cicatrices following burns. It does little good to resist their tendency to contract, or to cut the bridles across. Some good results have followed this treatment, yet it will fail much oftener than it will succeed. When the fingers have been denuded by fire, an attempt should be made to prevent the digits from uniting, though dressing the fingers apart is about all that can be done.

A narrow cicatrix may be entirely excised, and the edges of the wound brought together so as to cover the raw surface. In other cases a piece of normal elastic skin may be partially transplanted and twisted around from the neighboring parts to give flexibility. Ankyloses, alteration of articular surfaces, and marked atrophy of the finger may be considered as serious objections to surgical interference. In all cases of manual deformity it is best not to promise too much. The wounds necessarily inflicted in the execution of an operation upon the hand may be followed by untoward results.

*Amputations.*—In cases requiring amputation of parts of the hand the rule is to save as much as possible. A finger so badly

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crushed as to have parts of it slough away may still be retained and prove serviceable. I once saw a hand so badly mutilated by the accidental discharge of gun powder that an accomplished surgeon decided to amputate at the wrist. A stubborn resistance on the part of the patient to such a severe measure caused the medical attendant to attempt to save the thumb and little finger. The other fingers and part of their metacarpal bones were taken away. At length the wound healed, leaving the thumb and little finger in a useful condition. This fragmentary hand was worth infinitely more to the patient than any artificial substitute could be. A lacerated hand needs a careful examination before it is decided what parts require amputation. A poor patient who has a family depending upon him for support can ill afford to lose what a little attention or higher grade of surgical skill might save. In certain cases the metacarpal bones may require removal, though there may be no injury to the proximate fingers. The unsupported digits, however, are of little use, and often obstruct the practical working of the rest of the hand. If the periosteum can be preserved, and with it the hope of a reproduction of the bone, then the fingers should not be sacrificed.

In amputating a finger it is not necessary to have equal or well-formed flaps. The torn flesh on one side of the digit may furnish all the covering needed. These parts are well supplied with blood and nerve force, so that there is little danger of sloughing. Mere shreds of lacerated flesh will often form a good stump. Amputations may be performed at the joints of the fingers or between the articulations. There is little choice except that already given, "save as much as possible." In the removal of the terminal bone it is well to preserve the pulp of the finger in which the tactile sense is best developed.

*Whitlow or Felon.*—A forming whitlow should have the tincture of aconite root kept constantly applied to it. This will generally arrest the inflammatory action, but if it does not, and the suppurative stage be reached, a poultice should be used until the abscess or tense, distended parts need incising. After the pus is set free a poultice may be employed until a cerate dressing is more convenient. Any exuberant granulations that spring up during the healing process may be occasionally touched with a crystal of sulphate of copper, or any common caustic.

*Extracting Broken Needles.*—Fragments of needles sometimes



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remain imbedded in the hand for years without producing great inconvenience. At length the point will reach a tendon or sensitive structure and produce pain or excite alarm. Before commencing a search for the foreign body, let the patient point out, as near as possible, the place of entrance and the present seat of the fragment. Experimental pressure in various directions may excite a pricking sensation. The location of the needle should be opened by a V shaped incision, with sides about an inch in length, and the flap, beginning at the apex, dissected up. This exposed space is then to be carefully and thoroughly explored in order to find the needle which may be deeper or more distant than at first supposed. After the fragment has been found and removed, the flap is to be turned back and secured in place. If the patient is first put under the influence of an anæsthetic the exploration can be more thorough and satisfactory. The dangers from hemorrhage and other accidents are not great.

*Ulcers.*—Intractable ulcers about the finger nails need an active caustic applied to the matrix of the nail. A thin spatula of wood dipped in nitric acid and carried to the bottom of the ulcerative surface will answer a good purpose. The removal of the nail altogether often serves to expedite the cure. After the vicious ulceration has ceased, the sore may be dressed with any common cerate.—HOWE, *Eclectic Medical Journal*, 1865.

### THE GOOD AND BELOVED PHYSICIAN.

The following extract is a small portion of an annual address delivered by Professor Howe before the meeting of the National Eclectic Medical Association in 1868. It embodies his conception of the ideal physician. He believed the profession of medicine to be one of the noblest of the callings of men, and sought always by his professional life and teaching to uphold the dignity of the doctor. Himself clean and honorable, he could not brook anything unclean and disreputable in the make-up of the physician. The picture of the good and beloved physician as he paints him is not a rare one and many of the men that Dr. Howe knew and labored with could easily have prompted this artistic touch. Who would deny to Dr. Howe himself the title of "the good and beloved physician?"—Ed. Gleaner.

THE GOOD AND BELOVED PHYSICIAN.—The practice of medicine calls for the highest and best qualities in men. Its varied and arduous labors test the physical stamina of the strongest; its delicate and sacred trusts demand a refined and faultless moral culture; its general duties can not be performed well without edu-

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cation, genial manners, engaging and enlivening conversational powers, barring levity or insincerity. Such qualities are not found in a man with a beastly countenance, for they invariably imprint upon the features of the possessor a spiritual and intellectual expression, which no base impostor can assume at will.

The good and beloved physician carries hope and comfort to the hearts of the sick and suffering. He breaks sad news with such discretion and regard for the feelings of the near and dear that the weight of the blow falls less heavily. His step is so gentle and his words so musical that they charm the ears of the helpless. His hand is soothing as a woman's, yea, his heart is that of a lion. His ways are so peculiarly winning that the little child instinctively sees in him a friend. He has a cheerful word for every one—is fond of pleasantry, though he never descends to a rude joke. His life being spent in doing good, he becomes so devoted to the welfare of his friends that he does not feel like absenting himself for pleasure or recreation. There are fish in the streams and birds in the covers, but he can not leave his duties to bag them.

His declining years are as sunny as the days of boyhood, and his final departure is mourned by all except the young upstart, who has been impatiently waiting for the coveted patronage. He leaves with a smiling trust in the mysterious ways of Providence, though his sectarian friends can not tell of what branch of the church he pinned his faith. All his life he has been impartial in ministering to the spiritual comfort of the dying. In his younger days he had been a little given to materialistic reasonings, but as the shadows lengthened in the evening of his earthly existence he saw more clearly the will of the Master, and more firmly believed in a happy immortality. As is written expressly for him, he had cherished and oft repeated that beautiful Arabic injunction:

“So live, that sinking in thy last long sleep,  
Thou alone may'st smile whilst all around thee weep.”

—HOWE, *Eclectic Medical Journal*, 1868.

### MEDICAL RECRUITS.

Were the advice given by Dr. Howe in the following excerpt generally acted upon by Eclectic Physicians there would be no dearth of good students to carry on the future work of Eclecticism. “Let every physician,” he says, “look about and endeavor to discover an embryo Hunter or Velpeau.” Again he writes: “Give no encourage-



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ment to the ignorant, the idle, and the imbecile, for they would bring reproach upon a high-toned profession; but seek the promising youths in humble vocations." This he believed to be the bounden duty of the physician—to aid, encourage, and direct some worthy young man to take up the profession of medicine. Truly some of the best physicians have sprung from the trades and many more from the farms and the little red schoolhouse. If not throttled by the desire of the few autocrats in high places to place medical education only within the reach of the wealthy, we hope for many years to see our own ranks recruited from the youth whose best assets are health, courage, ambition, and the disposition to toil—the farmer, the school teacher, the mechanic, and toiler—the "hewers of wood and the drawers of water." Dr. Howe never penned a truer saying than when he wrote: "The most sparkling intellectual diamonds come to the lapidary from obscure regions. There is a rough 'brilliant' within the scope of every physician, and it is a sin to leave it undiscovered, uncut, and unset."—*Ed. Gleaner.*

MEDICAL RECRUITS.—A young man rarely takes it into his head to become a doctor, unless somebody asks him why he does not study medicine, or offers a suggestion which kindles in him the desire to engage in a lofty pursuit. A young man on a farm or in a workshop has not the courage to go to a physician and say, "What shall I do to become a doctor?" He is afraid his aspirations will be ridiculed by the august personage who deals with life and death. How, then, is the crude material to be transformed into a valuable product? By the "busy practitioner" in his perambulations; he is to scrutinize the young men in his professional rounds, and when he sees one who has a good education and an ambition to advance his position in the world, the leading question is put to him, "How would you like to study medicine?" If a ready response is not obtained, it may be because the "hewer of wood and drawer of water" has not the self-assurance to make a reply. However, he has now the right to revolve the question in his mind, and as he becomes familiar with the topic he gains confidence, resolves to make inquiries of his questioner, and if properly encouraged will make preparations to enter upon a career which leads to professional life.

It is often said that there are too many doctors already, that the professions are overcrowded, that the young farmer or mechanic better adhere to his ancestral calling, and a score of other threadbare aphorisms which are calculated to smother modest aspirations, and to keep the rising generation in old ruts.

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Some of the best surgeons have sprung from "the trades," and as the surgical art is emphatically mechanical, the more surgeons know of the trades the quicker they comprehend a surgical principle. A distinguished Philadelphia surgeon was a New Jersey blacksmith at the age of twenty-five; John Hunter was a carpenter at twenty, and could scarcely read and write; Ambrose Pare was a barber at twenty-two, and paid his way while studying medicine in Paris by working at his trade at odd hours; Velpeau was a weaver at twenty-two, and resolved to outdo his countryman, Pare, in work and study; an eminent American surgeon, now living, therefore his name can not be mentioned, was a shoemaker at twenty-three, and now boasts that he learned how to keep his knives sharp while at work at his trade.

Let every physician look about and endeavor to discover an embryo Hunter or Velpeau in his circle of acquaintance. The profession of medicine is tolerably full, yet there is plenty of room for a high grade of accessions. Give no encouragement to the ignorant, the idle, and the imbecile, for they would bring reproach upon a high-toned profession; but seek the promising youths in humble vocations. The most sparkling intellectual diamonds come to the lapidary from obscure regions. There is a rough "brilliant" within the scope of every physician, and it is a sin to leave it undiscovered, uncut, and unset.

The Eclectic division of the medical profession needs first-class recruits, and the way to obtain them is for every medical man who has the success of liberal and enlightened medicine at heart to be instrumental in bringing one high private into the ranks every year or two.—Howe, *Eclectic Medical Journal*, 1875.

### KLEPTOMANIA.

Professor Howe frequently wrote upon medico-legal topics to remind physicians and jurists of the dangers of condemning unfortunates apparently guilty before the law, but in reality so perverted mentally, though knowing right from wrong, as to be unable to resist the impulse to commit a crime. If physicians especially would give more attention to the important study of medical jurisprudence they would be slower to condemn, without investigation, those who commit misdemeanors and felonies that shock communities, when the perpetrators are wholly irresponsible through some mental defect or perversion. The kleptomaniac is one of these. For enlightenment in respect to



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other forms of perversion the physician should read Kraft-Ebing's *Psycopathia Sexualis*.—Ed. Gleaner.

**KLEPTOMANIA.**—In 1860 an elderly woman of my acquaintance, in comfortable circumstances in life, was arrested for stealing articles from a drygoods store. She was detected in the theft by a lady who was shopping at the time. A parcel was clandestinely slipped under a cloak while the salesman's attention was distracted. After the arrest upon the charge of petty larceny, and bail given, a re-arrest was made upon the charge of grand larceny. In the woman's house were found hundreds of dollars worth of goods abstracted from various stores, many of the parcels being in remnants and original packages with tags attached. The accused had always stood so well in the community that the extraordinary larcenies were regarded by her friends as the result of a disordered mind. When asked to give a reason for the strange and guilty conduct, she gave as an excuse that her married daughter was about to be confined, and that her expected grandchild would certainly freeze to death if she did not provide ample clothing for it. This kind of reasoning on her part led to a re-examination of the properties purloined, and it was discovered that a very large part of the goods were in the line of baby clothes. Ten dozens of little socks in unbroken packages were in the plunder. This evinced so unreasonable a procedure that the cases were dismissed on the ground of a settled state of mind called kleptomania. The unfortunate woman admitted that she knew she was doing wrong at the times she stole the goods, yet she said she could not help stealing for such a worthy object.

The English court records furnish a case of kleptomania in the wife of Dr. Ramsbottom, the eminent writer upon midwifery. She was suspected of pilfering from a draper's shop in London. She was of middle age and highly respected, yet she was watched, seen to steal, and put under arrest. Stolen articles were found concealed in different parts of her dress. The only point that could be relied upon in the defense was that the articles taken were so trivial that no sane object could exist for intentional theft; and the only suggestion that could be made in her favor was that she was not responsible for her actions, being compelled by an uncontrollable impulse, or, to use a technical term, that she was a victim of kleptomania. She was not convicted, though it was thought the ac-

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quittal was more out of regard for her husband than a belief in her innocence.

The death of the accused occurred soon afterward, and had been probably hastened by remorse and worry. After the funeral the doctor had the house ransacked; and in every drawer and cupboard were found packages of goods that had been taken years previously, and never put to any use. Mrs. Ramsbottom was a religious woman, yet probably thought the commandment, "Thou shalt not steal," was written for common thieves and not for doctors' wives.

These cases, and others of similar import, call to mind the senseless remarks of the unfeeling, and the libellous comments of newspapers, when medical experts express opinions favoring the theory that insane individuals are not responsible for criminal acts. If a theft be committed the average citizen cries out, "Send the scoundrel to the penitentiary;" if a murder takes place, and a suspected person be arrested, the cry is raised, "Hang him." While this may not be wrong in the abstract, we should be humane enough to allow an inquiry on accountability before the sentence is passed.

A physician should not lend himself to the bid of every attorney who may need an expert witness in behalf of a lame cause; neither should he allow himself without due consideration of the facts, and a thorough differentiation of doubts, to join the popular clamor—"Crucify him, crucify him."

The judges charge, in alleged insane criminals, will be that the accused is responsible *if he knows the difference between right and wrong as pertains to the act committed.*

A man may abstain from stealing through a consciousness that theft is wrong; yet commit murder under the impulse that he is doing God's will, or serving his country.

When Ravaillac assassinated Henry IV of France, he thought he was executing God's service; and so perhaps it was with Guiteau, yet the latter only turned against the President when he found he could not use him for selfish purposes. In this he manifested no zealot's love of God or country, but exhibited responsibility, inasmuch as he knew he was not doing right. His claim that he was divinely commissioned was an after thought.

Charlotte Corday was responsible for the deed that brought her head to the guillotine. Maddened with the thought that her kith and kin had been murderously beheaded, she started for



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Paris with the definite purpose of killing one of the leaders of the Revolution, having in mind Robespierre, though would accept Marat. The opportunity presenting to stab the latter she embraced it. On her trial she justified the deed, and exulted in it. Her motive for the assassination was revenge. She was not insane, and therefore not irresponsible.—Howe, *Eclectic Medical Journal*, 1883.

### TREATMENT OF NÆVUS.

Dr. Howe was the first, so far as we are aware, to treat nævi by means of injections of an alcoholic preparation of Thuja. The success attending this procedurè has justified its employment, and small nævous patches at least should have the benefit of this treatment. Though an old, old remedy for many affections, it was through Dr. Howe's advocacy that Thuja became a remedy for verrucous and vascular blemishes, for which it is now largely employed. See also papers on "Thuja Again," and "Thuja in Anal Prolapsion."—Ed. *Gleaner*.

TREATMENT OF NÆVUS.—There are several recognized and legitimate ways of treating "mothers' marks," as nævi or vascular stains are denominated. One method is to remove the discolored integument by a series of elliptical excisions; and another is to puncture the disorganized skin with a cataract needle; and still another is to paint the nævoid spot with tincture of thuja.

Lately I have had under my treatment a nævus—arterio-venous—of the eyelid. It involved the integument and the conjunctiva, so that incision was impracticable. Besides, the alcohol of the thujal tincture provoked undue irritation of the eye. To hasten a cure I injected a few drops of the tincture of thuja into the vascular mass every week, using a small hypodermic needle for the execution of the purpose. Some inflammation followed the injections, yet this was in no way baleful. In ten weeks no deformity existed. Injections were made on six different occasions. The result was highly satisfactory. Nævi of the vulva may be cured by the same method.—Howe, *Eclectic Medical Journal*, 1883.

### ETHICS.

Many Eclectic physicians are opposed to all restrictive laws and rules of order governing their actions within their own branch of the profession. This subject frequently came up for discussion among members of the earlier conventions, where the disposition seemed toward a trend of the "free for all" methods of conduct. This article

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by Professor Howe is a sensible answer to such as would be wholly unrestrained and ungoverned. The Golden Rule or any code of ethics based upon it can not be objectionable and must of necessity have an elevating influence upon the profession. Such a code is that of the National, and such was the ground taken by Professor Howe. Lest some have forgotten, let us quote Article III—Ethics—from the National Transactions: "The members of this Association shall exercise toward each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified, and unworthy an honorable practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice or of advertising which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates."—*Ed. Gleaner.*

ETHICS.—The "Golden Rule" is a formulated expression of conduct which accords with an educated conscience; and every expanded code of morals must be founded upon this. To do unto others as we would be done by is a comprehensive dogma in ethics. It covers all human actions. No man need err if he will consult his sense of right and wrong. But in the application of justice, in the complex affairs of life, it is not always easy to see ourselves as others see us. Selfishness imparts a bias to our understanding. We may intend to be just, yet labor under a misapprehension. An explanatory by-law is needed to aid in the adjustment of a disputed point, hence our somewhat extended or expanded code of ethics. If a professional brother do what he ought not to do—or would not like to have done to himself—he can be summoned before a council, and there, in a judicial manner, have the cause tried and passed upon by disinterested parties. Pure justice may not always be awarded, for the facts may not all be presented, yet there is a close approximation to that which is desirable. The freebooter may complain that ethics interfere with his liberties, and claim the right to do as he pleases—he may declare that restraint is tyranny, and law a method of exercising oppression; but good citizens recognize the necessity for the coercion of libertines. That the greatest good may come unto all, we must, to an extent, compromise our interests, and give support to wholesome laws. And in order that rules may be passed and enforced, the respectable in a community must, by joining hands and hearts, form a legislative body, whose influence is coercive. Such is our



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"National," and the members thereof make it what it is from year to year. If there be any tyranny in the organization, its members have introduced it, and they can readily abrogate it. It is in no respect a one-man power.

Here it may be stated that our code of ethics has been potent to control those inclined to violate the spirit and meaning of our laws. Flagrant abuse has been attended with expulsion, and seemingly will repeat such action unless coming Conventions grow lax in ethical matters. Possibly they will retrograde, yet there are no indications of such a course. If any member has violated the published "code," he has an opportunity to apologize, and escape with a censure, but he has no chance to avoid the force of charges preferred against him. If he would stay in the Association he must abide by its decisions. A party who does not like the ethics of the "National" may advocate amendments; and as soon as he can secure a majority of voters he may modify rules. Ours are not "Old School" ethics, but those of our own framing. Although only binding upon members of our organization, they exert a beneficial influence upon all in sympathy with a high grade of professional standing.—Howe, *Eclectic Medical Journal*, 1884.

#### EDITORIAL ADVERTISING.

A journal of medicine should be as honest as a practitioner of medicine. To lend its pages to editorial comment upon paid advertisements is beneath that dignity and honorable course demanded by the Eclectic code of ethics. The writer has always been violently, almost viciously, opposed to "reading notices" and "interleaved advertisements." Therefore he is glad to reproduce this brief article on this shameless practice, for it voices not alone Professor Howe's dignified position as a journalist, but that of all editors who have at heart the best interests of the profession and the chastity of their journals. The Gleaner (new series) never would permit a "reading notice" in its pages, and the management has long since cut out all other advertising pages. So far as we are aware, the Gleaner is the only medical publication free from even the so-called legitimate forms of advertisement.—Ed. Gleaner.

EDITORIAL ADVERTISING.—It has become so common of late for editors to insert among their journalistic squibs the most unblushing commendations of all kinds of proprietary wares, that it is high time ethical rules were concocted to brand the unqualified license. It is to be hoped our "National" will take the lead in this

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matter, and that its members will not wait for action till the managers of the "American" have exercised their great influence on the question. Old School medical journals are as shameless as any on this kind of questionable advertising. It is stipulated to insert in the advertising department a page of matter for so much, and to give a brief editorial notice at stated intervals. In this way the reading pages of the magazine, which are subscribed and paid for, are prostituted for mercenary purposes.

If we are to punish with expulsion those members of the National who violate its code, let the instrument be made broad and strong enough to restrain the shameful liberties exercised by editors.

It is granting unreasonable latitude to journalism, that all kinds of stuff can be hired into the advertising pages of medical periodicals; but it is a custom of too long standing to be abrogated at once. A noxious novelty is the interleaving of circular matter—thus compelling the reader to gaze upon what he does not like to see. A journalistic manager who can be hired to thus deface and disgrace his issues should be made to feel the ignominy he forces upon his subscribers. He deserves to lose paying patrons.—HOWE, *Eclectic Medical Journal*, 1884

### A DYING DECLARATION.

The real worth of a dying declaration is not comprehended alike by all persons. One would be inclined to put all faith in the absolute truth of words uttered by those about to be ushered into eternity. In law such a statement is given a certain value. There are circumstances, however, that the scientific man will weigh long and thoughtfully before he can accept in full the truthfulness of some dying declarations. Some of these are discussed by Professor Howe. This is another fragment of medico-legal study with which he frequently supplied the Journal.—Ed. Gleaner.

A DYING DECLARATION.—It is well known that a person in a dying condition may make a confession of crime to a physician or other responsible person which shall have the credibility of a statement made under oath. The solemnity of the occasion is thought to be impressive enough to make it an object to tell the truth, there being no earthly inducement to prevaricate. While declarations made in a dying state carry very great weight with them, and are generally accepted as legitimate evidence, eminent jurists have raised valid objections to such kind of testimony. There is



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no opportunity to cross-question the witness, and otherwise to throw light on obscure features of the case. For instance, a woman about to die of miscarriage might say that a certain physician had used instruments upon her, and thus leave the impression that he has done so to effect abortion, when in fact he had used instruments for an entirely innocent purpose.

It is now ruled that a dying declaration is applicable only to the party directly implicated. For instance, a woman declaring that her approaching demise was occasioned by the act of an abortionist, and naming the party doing the deed, might also say that on other occasions she had miscarried at the instance of another physician, naming him, yet it would be ruled that the latter was not in danger of prosecution from the utterance.

A man in a dying state might declare that a certain individual assisted him in a murder or burglary, yet lie in the declaration; he might be influenced by an old grudge, or have a desire to bring a reputable person into complicity with his own guilty or criminal acts. He might reason that an intimacy with a person of good character would help his own.

Then again, a person in a dying state at the end of a prolonged sickness, might be laboring under delusion induced by disease or medicine. Opiates create pictures in the imagination that may seem real. Death is often preceded by delirium.

The above is not written to lessen the importance of testimony involved in a dying declaration, but to awaken a caution in the mind of the physician who may take evidence from the lips of his patient presumed to be moribund. He can not offer it in court without subjecting himself to a searching cross-examination.—*Howe, Eclectic Medical Journal, 1884.*

### DO WE LIVE OUT HALF OUR DAYS.

The following article will well repay reproduction, if only to emphasize the last paragraph. Pessimism shortens life, and if we would live out half our days we should take the prescriptions offered by one who knew, but did not always take the needed rest prescribed. Dr. Howe fulfilled, however, the last injunction—to "look upon the bright side of things"—to "try to feel that this world at best is a beautiful place."—*Ed. Gleaner.*

DO WE LIVE OUT HALF OUR DAYS.—Life tables elaborated to demonstrate the average period of human existence show that pursuits and habits appreciably influence longevity.

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The husbandman survives the mechanic, the merchant outlives the professional man, and the "commoner" attains the greatest average age. By the "commoner" is meant the one who leads a comfortable career, and never indulges in excesses. Utter laziness shortens life as much as a condition of hardship. The strong arm is possessed by him who puts forth strength—makes an effort. An unused brain leads to inanity and premature decay; and mental overwork hastens apoplexy and paralysis. The brain needs recreation, which means variety in kind of intellectual work. A game of billiards will refresh a tired mind—the bookkeeper needs diverting exercises, and so does the overworked professional man. At the age of fifty the weary and worried lawyer, minister, or doctor should have a farm to look after—he should hunt and fish, and row and ride. In the cultivation of choice fruits and fine stock the gentleman farmer wholesomely exercises both mind and body; but to retire from business and do nothing is exceedingly dangerous. It is safer to wear out than to rust out. Recreation does not mean stupor and idleness.

The average agriculturist has opportunities for diversion and recreation, yet he overworks in seed-time and harvest; he is careless about sitting in draughts of air when sweltering with heat; and he allows his stomach to be gnawed with hunger when he goes to town that he may save the expense of a lunch. In that respect he cheats himself outrageously.

Ponder over the vital depression produced by the indulgence of grief, envy, hate, revenge, jealousy, and needless fear. Think of the deadly effects of intemperance and unchastity! There are those who eat too much nutritious food, and who at the same time exercise too little, yet they are few in comparison with those who are doomed to drudgery and a scanty diet. In large towns and cities there are numbers of pitiful women and children who are not well clothed and housed, to say nothing of the pangs of hunger that have to be endured.

Well, what is to be the remedy for such evils? Wisdom will cure a multitude of ills. Let the brain taxed take heed and rest; instruct the farmer to take half as good care of himself as he does of his stock; reason with the intemperate and the unchaste; and educate the poverty stricken to take hope and see how they may better their condition in life. Cultivate good cheer when despair holds the gloomy in chains. "The world at best is *not* a



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dreary place." It is simply dreary to those who make it such, by those who hum deplorable songs written by pessimistic poets. Away with "solemncholy" hymns set to long meter, and sung in sepulchral tones. There may be melody in plaintive notes, but the heart grows heavy in listening at too many of them. If we would live out half our days we should look on the bright side of things—we should try to feel that this world at *best* is a beautiful place.—Howe, *Eclectic Medical Journal*, 1884.

### ANODYNES IN DISGUISE—AND THE HARM THEY DO.

Dr. Howe believed in the open and frank use of anodynes under their original and well-known names. Such deluding names as "soothing syrup," "chlorodyne," etc., he viewed as deceptive ways of encouraging tipping in narcotics and alcohol. He took occasion often to warn his readers of the dangers of tipping, through the constant use of medicines containing enslaving ingredients. A plain, occasional full drunk is less reprehensible than continual tipping, even though the quantity taken be small. It is the steady dropping of liquids that wears the stone away.—Ed. Gleaner.

ANODYNES IN DISGUISE—AND THE HARM THEY DO.—An advertised lethal drug is sure to be bought and taken. Soothing syrups containing opium put babies to sleep, and become popular with nurses. What is chlorodyne but a substitute for alcohol and opium? Is not intoxication or inebriation sought when the medicine is purchased? Laudanum and chloral are openly bought, and swallowed as soporifics. Tipplers who are desirous of "tapering off," fly to a noxious remedy that benumbs a sense of "goneness" in the stomach and brain; and simply continue to tittle through a change of agencies.

The better classes, so called, are ashamed to drink openly at a public bar, hence they have at home a well-filled sideboard, if they love to stimulate. Many well-to-do ladies take a glass of wine several times a day; or resort to a few drops of paregoric or laudanum to soothe agitated nerves. Men drink alcoholic mixtures for the enlivening ideas such beverages awaken. They do not intend to get tipsy, but often take a drop too much. They love a social glass, and enjoy a sly drink. They have inherited a hankering for alcoholic stimulants, and indulgence sharpens the appetite.

Common tipping and drunkenness among men is deplorable enough, yet how much worse is it for a wife and mother to in-

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dulge in tipsiness, whether the tippie be rum or opium. A woman buys soothing syrup for a crying child, and little dreams of the harmful effects produced upon the impressible creature that swallows the narcotic. If it be a boy baby that takes the somnolent syrup, he will crave whisky when he is twenty, and if it be a girl baby, she will want something to allay nervousness before she is out of her teens.

The signs of the times are that Americans grow more and more stimulant and narcotic consumers every year. Distilled, fermented, and brewed liquors are imbibed in larger and larger quantities; and the importation of opium is startlingly on the increase. John Chinaman long ago ascertained that opium was the cheapest tippie in the world, and the imitative American is copying the economies of the celestial. We are rapidly acquiring the reputation of being opium eaters. To stay this tide let the profession of medicine set its influential and scientific foot heavily upon the necks of those who are clandestinely poisoning the innocents. Away with opiated soothing syrups—away with genteel opium taking—away with harmful drugging with anodynes, and let us frown meaningly upon excessive indulgence in strong drink.

Medicine will not act as it should upon a patient whose stomach is more foul than an alligator's maw, and whose nerves are all unstrung through the prolonged influence of alcoholic potations. Nobody can cure an opium taker, though a drinker of spirits may be reformed. Let us be on the watch for those apothecaries among us who violate statutes enacted to restrain the sale of opiates and dangerous drugs; and if the laws now existing be not potent to stay the unrestrained sale of poisons, let the profession of medicine take the initiative in instituting more stringent measures. Half the stomach bitters put up in this country are designed to answer the purpose of tippie. And, what is worse, the vilest liquor is the stimulating ingredient of the compound.—Howe, *Eclectic Medical Journal*, 1884.

### IS AN AUTOPSY ILLEGAL?

The physician would often be glad to know whether or not he may legally make a post-mortem examination. This question is briefly and pointedly answered herein by Professor Howe.—Ed. Gleaner.

IS AN AUTOPSY ILLEGAL.—A medical friend states that he held a post-mortem examination lately, and carried away a piece of the



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heart for subsequent and more careful inspection. A son of the deceased, who lived away from home, was angry upon learning that an autopsy had been held upon his parent; and now threatens me with prosecution. Can he fine or imprison me? To the above I replied that in law there is no property in a human body; and cognizance is not taken of injured feelings, hence no legitimate cause for action exists. The threatening prosecutor will learn before he proceeds far that physicians commit no breach of the law when they hold autopsies; and that the appropriation of an insignificant part of a corpse for scientific investigation will not be held as theft. However, if a medical man carry away the uterus and its appendages for the purpose of concealing crime, he is guilty of misdemeanor, and liable to be punished for the misdeed.—Howe, *Eclectic Medical Journal*, 1884.

### ARE ANGLE WORMS BLIND; AND DO THEY SUBSIST ON A DIET OF EARTH?

Professor Howe, like all teachers, was frequently plied with questions by mail, and often the interrogator forgot to enclose a stamp for reply. This interesting answer reminds us that nothing was too lowly in the scale of life to merit Professor Howe's interest. Short and pithy as the reply is, yet how many physicians could have framed as interesting and instructive an essay upon the earth-worm? Are we forgetting about other creatures than man? The paucity of such material in medical journals inclines us to wish that some one would raise up another Howe for this purpose.—Ed. Gleaner.

ARE ANGLE WORMS BLIND; AND DO THEY SUBSIST ON A DIET OF EARTH?—These questions came to me by letter, and in reply I will say that the earth-worm—*lumbricus terrestris*—is blind as a mole; and eats nothing but dirt or soil rich in organic debris. After the nutritious matter is absorbed the residue is deposited in coils or pellets near the surface of the ground. Boys who use earth-worms to bait hooks to catch fish always seek lumbrici in the dirt of chip yards or in the damp earth near a sink drainage. Earth-worms are rarely found in dry sands or gravelly soil.

In the autumn earth-worms descend to deep recesses in the ground, and return to the vicinity of the surface in the early spring. During a shower of rain in summer they leave their burrows and venture along the surface of the ground. In passing through soft mud they leave a trail which may be easily traced. It is then that

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birds and frogs gobble them up. They have no weapons of defense—no blind worms sting. They respire through the skin. They are not hermaphrodites, but reproduce in pairs.—Howe, *Eclectic Medical Journal*, 1884.

### “PEACE TO HIS ASHES.”

This paper is reproduced to show how fairly Professor Howe estimated men. It was his privilege to have known many of the great surgeons of his day of all schools and to have received instruction from some of them. He knew their strength and their weaknesses, and he accorded to each his meed of praise or censure. Had Dr. Howe himself been of the dominant school of medicine, his own name would have been written with those of Gross, Warren, Parker, Mott, and Pancoast.—Ed. Gleaner.

“PEACE TO HIS ASHES.”—In accordance with an expressed wish the body of Professor Gross was cremated. The statement is not published as to the disposition made of the “ash.” Possibly a classic urn will be fashioned large enough to preserve for a season the family ashes. At death the physical part of the man may as well be dissipated at once with intense heat as to be years in returning to the original elements while in earth. The fumes of the cremating furnace need not necessarily contaminate the atmosphere, though residences in the vicinity of a crematory would not be likely to command high prices. A tall chimney might carry mephitic gases above breathing levels.

At his death, and for a quarter of a century previous to that event, Professor Gross was one of the most distinguished surgeons in the world. His fame did not spring from a conspicuous amount of inventive genius, but from a long professional life spent in earnest toil, the aim of the man being to become a master in surgery.

As a writer Professor Gross was voluminous, sound, and profound, yet not always elegant and pointed. His experience was large and his judgment good, hence his surgical works rose to authority. There was not a striking felicity in his style as a writer or speaker, yet his words always commanded respect and attention.

Dr. Gross was a deep diagnostician and an able operator, yet he could hardly be called adroit in any department of surgery. The editor of the *New York Medical Record*, in an obituary notice, says: “There are epochs in the history of medicine with which famous and undying names are inseparably associated, and there



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are great names belonging to special departments in medicine. But for Dr. Gross no one great operation is called by his name."

Professor Gross was never rash nor dashing, but always patient and painstaking—and he had confidence in his powers. He was generous in ascribing just dues to co-laborers in the regular vineyard, but careful to ignore ideas having origin in outside sources. He was not progressive in his professional tendencies—he died in the belief that phlebotomy had fallen into unreasonable neglect.

Death has lately cut down several American surgeons of considerable distinction. Among the number is Willard Parker, M. D., LL. D., at the ripe age of eighty-four. Thirty years ago, when I was "doing" the hospitals and clinics of Boston, New York, and Philadelphia, it was my pleasure and good fortune to listen to the stirring words of John C. Warren, Willard Parker, Valentine Mott, and Joseph Pancoast, and none impressed me more deeply than those of Professor Parker. He was apt in his illustrations, though almost never elegant. Once, while lecturing upon a clinical patient who seemed to be cold, and pinched in features, the doctor said: "This man needs to be washed inside and out, and should have his vital flues re-stoked. The crude Thomsonian possesses a few valuable ideas—with pepper tea he kindles recuperative fires; with *Lo-belia* washes and rinses a dirty stomach as he would a soiled garment. We should not be above taking a lesson from an old granny."

Warren was more dignified, logical, and classical, but not superior as a teacher. His last good deed was to bequeath his body for dissection and anatomical demonstrations. His desiccated remains are still on exhibition in the "Warren Museum."

Pancoast was a pleasant and animated teacher of surgery; and he was an expert operator. He generally managed a climax that provoked a round of applause. In his teens he worked as an apprentice to a blacksmith, and said that he always kept his leather apron as a memento of the experiences of earlier years.

Sims, who has been gone but a few weeks, was cast in a finer mold than any of the men just mentioned. He was gentle by nature and polished by culture—he was the right stuff to make an operative gynecologist, a branch of the surgical art which does not demand the rough diagnostic manipulations that are inseparable from the handling of sprained and dislocated articulations.

—HOWE, *Eclectic Medical Journal*, 1884.

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### LOCAL ANÆSTHETIC.

The following local anodyne was one of Professor Howe's favorite combinations. It should be remembered in times of need when neuralgic pains are driving the patient to distraction and as little internal anodyne medication as possible is desired.—Ed. Gleaser.

LOCAL ANÆSTHETIC.—Occasions occur when it is desirable to produce powerful sedation locally. There may be many ways to bring about local lethal action, but the following is best known to me: ℞ Camphor, Chloral, aa. ʒij. Sulph. Morphia grs. v, Chloroform ʒij. M. S. Apply with a camel's hair brush to painful spots.

The above clear liquid may be painted upon the skin at an aching point, and it will produce so much sedative action that the sufferer praises its qualities. A female patient liable to attacks of *tic doloureux* never takes a journey without a vial of the soothing anodyne in her reticule. I order it brushed upon the skin covering inflamed joints. It may be painted upon the mastoid processes to alleviate the pangs of earache. It may be safely rubbed upon the gum of an aching tooth. A few drops on a pledget of lint held to the nose will instantly cure headache. Neuralgic spots are to be wetted with it repeatedly. It is to be employed upon the necks of the croupy and diphtheritic. It has thwarted suicidal intents and purposes and invoked benisons upon the prescriber.—HOWE, *Eclectic Medical Journal*, 1884.

### A WAY TO PREPARE PAPERS FOR THE NATIONAL.

The following advice, though seemingly unnecessary, is exactly what some physicians need to assist them to prepare for society meetings. Facts are what are wanted in papers, and by recording them early and then putting them into simple and direct form, the writer has the best kind of a society paper. At the most interesting scientific meeting the writer ever attended, the essayists limited their papers to three minutes, giving in concise language the conclusions arrived at by their studies of the subject in question. The reading of some of the papers did not consume over one minute, yet the papers were pregnant with valuable suggestions and entirely satisfactory as society papers.—Ed. Gleaser.

A WAY TO PREPARE PAPERS FOR THE NATIONAL.—It will be observed by looking at President Stratford's circular that many members are named to prepare papers for the use of the National at its coming convention. The list is so large that I thought at first little would be done, for usually where many are called few are chosen. But it occurred to me that a few hints might hit



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and help those who excuse themselves from literary work on the most trivial provocation. They put off and delay till everlastingly too late. They do n't feel well to-day—had an obstetric case last night, or expect one to-morrow—have a "cold" too, and the weather is bad. Besides, the topic assigned me is not interesting—not easy to write upon.

To such as make excuses I presume politely to suggest that they go to work at once—not to-morrow, but *to-day*. Make note of a thought, expand and modify it to-morrow, look up the topic in medical literature at command. Think over illustrative material in the volume of experience. Arrange material in a way to make ideas carry force with them; re-write several times, generally improving each revision. Erase now and then, boil down, simmer, skim, filter, and set aside to cool. Steam up again, stir, add a little sweetening, then a little vinegar to make the mess tart and palatable. Do n't repeat the same idea, but hunt for a new one. Avoid having the same word occur too often—seek a synonym. It requires downright labor to write a readable piece of composition. It is well enough to pray for inspiration, but better to knuckle down and engage in honest labor. *Labor omnia vincit*. Genius is a pauper, a beggar. Industry is the purest gem in the crown of Fortune. At the close of the late International Medical Convention, held at Copenhagen, a distinguished scientist was cordially invited to visit friends on his way home. The reply was that he must hurry back to engage in preparing a paper for the meeting to be held in Washington two years hence.—HOWE, *Eclectic Medical Journal*, 1885.

### SEPARATION OF THE SUPERIOR EPIPHYSIS OF THE HUMERUS.

This paper is a sample of the numerous surgical articles by Dr. Howe printed in the *Eclectic Medical Journal* as a leader. It discusses clearly this interesting and often undetected form of injury. Professor Howe excelled in bone surgery, and wrote "Fractures and Dislocations," one of the best treatises of its day. This book is not often seen nowadays except in the libraries of the older Eclectic physicians. The wonderful advances made in the surgery of bones necessitates the frequent purchase of up-to-date works, and of necessity this book is valued only relatively at the present day.—Ed. Gleaner.

SEPARATION OF THE SUPERIOR EPIPHYSIS OF THE HUMERUS.—  
Between the anatomical and surgical necks of the humerus there

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exists in young subjects a lamina of cartilage that divides the head of the bone and a part of the tuberosities from the shaft. In an adult subject there may be fracture at either of the two necks, *i. e.*, above or below the tuberosities, but in juveniles the separation is along the plane of the cartilaginous septum which is *through the tuberosities*, and not above nor below them. *The age of the patient is to aid in the diagnosis*—an adult sustains a fracture at one of the cervices of the humerus—a young person sustains *diastasis* or separation of the epiphysis from the shaft along the line or plane of the cartilaginous interlayer.

The deformity appears somewhat like a sub-coracoid dislocation of the humerus, yet the displacement inwards is not so pronounced as in luxation. The glenoid cavity is not made empty as in dislocation, but presents some depression in the outer portion of the space. The epiphysis (head of the humerus and part of the tuberosities) stays in place, while the upper end of the shaft takes a position an inch or so inwards. The arm is neither lengthened nor shortened, for parts of the fractured surfaces rest in contact with each other. A portion of the broken surface of the lower and long fragment extends under the coracoid process. The displaced shaft is near the skin on the inner aspect of the arm. A fullness is apparent on the inner aspect of the scapulo-humeral articulation. Crepitation on imparted motion is not readily obtained in all cases, but an abnormal sound can be obtained. It may be that of rubbing or rocking. The injury is likely to deceive the inexperienced and the unwary—it is oftenest produced by direct violence, the shoulder receiving the force of a fall of several feet, as when a young person is thrown from a horse or carriage.

The diastasis is to be treated as if it were a fracture, and, as follows: A strip of rubber adhesive plaster four inches wide and a yard long is to be split in the middle a few inches from one end, and a loop made by passing the end through the slit and sticking it to the strip, *adhesive surfaces coming in contact*. The hand and forearm are sent through the loop, and also the upper arm to a point a little below the fracture. Then the long end of the adhesive strip is carried across the back and made to adhere to the skin at a time when the upper end of the long fragment is pressed outward. The loop and adhesive strip are to act as a *fulcrum*, while the humerus is converted into a *lever* as the elbow is pulled inward so the open hand shall cover the opposite axilla. It is



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well to hold the elbow in the inwardly pulled position by using another strip of rubber plaster to cover the olecranon and the outer aspect of the forearm, and then reach the opposite shoulder. This dressing will prevent deformity, and secure osseous union of the broken cartilaginous surfaces. No other dressing will secure a satisfactory result. It is to be borne in mind, too, that this is the best dressing for treating fracture of the clavicle.—Howe, *Eclectic Medical Journal*, 1885.

### FISSURE OF THE ANUS.

Though a surgeon and surgically inclined, Professor Howe favored the application of salicylic acid ointment in many rectal troubles, rather than a resort to operative measures. It was the belief of Dr. Howe that fistula in ano and related rectal lesions occurred oftenest in those of a tubercular diathesis, even though the latter was not detectable at the time. Hence the frequent injunction in such cases to give Fowler's solution of arsenic as an adjunct to treatment—for this was one of his favorite medicines for tuberculous subjects. The flight of time is made apparent in this paper by the reference to the application of Coca as a local anesthetic. Only the previous year had a medical student—Karl Köller—demonstrated the practical value of the alkaloid of coca, which Gardeke had discovered in 1855 and named "erythroxyline," but which was later named by Albert Niemann "cocaine." That it was distinctly a local anesthetic had been noted in 1862 by Moreno y Maiz, and in 1880 by Von Anrep, yet the feasibility of using it generally for local anesthesia was left for Köller to impress upon the astonished but almost unbelieving medical world. Hence the careful and tentative use of coca, as advised in this article, though it possesses but the feeblest of anesthetic powers. Now we rely upon cocaine as the best local anesthetic and one which has proved a blessing to the afflicted and a curse to those who abuse it.—Ed. Gleaner.

FISSURE OF THE ANUS.—At the posterior commissure of the anus, by the side of a pile tumor, a fissure forms, and the defect renders the sufferer utterly miserable.

The difficulty is encountered in middle life, and in both sexes. Possibly it comes from constitutional syphilis and eczema. Constipation favors a localization of the systemic taint. The greatest distress is experienced when an effort is made to evacuate the bowels. As soon as the anal sphincter is pressed upon and forced to dilate, the elongated, irritable, and indurated ulcer causes a reflex action which takes away the ability to strain, and sends a

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sickening sensation through the entire body. The patient may have no rational idea of what the disease should be called. He may think he has piles, and be treated for hemorrhoids, yet no benefit will be obtained. If a surgeon be consulted he will place the patient on the abdomen and expose the anus in a good light. He will then part the nates with his hands and ask the afflicted individual to strain as if to expel flatus. The pressure will protude the anus to the extent that the lower end of the fissure can be seen. The other extremity of the morbid furrow reaches to a point just within the sphincters. It appears like a raw sulcus with hard borders. A small quantity of blood and pus may be seen, though the fissure is often dry or free from purulency. A thorough exploration of the difficulty can not be executed unless the patient be under the influence of an anæsthetic. The application of a solution of Coca might deaden sensation to the extent that the anus could be turned outward or manipulated without pain. But, as I am about to advise a course of treatment that does away with a surgical operation, an anæsthetic need not be mentioned.

Indeed, a painful exploration need not be executed. As soon as it be ascertained that anal fissure exists, the topical use of salicylic acid and vaseline is to be commended, thirty grains of the salt to an ounce of the unguent. This is to be pressed into the depths of the anus once a day, and after an alvine discharge. The agent—salicylic acid—produces little pain, but utterly destroys the hard ridges that flank the fissure and obliterates the pile tumor at whose base the sensitive crack is located. In a word the supersensitiveness will soon subside, and all the accompanying aches in hips and back. However, to effect a cure *tute et jucunde* the internal use of arsenic should be prescribed. Fowler's solution in drop doses, repeated every four hours, is next to necessary in accomplishing the happiest results.

Women suffering from anal fissure will divert attention from the location of the disease and demand remedies for urinary and uterine difficulties. In times past it was customary to cauterize the os tinæ under the theory that ulcer of the cervix existed. It may be remarked *en passant* that dyspareunia and vaginismus are occasional sequences of fissure of the anus. A practitioner of medicine has to be wary in the diagnosis of morbid phenomena of a reflex character.

Formerly I excised *fissura ani* with curved scissors; and the



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difficulty of executing the operation well has rendered me all the more pleased with a method that requires no cutting. My experience with salicylic acid in the treatment of malignant ulceration led me to try the agent in fissure of the anus.—Howe, *Eclectic Medical Journal*, 1885.

### CHOREA.

Frequent educational squibs, such as too many neglect, often appeared in the Journal from Dr. Howe's pen. This is a fair sample of such briefs, in which he sought to stimulate a desire for broader knowledge than merely that required in the actual treatment of disease. The better read the physician, the better his social standing and his chances of greater success in practice. Moreover, there is a satisfaction in knowing why diseases are named as they are that can not come to the physician who neglects this cultural side of medical studies.—Ed. Gleaner.

CHOREA.—“Scientific medicine” took form in Egypt, and was practiced by priests who were as numerous as diseases; and each specific disorder was an evil spirit, to be influenced by a particular priest. A sick person could be cured by going to the right priest; and the only trouble was to be wise enough to select the one controlling the special ailment. The Latins borrowed medical arts from the Egyptians and inaugurated their own priesthood, who took the name of Saints. St. Clara cured sore eyes; St. Hubert influenced hydrophobia; St. Pernel charmed ague; St. Genevieve controlled fevers; St. Anthony presided over erysipelas; St. Vitus removed nervous disorders, one of which we now denominate chorea, a term coming from the Greek *choreia*, which signifies a dance. A patient having *saltatio sancti viti*, being affected with rhythmical and involuntary motions of one or more limbs and of the entire body—the affection disappearing during sleep. The disease is a neurosis of the juvenescent, and of females after puberty. Its pathological essence has never been discovered, but is presumed to be a lesion of the nerve centers. However, it has been known to spring from a neuralgia provoked by a splinter in a finger. Especially does the twitching commence in facial neuralgia—*tic dolooureux*—and then extend to the limbs and body. Feeble persons are oftenest victims to spasmodic activities of the nature of chorea. Epilepsy is presumed to be more or less nearly related to the jumping disorder.—Howe, *Eclectic Medical Journal*, 1885.

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### VERATRUM VIRIDE.

Professor Howe did not carry a pocket medicine case, but he had always a few remedies in his pocket. With a merry twinkle in his eye he would frequently display before the class a little ivory box of morphine tablets and a half-ounce vial of specific veratrum. The lesson intended was that to know a few medicines well was vastly better than to be less familiar with many. Dr. Howe knew veratrum and used it to effect. His reference to Dr. Palmer is interesting, as it compliments one who, many years ago, dared to investigate and use remedies not popular in his own school. Only recently Dr. Palmer, well along in years and experience, and still an highly honored member of the dominant school in this city, gave expression to his belief in the virtues of several well-known Eclectic medicines and recounted his successful experience with them in his specialty—that of diseases of women.—Ed. Gleaner.

VERATRUM VIRIDE.—At a recent meeting of the Academy of Medicine, in this city, the subject of *Antipyresis* was up for discussion, and Dr. Palmer is reported as having made the following observations: "A remedy in which the speaker has faith as a febrifuge is tincture *Veratrum viride*. He considers it superior to *Digitalis*. It not only reduces the pulse but also the temperature, though not to the same degree. Its effect is well marked if employed in the treatment of pneumonia, and particularly in pelvic inflammations. It need not be, it ought never to be, given in large doses, so large as to provoke vomiting. Small doses frequently repeated act best."

The above quotation is made from the fact that I have been a champion of the remedy for twenty-five years, and now find an able and liberal observer to advocate the same views. My estimate of the worth of *Veratrum* as a medicine may be too high, but continued experience increases its value as I learn to appreciate therapeutic action. I respectfully request those who entertain prejudice against *Veratrum*, or who hold *Aconite* in too high esteem, to employ the agent in pulmonic and uterine troubles.

Another speaker in the discussion referred to above adds to the testimony. He says: "I am glad to hear Dr. Palmer allude to *Veratrum viride*. I remember distinctly with what derision his former distinguished teacher in theory and practice always spoke of this remedy. For a time I was skeptical as to its utility, but how the medicine was given with confidence in pneumonia, and cases where it was indicated."—HOWE, *Eclectic Medical Journal*, 1885.



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SHORT OBSTETRIC FORCEPS.

This is a kindly word to the physician who would exaggerate the trite old saying, "Meddlesome midwifery is bad," and then let the woman in parturient throes suffer excruciatingly when careful operative manipulations could quickly give relief. We frequently hear physicians say, "I never use forceps!" When we hear this we make a mental reservation that such a man will never attend a woman for us if we can legitimately prevent it. Forceps are a blessing. The long Hodge has saved countless lives, and the short forceps has made blessed many an accouchement that might have been endured only in torture. Badly and unskillfully used, or by one who is drunk, of course forceps are dangerous; but rightly employed by one who knows his anatomy and obstetrics—forceps both long and short—should be classed among the benefactions to the suffering parturient.—Ed. Gleaner.

SHORT OBSTETRIC FORCEPS.—Although a staunch advocate of the long and strong forceps of Hodge, I occasionally encounter a case of delivery in which a pair of short and light forceps is desirable. I refer to a primipara in prolonged and exhaustive labor, where the head of the child, during a uterine throe, is forced to the vulvar aperture, yet recedes an inch or more as soon as the energy subsides. The accoucheur tries, by applying pressure with his finger against the side of the foetal head, to prevent recession, but his efforts seldom succeed. The parturient woman becomes tired and discouraged, and the throes of the womb less energetic, so that failure is possible, if not probable. The child's head is almost within the grasp of the hand or fingers when a pain is on, but by receding gets quite out of reach. As time passes patience and energy are wasted, and dangers increase. If the worried woman be given cups of tea and encouraged she may weather the storm, and think the medical attendant has exhibited great skill; but what are the facts in the case? The obstetrician has done little or nothing, and the poor sufferer has done all. She triumphed because she possessed an enduring physique; the doctor is thanked because no one present is competent to criticise. Instead of wasting time and strength in stupidly waiting the obstetrician should be prepared to deliver the woman with forceps as soon as her energies begin to flag, and progress of the labor has virtually ceased. He should have at command a pair of light, short forceps and be prompt to use them. He can deliver the patient in five minutes and guard the perineum against rupture. He does all in a skillful and timely manner, and deserves praise and pay whether he gets either or not. He could have delivered the parturient

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woman with the heavy forceps of Hodge, but the implements are awkward and clumsy for a gentle piece of work. It is using a claw hammer to draw a carpet tack. An instinctive admiration for "the eternal fitness of things" will move the obstetrician to keep in store a light and short pair of delivery forceps.—HOWE, *Eclectic Medical Journal*, 1886.

### SEXUAL EDUCATION.

It will be gratifying to the advocates of sexual education and social purity to know that Professor Howe tackled this subject over a quarter century ago—when people were prudish about giving sexual enlightenment to the young. To-day it is one of the foremost of social movements, and many ways—some of them excellent—are advocated for imparting such instruction. The remedy here given is, in our opinion, the best solution of the problem ever offered—that is, of letting the young have access to a recent standard physiology published for physicians, and which is necessarily free from everything but the scientific aspect of the subject. It speaks well for Dr. Howe's courage, judgment, and balance in viewing and providing for such a needed reform.—Ed. Gleaner.

SEXUAL EDUCATION.—Parents would have their children know something about sexual physiology as the period of pubescence arrives, but they do not understand how such instruction can be safely imparted. School books and popular works on anatomy, physiology, and hygiene contain nothing in regard to reproduction or the functions of the sexual organs, or so little that the desire is kindled to obtain knowledge. Curiosity is awakened by the command not to touch "forbidden fruit." Half grown boys often have a circulating library of obscene literature; and the lad passes as "smart" who is the possessor of a vulgar volume. Girls have few opportunities to learn anything about the parts they are to play in the peopled world. They march on to destiny with the thoughtlessness of so many female bovines.

Now, to better this state of sexual ignorance—or of something worse than ignorance, a pruriently perverted imagination—let the heads of families place among their reading books a copy of some standard work on physiology, such a production as is found in a physician's library. Let the work be of recent publication and well illustrated. In that the young man or woman can find all about reproduction, yet obtain no information he or she ought not to have. It has seemed strange that this method of imparting knowl-



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edge to youth has not been generally adopted. In the standard work on physiology may be found the solemn facts of physical procreation, and nothing is said about lust and the base impulses of passion. Sexual appetite secures perpetuation of the race, and matrimony is the normal and legitimate method for indulgence. Abnormal and illegitimate contacts are attended with penalties.—Howe, *Eclectic Medical Journal*, 1886.

### THE TOWER OF LONDON.

The Tower of London! What monstrous horrors have been endured within this citadel of royalty! For over eight hundred years a legion of famous prisoners have passed its gates, many of them never to emerge again. It has been used alternately as a royal residence, a prison, and a museum. In its precincts kings have resided, royal heirs have been born, royalty has kept court, and kings have received their royal brides—and some of these here saw the light for the last time. In its confines Chaucer, an officer of the court, composed "The Testament of Love," and the lamented but unreliable Raleigh wrote his "History of the World" and then lost his head. What an array of crimes has the moldering walls of London Tower encompassed: a poor, weak monarch seared to his death; the Duke of Clarence drowned in a butt of Malmsey wine; the two young royal princes smothered, and the heads of Anne Boleyn, Catherine Howard, Protector Lord Somerset, and Lady Jane Grey lost to appease the hateful whims of royal brutes! Through its noted Traitor's Gate have passed to their death some of the most loyal and worthy subjects of unworthy monarchs—"an array of victims of tyranny—heroes who have passed"

"On through that gate, through which before  
Went Sydney, Russell, Raleigh, Cranmer, More."

Dr. Howe visited this famous prison in 1886, and the following sketch is a part of his London Letter to the Journal at that time.—Ed. *Gleaner*.

THE TOWER OF LONDON.—I have read so much of cruelties practiced in the Tower of London that I could not forego a visit to that famous or infamous fort and prison. It stands on the banks of the Thames, a little to the east of the city of London. The citadel is in a plat of twelve acres of ground; and there is a moat surrounding all. In feudal times when dissatisfied barons felt the encroachments of royalty they would drive the king into this stronghold and there exact redress. And here, too, kings imprisoned rivals, inflicting upon them the most horrible tortures, sometimes putting out their eyes, and then confining them to under-

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ground dungeons for years and years. If a body was to be turned over for burial by friends it would sound better if no marks of violence were visible on it. To bring such a death about a red hot rod was forced into the bowels *per anum*. To think of such a cruelty is enough to make one's blood cry out "shame!" even at this remote day when there is a humane queen and all is Christian and serene. On what monstrous wrongs is the Government of Great Britain founded! The history of the nation is simply astounding. In the manifestation of violence the story of blood challenges any that can be told of the worst barbarians. Call up the strangling of the child princess in the Tower. When I read that crime in my boyhood I vowed to raze the prison to the ground! Now, I am here—why do I not keep the youthful promise? Well, there are great burly soldiers, nicknamed "beefeaters," standing round, and those crimes were committed centuries ago. The present generation is not to blame for what was done so long ago. The present rulers have no share in the audacious crimes of Richard III. But I hate the sight of that old tower. It calls up a calendar of wrongs that move the spirit to vengeance. For a small sum I was permitted to enter parts of the armory, for that is what it chiefly is at present. Here are suits of armor worn by kings in feudal times; also helmets, halberds, spears, and battle-axes—big and heavy—regular head splitters. To be the king of England in those times meant business. No toying with pretty actresses, but hard work on bloody fields. There is a robust chivalry in such reigning that moves a remnant of heroic spirit within, and makes one admit there is a captivating grandeur in the sound and circumstance of war. But the methods of carrying on war have changed. How long would that once impregnable castle stand under a fire of modern artillery? Why, it would tumble like a cob-house at the first onset. The Tower is a fortress no longer, but a memento of what a fort once was. As such it is an object of curiosity. The armor within is as much a relic of the past as the ditch which enclosed the grounds. It is said that the walls of subterranean dungeons contain touching inscriptions cut by hopeless State prisoners who spent their lives hoping against hope. What plots were concocted to release unfortunate victims of hate and jealousy; and how many sacrificed their lives in vain attempts to rescue a friend or relative. All is quiet now, and the grass grows on turf that has a thousand times been irrigated with human blood. May this monument of



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State crimes remind the powers that be that later experiences have taught a better way of governing men than was once practiced in Merrie England! But war is not over. At Woolwich are cunning devices for killing men; and there is no evidence that right is usurping might. The surplus wealth of England is to be consumed in strengthening her batteries. And how is this going to end? Is not the time coming, a few centuries hence, when these now formidable batteries will be preserved in some old fortress as mementos of the febleness of the preceding generations? If this be not probable it is certainly possible. Perhaps the art of peace will be so aesthetically cultivated that an Arcadian state of quiet and love-feasting will be attained. Rather, may not commercial interests ensure perpetual peace? I begin to believe there is a hope for peace on the ground that wars do n't pay—that they are bankrupting.—Howe, *Eclectic Medical Journal*, 1886.

### BIOLOGICAL STUDIES.

"Wherefore by their fruits ye shall know them." Opposed always to advertising by illegitimate means, Professor Howe herein shows how a doctor can make himself felt in a community in a legitimate and helpful way—a perfectly proper way of letting his work bring him into conspicuity and practice. Rightly managed, such a course can be condemned by no one.—Ed. Gleaner.

BIOLOGICAL STUDIES.—I have often heard the rural practitioner complain that he had no opportunities to *advertise* himself in his community or professional field of labor. To such I would say, "You have an excellent opportunity, but you do not know how to utilize it." I have in mind the outcome of what I told a young practitioner some years ago who was about to open an office in a county seat—a city of twelve thousand inhabitants. My young friend had acquired a good English education, and knew something of Latin. He was to advertise himself by a card in the local newspapers, giving references, etc. Then in due time he was to obtain an introduction to the School Board, asking the privilege of explaining the nervous system to the pupils some afternoon or evening. He prepared the brain and cerebral nerves of a calf, and also those of a turkey and turtle. With these specimens preserved in jars of alcohol, he entertained his hearers so well that he was soon invited to deliver a series of lectures in the City

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Hall upon the "Brain and Nervous System." To fulfill this great engagement he had to take time to get up material for display and illustrations, and in so doing he found himself quite advanced as a *biologist*, for he could not study the brains of the different animals without learning much of their habits and peculiarities—of environment and the influences modifying outline and function. He forced his pencil into service, and became able to represent on large cards such diagrammatic figures as might be useful to explain otherwise obscure points. He bought a blackboard, and compelled his hand to make rapid sketches in skeleton figures. At length he was so thoroughly prepared for popular teaching that the High School in the place engaged him to deliver a course of instructions in Biology at every term, even offering some pay for the work done. The result turned out to be that he was soon on speaking terms with all the best people in the county; and from this source of extended acquaintance he commanded a lucrative share of professional patronage. The old doctors turned up their professional noses at the method of arresting and engaging public attention, yet they all ceased to cavil as soon as they were forcibly convinced that the young man was well up in biological subjects.

Within a period of ten years the "young doctor" had founded a Society of Natural History; and for five years he had been President of it. To keep at the front in biological studies he had been obliged to buy books, and to spend time in making dissections; but by working diligently he had accomplished quite wonderful results—he had astonished himself. Little by little his private cabinet of skeletal preparations grew until it embraced every vertebrate animal in his vicinity, and duplicates enough for valuable exchanges.

"For all this, Prof. Howe, I am indebted to encouragement lent by you," he wrote some months ago; and he added, "Please publish this in the JOURNAL that others may be benefited thereby."

I will add that the average graduate from a medical college, if he possesses a fair education in English, may accomplish as much as the above doctor did, and a brighter, more ambitious man could even outdo him. There is scarcely a limit to what a young man may accomplish in this world of mediocrity. Then, the pleasure of acquiring knowledge compensates for the labor and expense of the scheme.—Howe, *Eclectic Medical Journal*, 1886.



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### ABBOTSFORD AND MELROSE ABBEY.

In 1886, Professor Howe consummated a long-cherished desire to visit Europe. His chief purpose was to visit the hospitals of the Old World, but, scholar that he was, he did not neglect the cultural and historical opportunities of travel. Upon the places visited he wrote many delightful articles pregnant with descriptions and historic allusions. These possess a charm rare in letters of travel, and the article selected will please the majority of readers who incline to literary topics. Others on "Michael Angelo," "When the Art of Ancient and Mediæval Rome," etc., were admirable productions, but too long to reproduce in our pages. This pleasing appreciation of Scott and Abbotsford and Melrose Abbey—literary shrines most loved—shows Dr. Howe in one of his happiest recreative moods.—Ed. Gleaner.

ABBOTSFORD AND MELROSE ABBEY.—The American, whether he visits England or not, always feels as if he inherited certain rights there; and that he should, if the occasion present itself, look after ancestral interests. He speaks the mother tongue, and revels in the literature of a language which in time will be universally spoken.

Although our fathers, as colonists, had a quarrel with the petulant "Home Government," and we succeeded in setting up house-keeping for ourselves, we no longer entertain a grudge against the descendants of those who thought we were wrong! We have a country of our own, and quite naturally glory in its marvelous growth, but we do not forget that our laws and customs have been largely copied from English samples; and we love to read in prose and verse the stirring words of the best English authors. Indeed, we claim partial ownership in the literary productions of the mother country. We purchase her publications, and trust that our patronage has been appreciated. If we have appropriated anything without giving due credit, we have done it much as a boy takes a cake from his mother's pantry.

The most thrilling tales read in our boyhood are from *Border Minstrelsy*; and the general reader can not help admiring the witching poesy of Sir Walter Scott. The knighted bard was born in Edinburgh, but spent much of his boyhood in a region of country often fought over in strife for territory, in struggles for prestige, and in making reprisals. Then there were the endless disputes about succession to the Scottish crown on the part of kings and chieftains; and bloody bickerings between Scot and Britain in regard to the Anglo-Norman frontier. The results of a battle

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reconstructed boundaries, and provoked animosities which became chronic. The land was full of song and story; the valiant deeds of chieftains were rehearsed at every fireside on the border, and the youthful maker of rhymes wove these tales into captivating prose and verse. Walter Scott was naturally a genius, but the surroundings of the man helped to develop his talents, and to give them a turn in a given direction. He was a patriotic son of Scotia, and warmly sympathized with the gallant heroes who triumphed well at Bannockburn, but lost at Flodden Field. In these decisive battles, fought mostly in hand-to-hand encounters, were ample opportunities to display

“That stern joy which warriors feel  
In foeman worthy of their steel.”

*The Lay of the Last Minstrel and Marmion* are faithful representations of contests in armor, the weapons of the cavaliers being swords, spears, and halberds. Individual tilts took place on horseback as well as on foot. Sometimes heads were severed by the stalwart blow of a battle-ax. The issue of a fight depended more upon the display of personal bravery on the part of leaders than upon the discipline and skillful handling of troops.

The famous “Border Wars” were over before Scott was born, therefore he became a subject to the English Crown. However, his heart was ever loyal to the land of his birth and that of his ancestry. He could not help bestowing glory upon Scotland and championing her causes. His burning patriotism bursts forth in the lines—

“Breathes there a man with soul so dead,  
Who never to himself hath said,  
This is my own, my native land?”

In early life Walter Scott was physically feeble, and a sickness resulted in a lameness which always continued. In manhood he was robust and jolly, but in the last years of his life he became a paralytic, and died at the age of sixty-one, at Abbotsford. His remains were buried beside those of his wife in Dryburg Abbey. As a student the youthful Scott was easy to learn, and possessed a remarkably good memory. He took to modern languages, “and knew little of Latin and less of Greek.”

Through the influence of distinguished friends young Scott obtained a lucrative office at Selkirk. Having much leisure he read



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much, and began to try his talent at ballad writing. At twenty-five he was established on a liberal salary in Edinburgh, and there wrote *Border Minstrelsy*. At thirty-two he gave to the world *The Lay of the Last Minstrel*, and stepped to the front as a popular writer. Then in rapid succession came *Marmion* and *The Lady of the Lake*.

At twenty-six he married, and lived happily with his wife during her lifetime. Sometimes they dwelt in Edinburgh, and sometimes in the country. As Scott's fortune grew a desire developed to have a home in a rustic neighborhood. After consulting the wishes of his consort, the admirer of rural scenes bought a farmhouse on the "Border," and converted the estate into "Abbotsford," as he christened his growing mansion. On some broad acres of alluvial soil, in a bend of the Tweed, still stands the "Romance in Stone;" and the renown of its founder draws thousands of pilgrims to the place every year. The location for a home was carefully selected, and the erection of the buildings and the ornamentation of the estate were conducted at intervals as leisure and income permitted. The surrounding at best is attractive only to a moderate degree. The land is not fertile, except in occasional spots near the bank of the river; and the pastoral inhabitants are plain as they are honest. The hills are not covered with timber, but with heather and brushwood—covers for rabbits and pheasants. The Duke of Buccleuch owns large estates hereabouts, and maintains a hunter's lodge in the vicinity. Occasionally he entertains members of the Royal Family, and takes his visitors on a fox hunt. Then the musical bay of the hounds calls to the fields the entire population of the vicinage. "It is then that his lordship shows himself the gentleman he is;" and the ruralists flatter themselves the princely display is gotten up, in part at least, on their account.

When Washington Irving paid Abbotsford a visit, he remarked to his distinguished host that the scenery of "Borderland" had been a disappointment—that "the hills were too bare to be beautiful, and too low to be impressive." Scott hummed a moment as if at loss for a proper reply, and then bravely said: "It may be pertinacity in me, but to my eye these gray hills and all this Border country have beauties peculiar to themselves. I like the very nakedness of the land; it has something bold, stern, and solitary about it. When I have been for some time in the rich scenery about Edinburgh, which is like ornamented garden land, I begin to

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wish myself back again among my own honest gray hills; and if I did not see the heather at least once a year, *I think I should die.*"

A business transaction of an unfortunate character called Sir Walter Scott to Edinburgh and kept him there during a period of life he had planned to pass in retirement among the crags and glens of the "Border;" and there in the great mart of trade he delved like a galley slave, with an unwavering purpose to free himself from every pecuniary obligation. And his prolific pen and his popularity as a writer soon wiped out the larger part of a debt which at first seemed a mountain. But the incessant toil sapped the foundation of a vigorous constitution, so that the recreative influence of foreign travel failed to restore vigor to the impaired body and mind. Death did not too soon close a life which at length became a burden.

A lineal descendant of Sir Walter now resides at the old homestead, and shows tourists the most interesting features of the somewhat extensive demense. From the large windows of the breakfast-room is a view of rare loveliness. Cattle and sheep graze on the grassy mead which stretches a few hundred yards to the gurgling Tweed, which is here shallow—Abbot's *ford*. A large hall is filled with old armor, and other curiosities of a multitudinous character. A drawing room is hung with valuable paintings, and embraces carved furniture, with images in ebony and ivory. The library is the largest room in the house, and contains seventy thousand volumes. The grounds within the domain are kept in fine order; and the visitor feels quite well paid for the time and money spent in a pilgrimage to the villa.

The railway which takes the traveler to the vicinity of Abbotsford runs from Edinburgh to Carlisle, passing through Hawick (where is the manufactory of "tweeds") and having a station at Melrose, a village three miles from the Scott estate. Before arranging for the drive to Abbotsford, the tourist takes a survey of Melrose Abbey, a cloistered ruin of beauty and renown. The dilapidated monastery was built in 1136, under the liberal patronage of St. David, or David I, of Scotland; and a colony of Benedictine monks was invited to conduct the ceremonies of the conventicle. The English, in a foray over the border, destroyed the structure in 1322, and scattered the pious band. However, this hardship made the members all the more influential. They were a highly educated class, and skilled in the arts of an advanced civilization, therefore they



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naturally became schoolmasters for the rising generations; and cultivated the arts of peace among the warlike dwellers on the Border. They shed a refining influence on every hand, and earned the protection and patronage of those in authority. At length Robert Bruce was moved to rebuild the Abbey, and through the scattered monks to re-establish the ceremonials and hospitalities of the place. In the restored condition the monastery continued to flourish until the throes of the Reformation despoiled the sacred vestments and art treasures, and defaced the venerated structure.

While tenanted by monks of the Cistercian order, the Abbey was often a place given to wine and wassail; and the following verse was perpetrated to satirize the doings of the cloister:

“ The monks of Melrose made gude kail  
On Fridays when they fasted ;  
Nor wanted they gude beef and ale  
As long 's their neighbor's lasted.”

The enclosing walls of the Abbey are nearly entire, and a part of the roof, supported on the arches of Gothic columns, still shelters the foot of the crucial nave. The body of St. David was buried near the head of the auditorium. To the left of the King's grave was placed the embalmed heart of Robert Bruce.

Adjoining the ruin on two sides is a burying ground, whose moss-covered headstones can scarcely be seen, and whose graves are level with the intervening ground. The most ancient of English lettering is on the more pretentious monuments; and the curious among tourists spend days and days in attempting to decipher the epitaphs. Nearly all the interments are centuries old. A few families of the neighborhood possess rights in the grounds, and there are some recent burials made by them. Fragments of sculpture, half overgrown with grass, are to be seen here and there, but whether wrecked by time or iconoclastic hands is left to conjecture. A few statues still hold their places on the cornices of the Abbey, and serve as samples of what might have been the original ornamentation of the architects. The first stanza in Canto Second of *The Lay of the Minstrel* is a metrical and rhymed description of the famous ruin:

“ If thou wouldst view fair Melrose aright,  
Go visit it by the pale moonlight ;  
For the gay beams of lightsome day  
Gild, but do not flout, the ruins gray.

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When the broken arches are black in night,  
And each shafted oriel glimmers white;  
When the cold light's uncertain shower  
Streams on the ruined central tower;  
When buttress and buttress, alternately,  
Seem framed of ebon and ivory;  
When silver edges the imagery,  
And the scrolls that teach thee to live and die;  
When distant Tweed is heard to rave,  
And the owlet to hoot o'er the dead man's grave.  
Then go—but go alone the while—  
There view St. David's ruined pile,  
And home returning, soothly swear,  
Was never scene so sad and fair."

The good people of Melrose are timid about following Scott's formula; they are not given to viewing the Abbey at night. In fact, they declare the night air in the vicinity of the ruin to be unwholesome, and hint that on certain crispy nights in autumn the narrow galleries are visited by phantom monks who chant weird music to the accompaniment of lute and harp. The belief is that specters and goblins haunt the place, and do not relish having their nocturnal orgies viewed by mortal eyes. The testimony is that spirits have been seen flitting in dark corners of the crumbling pile; and the suggestion that the mysterious movements may have been produced by the wings of bat or owl is treated with derision. Scott's advice to "go alone" to the ruined pile, and at *night*, is treated with contempt, the idea being that we have no right to trifle with the powers of darkness! A brave citizen stated that he should not be afraid to visit every part of the dilapidated building at midnight, if there was any good reason for so doing, but he should not go unbid. Why should he disturb the repose of the dead at night? Scott might do it, but he would not. He believed the low musical notes, like the subdued chants of a choir, were produced by the wind while forced through the fluted corbels. He did not think that the spirits of departed monks revisited the consecrated place.

At the inn adjoining the Abbey are apartments looking upon the ruin and adjacent burying ground, and guests aim to secure lodgings in these rooms. There is so much fascination in connection with the old monastery that occupants of these favored quarters spend much time in gazing upon the "scene so sad and fair," and in musing upon events connected with the history of



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the "ruined pile." The desolate and dismantled Abbey was constructed of such durable material, and the foundations were so well placed, that the sanctified and despoiled structure is liable to last a thousand years. The ravages of time alone are likely to disturb the interesting ruin. A pious reverence for the founders of the notable Abbey, and a cherished hate for its destroyers, tend to perpetuate a profound interest in the hallowed shrine.—Howe, *Eclectic Medical Journal*, 1887.

"PROCUL, O PROCUL ESTE, PROFANI."

Dr. Howe had many friends and admirers in the dominant school and was perhaps more tolerant of it than the other leaders of Eclecticism. This did not deter him from throwing an occasional dart at the exclusiveness and pharisaical attitude of some of the old school leaders. The thinly veiled sarcasm of this brief selection is akin to ridicule, and ridicule is declared by Bishop Quayle to be the most effective weapon in bringing people to ways of righteousness. It is safe to say that conversion that "worketh righteousness" is not yet completed in the regular school of medicine.—Ed. Gleaner.

"PROCUL, O PROCUL ESTE, PROFANI."—On the door-plate of a certain church edifice I lately saw the Latin quotation placed at the head of this squib. The famous protocol constitutes the 257th line of Book VI of Virgil's *Æneid*, and may be rendered as follows: "Stand aside, ye unsanctified." Literally the words mean, "Be off, O be gone, ye uninitiated." Upon inquiry I found the church was a "close communion Baptist."—the application of the phrase being that the profane and unregenerate were not wanted inside, or until they became fit to be seated in the sanctuary.

An allopathic college has recently adopted the same motto for a heading to its diplomas. A recipient of one of these emblazoned sheepskins asked me in all seriousness what the quotation signified. I assured him that the figure-head was both classical and ornamental; that when *Æneus* entered the Infernal Regions he, being by birth part celestial, could visit the realms of departed spirits, but his companions, being simply mortals, were ("este procul profani") commanded to stand aside. Now, as "regular physicians are lineal descendants of *Æsculapius*—an unquestioned semi-celestial—I do not see why the graduates of allopathic colleges should not warn the profane against entering their heathen temples. It is highly proper that they should place over the en-

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trances to their mysterious abodes, *Procul, O procul este, profani*; and then, on the gateway leading out, have lettered the following: "*Descensus Averni facile est.*" To enter *sheol* is easy, but to get out again is hellish hard. Every callow alumnus would be proud of the learning displayed.—HOWE, *Eclectic Medical Journal*, 1887.

### WITCH-HAZEL.

This charming bit of folk-lore shows the same careful attention to completeness of detail that the author would have bestowed upon a surgical topic—The romance of the witch hazel—its myths and legends—is one that comes near to people of this country, for the "water wizard" and the "diviner" of mineral wealth is not a stranger to the American public. Dr. Howe explains the workings of the divining rod and exposes the gullibility of persons who blindly allow themselves to be deluded by the peripatetic wielder of the magic wand.—Ed. Gleaner.

WITCH-HAZEL.—The folklore of Europe has reference on multiple occasions to the mythical properties and virtues of witch-hazel. In most instances pronounced magical powers are ascribed to the shrub, bush, twig, or tree. A forked staff of hazel-wood is employed by witches as a wand to wave over a road, path, or way, or over a stream or pond of water, to influence the presiding deities or sprites of the locality, for good or evil to those passing. Sometimes a wand of ash was selected to execute a potent purpose; and the leaves of the ash tree were presumed to antidote the venom of serpents. A Swedish peasant will assure you that the touch of a hazel twig will extract the virus of a snake's bite; and that after a battle between serpents the wounded reptile will repair to a hazel bush, and there remain until the venom has been antidoted.

In the "*Mythology of the Aryan Nations*" we read that amulets to cure and keep off epilepsy are made of mistletoe, and that children are relieved of hernia by wearing a girdle of ash and hazel twigs or leaves. Fiske, in his "*Myth and Myth-Makers*" says: "The notion that snakes are afraid of an ash tree is not extinct even in the United States. The other day I was told, not by an old granny, but by a man fairly educated and endowed with a very unusual amount of good, common sense, that a rattlesnake will sooner go through fire than creep over ash leaves or into the shadow of an ash tree." I can assure the writer that I heard the same or similar statements in New England when I was a boy. Not many years



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ago I was visiting an uncle in Massachusetts, and while there I saw three or four men slowly pacing a piece of ground on a side hill a short distance away. I asked what the solemn appearing individuals were about. After being told that the elder of the group, who held a crooked stick in his two hands and watched the wand very closely, was a "locator of wells" and "finder of hidden treasure." I hastened to the scene with a view of learning the secret, or what I could in regard to it. I had heard of the mystery before, but had never seen the practical working of it. The wand was forked and of green hazel; the diviner's hands grasped the two branches of the stick, and the body of the little tree—the thickness of the thumb—stood upwards, when the implement had been properly manipulated and was in condition for the subtle action. The forked hazel stick was called a "divining rod" or "the witch's puzzle." When the bifurcate hazel stick had been grasped and held for manifestations and demonstrations, the front aspects of the hands did not face each other, but the *backs* were turned to one another, the little fingers being uppermost. Now, if anybody will thus grasp the forks of a "divining rod" made of apple tree, alder, or birch, and have the central stub or stump a foot long, the weight of it will incline the stalk to tip one way or the other; and if the wood be freshly cut, and the hands clutch the forks with firmness, the twisting force will wrench the green bark from its foundations. This part of the trick ends the experiment, and demonstrates the fact that a good spring of water is not far under ground. And what is a clincher of the feat, the sinkers of a well are about sure to find an abundance of pure water if they go deep enough into the earth! In the case referred to, the manipulator of the divining rod received a fee of three dollars. He had been summoned a distance of a few miles, and the owners of the land, who desired a good well for watering grazing cattle, were among the most intelligent and carefully educated in New England. To question the propriety of thus having a spring scientifically located would be to risk the reception of a severe rebuke! In Nebraska I saw a split piece of whalebone employed as a divining rod to locate a spot to be bored for water. The user of the implement received five dollars for his services. A doubting Thomas had the hardihood to say that a bore a hundred feet deep, more or less, the variation depending upon the surface, whether on a ridge or in a hollow, would surely strike a bed of gravel in

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that part of the country, where water existed in the greatest abundance. The bore was made with what are called "drive-wells," sections of iron tubing were driven into the earth till water flowed from the top segment. The "diviner" was engaged mostly in locating the presence of valuable minerals; and if his word could be credited, he never failed to find gold, silver, or lead in soil where the rod "worked" in his hands. The "rod" was made from a piece of whalebone about fifteen inches in length, and split from one end to within five or six inches of the other. A copper ferule enclosed the wand at the point where the split terminated. I believe the ring of metal was to prevent the whalebone from splitting into two parts. The diviner remarked that he had to employ a leaden ring when testing for copper! Thus it is ever with diviners, they know the worth of mystification and how to practice deceit. They understand the gullibility of human nature. It seemed to me that the Nebraska *diviner* employed forked whalebone because green witch-hazel did not flourish thereabouts. A fakir has to conform to the necessity of circumstances. If a witch can not find a hazel bush with which to make a wand, she can impart potency to a forked stick of any other tree or shrub. But the hazel sprout is the one fancied by writers upon witchcraft.

In Scandinavia two dry sticks of hazel-wood will develop fire when vigorously rubbed together; and the revealer of the secret of fire striking does not mention that primitive people the world over have always developed fire by rubbing dry sticks together—by friction.

The tale of William Tell, the Swiss archer, whom the tyrant Gessler meant to slay, but who saved his life by the extraordinary feat of shooting an apple from his son's head, was enabled so to do by fashioning an arrow from a twig of hazel, as a mediæval chronicler relates. The weapon was then like the charmed gun which exercised such discrimination that it would miss a calf but hit a deer. I have quite shed tears over the exploits of the patriot Tell, and have seen the name of the famous Swiss coupled with that of Washington, therefore when I learned that there never was such a man as William Tell, no tyrant Gessler, no son to unflinchingly endure the sight of the fling arrow, I felt like distrusting the story of Achilles and his heel rendered vulnerable by escaping baptism in the river Styx, and like questioning the very existence of the little hatchet which mutilated the cherry tree! The earliest



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account of the Tell-myth is the following, taken from "*Historical Difficulties*;" it is of Danish origin. "A certain Palnatoki, for some time among King Harold's bodyguard, had made his bravery odious to very many of his fellow soldiers by the zeal with which he surpassed them in the discharge of his duty. This man once, while talking tipsily over his cups, had boasted that he was so skilled as an archer that he could hit the smallest apple placed at a distance of fifty paces on a wand, and at the first shot. This boastful language soon reached the ears of his majesty, who had long sought an opportunity to involve the braggart in difficulty. The king ordered that a test of the archer's skill should be made by placing the apple on the son's head instead of the suggested wand, and with the threat that, unless the author of the promise could strike the mark at the first flight of the arrow, he should pay the penalty of his empty boasting by the loss of his own head. The king's command struck the soldier with dismay, for he was exceedingly fond of his darling boy—a lad six years of age. After the lad had been stationed at the given distance and the apple placed on his head, the father asked the privilege of speaking to his child before he discharged the perilous missile; and while whispering in the lad's ear and arranging his arms behind him, Palnatoki slipped a hazel stick into the boy's hands and stuck an apple on the upper end of it. The stick was not discovered and the first arrow in its flight split the apple and left the youth unharmed. The king then asked the archer why he had taken other arrows in his quiver when the terms were that he should try but once? The answer corresponded to the one ascribed to Tell: "To kill thee, tyrant, had I slain my son." This story being centuries older than the Swiss production, the inference is that the latter is a borrowed affair; and what assurance have we that the Danish tale was not taken from an Aryan fable? In fact, a kindred tale is in the folklore of Norway, Sweden, and Persia, and in each country the leading features of the legend are almost identical.

The Persian archer is armed with an ashen bow and a hazel arrow, therefore his weapon embraces a double charm. In regions where hamamelis does not abound the divining staff or wand is a "wish-rod," the virtues of the implement depending more upon its shape than upon the nature of the wood. The shepherd's crook was a favorite shape for the sorcerers of Greece and Rome. In Egypt a species of reed or palm was used to prognosticate events;

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and a soothsayer could not practice his arts till fifty years of age. And, like hags, the older they were and the more repulsive in looks, the deeper were they endowed with mystic wisdom.

“ 'T is the sunset of life gives me mystical lore,  
And coming events cast their shadows before.”

The more profound the ignorance of a people, the stronger is the belief in supernatural influences. In the jungles of Africa and Australia the devil is presumed to have more power than the Almighty, hence there is more attention given to the former majesty in worship. Among semi-barbarians religious devotion is about equally divided between the two “rulers of the affairs of men;” and among the highly civilized and enlightened “his satanic majesty” is almost the subject of ridicule. In Job's time the devil divided honors with Jehovah, and wore a crown; now he is treated with scorn and contempt. The devil is the personification of evil, and has always ascribed to him a human form, though his pictures resemble mythological Pan—one foot is like that of a goat, and budding horns are seen on the forehead. It is a question what the cornua signify or typify. Pan has them, and they are thought to be a remnant of goat-like character; but horns are also symbols of strength and power. Jupiter sometimes is depicted with ram's coils on the sides of his head; the horns of the crescent have been placed upon the crown of Christ; and the Moses of Angelo has budding horns upon his head. The devil usually has a wand or trident, which is a compromise between that of Neptune and Mercury. This is vulgarly called his “pitch-fork,” though it be trifurcate and has parallel prongs. In “The Last Judgment” the tail of the devil is barbed at the end, like that of the mythological dragon. In Scandinavia the “evil one” carries a *caduceus* made of hazel-wood, and the implement is bifurcate. Witch-hazel is a product of northern or cold climates, hence it is so often mentioned in the folklore of Norsemen.—HOWE, *Eclectic Medical Journal*, 1887.

### ANÆSTHETICS.

Dr. Howe was an advocate of the use of chloroform as an anæsthetic, and it is perhaps to his teachings and experience most largely that Eclectic surgeons and physicians prefer it to ether or to combination anæsthetics. The profession is still divided—the majority regarding ether as the safer but less pleasant agent. Personally, we



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believe that as much depends upon the skill and care with which the anæsthetic is given as upon the choice of anæsthetic. The very danger of chloroform makes one watchful and careful so that it may have less fatalities in competent hands. Dr. Howe's views are expressed in the following paper.—Ed. Gleaner.

ANÆSTHETICS.—The introduction of the A. C. E. mixture, alcohol, chloroform, and ether, in the ratio of one, two, three, as an anæsthetic has been somewhat favorably received by the medical profession—the idea being that the combination is safer than chloroform has proven itself to be. Now, if a pleasant and efficient anæsthetic be safer than chloroform it is our bounden duty to adopt it in lieu of the more deadly lethal agent. But let us canvass the merits and demerits of the several anæsthetics in common use. Sulphuric ether is offensive to inhale, and quite inefficient—so much so that some patients can not be subdued by the agent; and in the majority of instances the time required to bring about anæsthesia is a serious objection in most surgical procedures. After an operator has fixed an hour for executing laparotomy, exsection, or for removing a cervical tumor, he does not feel like wasting forty or fifty minutes in getting the patient ready for his manipulations. The same objection can be raised against the triple combination already mentioned, only the latter is more potent and efficient than ether by itself. After waiting twenty minutes for A. C. E. to get a patient into a state of garrulous inebriation, I have pressed into service a drachm or two of chloroform, and thereby produced profound anæsthesia in a very few minutes, demonstrating the superiority of the latter over the former.

I have said on other occasions that when ether or any of its associates is employed as frequently as chloroform, nearly or quite as many fatal issues will follow the employment of the so-called "safe" agent. Then, an argument unto myself is that I have administered chloroform several thousand times and have never had a fatal result. If I had given ether with the assurance that no harm could come from it, I might have lost a case. While administering chloroform I know there is danger, and watch my patient with the expectation that something unfortunate may happen. As soon as the patient ceases to breathe in pronounced respirations I slap the posterior aspect of the thorax, the blow with the open hand being no trifling hit. It springs the ribs inward, so that in the rebound air is sucked into the lungs, the heart is jostled into motion, and the vital machine, which has come almost to a stand-

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still, is made to move rhythmically. I have taken so many patients safely through the Scylla and Charybdis of anæsthesia that I think none—or almost none—need be lost. To hunt for a galvanic battery, to rely on dashes of cold water, and to try inefficient means is to court death. A heavy blow administered on the side of the chest with the open hand is the ready and sure way to resuscitate the over-anæsthetized patient.

Chloroform is the pleasantest and the most efficient anæsthetic, but its effects need watching—the respiration is to be observed, and little attention is to be paid to the pulse. In efforts at resuscitation a word, a grunt, or a groan is all the assurance needed. The operator may then go on with his surgical procedure without losing more time; there is no longer a feature of danger.

The head should be lowered and the face turned over a basin if signs of vomiting intervene. The contents of the stomach must not be left in the pharynx to clog the larynx. A sweep of the finger through the throat will determine whether the respiratory passages be free or not.

I have reiterated the foregoing rules and precautions so many times that I feel some like apologizing for introducing them again. My only excuse is that the rules and precautions are vitally important, and that well enforced repetitions awaken interests and carry convictions.—HOWE, *Eclectic Medical Journal*, 1887.

### EXCESS OF TIMIDITY.

Courage was one of the marked traits of Howe's personality. He believed in the free and unequivocal expression of opinions. He recognized that intellectuality and originality of thought were as likely to be possessed by the quiet and unassuming practitioner as by the so-called leaders of men. Timidity prevents such people from giving written expression to much valuable experience, and Professor Howe holds out the welcoming hand to such, that their ability and valued suggestions may enter the printed page of record.—Ed. Gleaner.

EXCESS OF TIMIDITY.—Every few days we meet with physicians who in conversation disclose the fact that they are intellectually above the average of their professional brethren—they possess originality of thought, and they generalize upon observations with the ability of a logician—they have noticed some new and unrecorded phase of disease, or have detected a peculiar action in a well known remedy, yet through excess of modesty they can not be induced to write a line for a medical journal. The excuse rendered is that



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they are not used to putting their thoughts on paper, or they are afraid some bushwhacking "critic" will select their productions as targets for the display of villainous comments. Now, my advice to the excessively modest is that they daily jot down their observations and ratiocinations, and when a leisure hour comes an abstract of something readable can be licked into form. Besides, the editor of a journal can correct glaring imperfections, trimming the verbose and expanding what is evidently cramped. It is to be regretted that good things in medicine are lost to the world because the devisers and inventors of excellencies have not the courage to put their discoveries in print.

Proprietors of feebly supported journals are in the habit of calling for "short, pithy articles," and in the pleading they affect to despise lengthy contributions, when the fact is well known that only bob-tailed contributions can possibly be obtained. The enterprising proprietors evidently aim to elaborate virtue from necessity—to reflect on long articles because they can not command them, and praise only such as they can obtain—the sour grape argument.—Howe, *Eclectic Medical Journal*, 1888.

### CINCHOMANIA.

This article should be read and pondered over by those who recklessly use quinine and other powerful agents without specific reasons for their exhibition. Without question, much harm has resulted from the excessive and unjustifiable use of quinine, and the penalty has been severe. People can tipple with drugs as well as with alcoholics, and Professor Howe strikes a common evil—cinchomania—in such a manner as to carry conviction of its pernicious and baleful effects.—Ed. Gleaner.

CINCHOMANIA.—A potent remedy is liable to be taken in overdoses, or during too prolonged periods, and quinine is such an agent. Since it has become fashionable to be malarious, society people must cinchonize—they must have an innocent tipple. Everybody feels bad by times—feels chilly, nervous, and vitally depressed; and instead of waiting till the ill-turn passes off—till the stomach resumes its wonted activity—the sufferer takes a few grains of encapsuled quinia. In the course of time a cinchonous habit is established. The partaker does n't feel quite well till quinia influences the nervous system, and at length cinchomania is acquired. The minister can not do himself justice in the pulpit unless he takes ten grains of quinia before going to church. And so it goes

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through all grades of the "better classes"—all must indulge in the bitter drug. If a faltering fidgetiness be initiated, and harm be acknowledged, the doctor is blamed—he prescribed quinine at first, and the patient kept on taking the medicine till a necessity for its continuance was felt. The cinchomaniac may be a good citizen, may even be a Christian gentleman and be noted for kindness of heart, yet he is not what he should and could be—he is mentally and physically impaired. Now, if the morbid disposition to fuddle on quinine be due to the advice of physicians, it is high time a halt was called in such kinds of professional abuse. Medical men have become cautious about making inebriates with alcohol and opium, but have lapsed into the fault of prescribing quinine in most every ill. As a general rule a remedy which does marked good in certain forms of disease will do harm in states of health.—HOWE, *Eclectic Medical Journal*, 1888.

### DIVINELY INCLINED.

Evidently believing that the humor of the situation, if not the biographic facts, will be remembered, Dr. Howe occasionally contributed short historic paragraphs of this type. As the anatomical balance is heavy in this production, it ought to serve to fix indelibly in the reader's mind the anatomical points involved.—Ed. Gleaner.

DIVINELY INCLINED.—Adrian Spigel, whose name has been rendered "immortal" among anatomists through its attachment to a small lobe of the liver—*lobus spigelii*—was a Belgian physician, and made professor at Padua in 1616, succeeding Casserius. The hepatic lump, accidentally found, was first described by Sylvius, and sixty years in advance of Spigel's studies. A peculiarity of Spigel was that he manifested great religious zeal, ascribing peculiar features of the human body to the Almighty's great love for mankind. He thought that the gluteal muscles were made large that man might have a comforting cushion while, in a sitting posture, he was contemplating the wisdom of his Creator.—HOWE, *Eclectic Medical Journal*, 1888.

### "BLACK DEATH."

This historic article was a timely production at a date when bubonic plague was not so familiar to physicians as it is now. Volumes are now written upon tropical diseases, and the wars of expansion have made necessary redoubled energy lest plagues be brought into this country by returning soldiers from tropical campaigns. Very



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little of importance that was going on in the world that had a medical or surgical bearing escaped the notice of Dr. Howe; and when an important menace like the plague threatened this country, he came out with this article. His words were prophetic—"We may yet pay a fearful price for the dirt imported from the eastern shores of Asia—a sin has been committed which commands atonement." The vigilance of the army medical department alone prevented such an invasion but a few years since on our Pacific Coast.—Ed. Gleaner.

"BLACK DEATH."—In 1347 some caravans from Central Asia arrived at Constantinople, and soon spread an infectious disease which proved exceedingly fatal. A patient came down with the morbid action very suddenly, the first symptoms being a "chill," followed by exalted heat and profuse sweating. Soreness attacked the muscles, and the sufferer had lumps appear in the arm-pits and groins—buboes. In three days the afflicted were moribund, and not one in ten survived an attack. Physicians did not make much effort to cure the disease, for at that date in history medicine was a black art. Away on the banks of the Volga and the shores of the Caspian "the plague"—bubo disease—breaks out every few years among the filthy fishermen of those regions, and spreads in every direction unless quarantined—unless shotgun cordons be drawn around the infected district.

A ukase of the Czar makes it death to cross the line marking the infected villages. The disease, as described by army surgeons in the Russian service, is declared to be identical with the "Black Death" which visited Constantinople over six centuries ago. "Plagues" having thinned out mankind ever since histories of the race can be traced or traditionally followed, it is highly probable that the bubo disease came into existence thousands of years ago. The authentic records of China describe a disease of the kind which nearly depopulated the "Flowery Kingdom" on repeated occasions. If Central Asia be the region where "Black Death" always exists, the disease may have spread eastward to China before traveling westward to Europe.

Cholera has its home in the jungles of the Ganges and Brahma-putra, so the bubo-plague may have its abode in the table lands north of the Himalaya range among people who dress in untanned sheepskins—the vilest dress ever worn by human beings. It is no stretch of the fancy to suppose a zymotic disease might spring from the combination of filth accumulating in such a raiment.

The smitten people of Europe looked upon the disease as a

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visitation of Providence—a chastisement for violated vows; and never once thought the infection sprang directly from neglect of the law of cleanliness. What a horrible disease to contemplate! The fevered and delirious patient begs for water to moisten a parched and blackened tongue; and there being more sick than well, the needed and craved cup of water can not be obtained!

What passes in history as the Great Plague, and which visited London in 1664, was nothing more nor less than the Black Tongue, or “Black Death” that has its breeding among the wearers of untanned pelts. Zymosis is only a technical expression for putrefaction;—the “Black Tongue” may yet reach America via China. What is the condition of a ship which has just landed three thousand Chinese laborers at Vancouver’s Island or on the banks of Frazer River? The filth and stench of such a vessel are too revolting for contemplation. We may yet pay a fearful price for the dirt imported from the eastern shores of Asia—a sin has been committed which commands atonement.—Howe, *Eclectic Medical Journal*, 1888.

### SHOULD THE PHYSICIAN HAVE A LIBERAL EDUCATION?

Professor Howe’s own experience in his preparation for medicine gives the positive answer to this question. Professor Howe was—as were Professors Scudder and King—a lifelong advocate of higher education—the education which enables one to know and to do. Professor Howe knew the value of a classical training, and would have all physicians so prepared.—Ed. Gleaner.

SHOULD THE PHYSICIAN HAVE A LIBERAL EDUCATION?—The question embraced in the heading was the subject assigned to be written upon and read at Detroit, before the National. The fair M. D. who tackled the topic did not crack a smile while reading a rather graceful paper. She seemed in a serious mood, and disposed to dispense the best of advice. As she made out the case, a medical man *should* possess a “liberal education,” whatever that term may mean. When the essay gets into the *Transactions* it will be a credit to the publication.

The utterly utter simplicity of the query is what captivates me. There should have been one other of the kind, which might read as follows: “Should a physician possess common sense?” A great many do not, therefore as a topic for the essayist it presents sig-



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nificance. If the President who assigned the topic had been a Thomsonian, it would be plain to comprehend the point to be discussed, for Samuel Thomson ignored a "liberal education," and considered natural common sense better than learning. In this he was correct—but he failed to state what he might think of common sense and learning *combined*. It is possible for the two qualities to go together.

"A liberal education" has not as yet been cleverly defined, but is presumably at variance with a stinted or cramped education. A "liberal education" once embraced the classics and higher mathematics, but at present the former may be omitted, and *physics* substituted. A London University matriculant must have something more than a smattering of "Mechanics and Experimental Science," the latter embracing kinematics, dynamics, and statics—all preparatory studies essential to matriculation. Now, to acquire what might pass as a "smattering" of knowledge in the various branches of the science named, how could the learner get along without some classical training? In fact, definitions can not be mastered without a familiarity with Latin and Greek. It will be seen then that what passes as a *liberal education* logically presupposes a knowledge of the classics. And here I should not be understood as demanding that a medical student must have an acquaintance with Latin and Greek before he enters the medical college—I simply mean that the *more* liberal his education the *easier* it will be for him to go to the front.

In a criticism I expressed on the topic—not on the essay—at Detroit, I made the humiliating confession that I knew nothing of "the classics" when I entered a medical college; but finding myself at once in a quagmire of technicals, I resolved to take the shortest way out of the jungle—I bought a "First Lessons" in Latin and Greek Grammar; and when I found I needed a teacher to give me an understanding of these I dropped medicine for six years that I might "fit for college," and take a regular four years' course at Harvard. A less expensive career might have been adopted—a private tutor might have answered quite well. But there is no such leveling course as that to be encountered in a popular university, where individual conceits are knocked higher than a kite—where lofty notions of one's qualities are ruthlessly trampled in the dust—where combatants in physical and mental arenas learn to give and take, and not whimper when beaten.

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Yet, when the University *curriculum* is over, the Bachelor of Arts is not able to earn a living—he is not wanted in the scientific laboratory—he is not fitted to conduct a piece of engineering—he can not determine how many solid and square feet or yards there may be in a piece of architecture—he can not preach in the pulpit nor practice at the bar—and he is totally unfit to set up as a doctor. What, then, is he? Simply *prepared* to study in a course which leads to the higher walks of a learned vocation.

The man who passes as possessing a liberal education—whether a farmer, mechanic, a chemist, a preacher, or a doctor, is a “hard student”—he studies every day, and never goes to bed till he has learned something he did not know before. If he be a successful practitioner of medicine—have all the patronage he can care for, and more too—he reads understandingly, or inquiringly, some new book or periodical before the day ends. The doctor who has not read *Watson's Practice* can not appreciate *style* in the literature of medicine; and the surgeon who has not the *Operative Surgery of Velpeau* can poorly appreciate what constitutes surgical scholarship.

How often the ingenious writer complains that he can not find some rare case described in “the books”—and he flatters himself, perhaps, that he has discovered something! What books has he consulted? Why, the text-books he carried home from college! How many of them? Possibly ten or twelve—and he is content with the consultation of these? Is he out of patience with the authors or compilers of these “text-books” because everything in the literature of medicine was not embraced in the moderate sized volumes? He is, for it costs money to buy a library, and time to read what may be in the books—to glean a little of value here and there, and to be forced to cast aside stacks of chaff! And the good is to be marked or indexed, that it may be available when needed, though years have escaped since the annotation.

Is the literary road hard to travel? Is it beset with flinty shards and jagging thorns? Is it uninviting in length and weariness? Is it profitless and unsatisfactory? Only those who enter upon its ways appreciate the charms of the journey—at every turn in the road there is a captivating surprise—an allurements to go on and on, till the idea of stopping would be entertained with distress. The acquisition of knowledge is attended with more pleasure than the accumulation of wealth. Besides, scholarly attainments



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rank higher than riches in the social scale.—HOWE, *Eclectic Medical Journal*, 1888.

### NATURAL BONE-SETTERS.

Dr. Howe recognized the fact that some individuals, wholly uneducated in other respects, may acquire wonderful dexterity in reducing luxations. It is customary for educated physicians to ridicule "natural bone setters," but Dr. Howe was willing "to give the devil his due." The advantages of a thorough knowledge of anatomy and the mechanism and action of joints makes the surgeon more than the equal of such rare bone-setters, while the latter may often succeed where the ill-prepared operator, though possessed of a diploma, may fail. In this article Dr. Howe shows the intricacies involved in the management of such injuries, a knowledge of which makes the physician master of the situation. Among the famous bone-setters of history are several members of the Sweet family, of Rhode Island, and Dr. Kittredge, of New York, all of whom reduced luxated bones by manipulation processes alone when physicians and surgeons were clinging to cumbersome methods and apparatus.—Ed. Gleaner.

NATURAL BONE-SETTERS.—At the November meeting of the Cincinnati Society of Eclectic Medicine, I took occasion to make some off-hand remarks on the alleged gift of adjusting luxated bones, saying, among other things, that I had seen the Christian healer, the Rev. Newton, manipulate the lame and make them walk away without canes or crutches; that the seeming cure came from the mobility imparted to stiffened joints, and to confidence impressed upon the feeble and the tottering. A wonderful degree of energy can be infused into a despairing wretch by a man of physical and mental vigor. I have been surprised at my own power to dissipate distrust and to impart confidence to the sick and lame.

Natural bone-setters are not without ability; they have not practiced their arts for years and learned nothing. But, to say that they can rival an experienced surgeon in the successful manipulation of dislocated, sprained, or anchylosed articulations, is to be ready to champion the marvelous upon a slight provocation. A regular practitioner of little experience in bone-setting, though he be a fair anatomist, can not handle a luxated limb as expertly or adroitly as a bone-setter of large experience; and here comes the opportunity for a contrast which exalts the specialist, and reflects upon the educated physician. The latter fails to reduce a luxation through lack of experience, and the bone-setter comes in

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and succeeds! *Mirabile dictu!*—the quack has beaten the skillful surgeon! Not so; the confident bone-setter has been victorious over an inexperienced practitioner. In ordinary life a graduate in medicine, obstetrics, and surgery passes as an *expert* in all these branches, yet may be a poor representative of either.

Once we did not know much about the manipulating plan of reducing dislocations, and hence there was an excellent opportunity for bone-setters to ply their arts. At present every practical surgeon knows all about a joint, and rarely, if ever, fails to reduce a luxated bone in a few minutes. The *kinds* of dislocations are now compared one with another, and each is known to yield to a definite manipulative effort. With a patient insensible from the effects of an anæsthetic, the average practitioner may, by varied trials, reduce a dislocation of the shoulder; but if the injury be displacement of the long heads of the biceps from the bicipital groove, the random pulling and hauling will fail, and the bone-setter will also fail; he is not up to the specialties of the case; he lacks diagnostic skill. The experienced surgeon, however, sees by the peculiar outline of the limb what must be the matter; he recognizes the supine and flexed state of the forearm, the tense condition of the biceps, and the fact that the head of the humerus is not out of the socket, though the scapulohumeral articulation be somewhat restricted in its range of motion. By utilizing the method of *exclusion* the surgeon arrives at a conclusion—there is no fracture, no dislocation, and more than a sprain—what, then, is the trouble? Is the long head of the biceps displaced? It is possible; evidence of the lesion can not be *excluded*, and may be speculated upon—may be subjected to a test. While the forearm is flexed and the arm is forcibly revolved *inwards* and then *outwards*, the displaced tendon will be forced out of its new position, to fall into the groove it has left. But can not the surgeon determine whether he is to rotate the arm—the humerus—inwards or outwards? Not always; in a fleshy limb the point can not be determined by outward palpation, though the attitude of the limb may help in the differential diagnosis; yet if only two ways are to be tried, the second method will succeed, if the first fail.

The practitioner who talks about *partial* dislocations of the shoulder, as if the lesion were common, does not know what he is about; he is a man whom the “bone-setter” will beat. The discoverer of partial dislocations has little confidence in his diagnostic



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powers, manipulates at random in a purposeless manner, and "hopes for the best." He uses a liniment, and advises rest—possibly with the injunction that the patient be careful not to undo the good work already accomplished!

Ilio-femoral arthritis is so common, and so difficult to cure, that cases treated well by regular physicians not infrequently drift into the hands of "natural bone-setters." But these alleged possessors of supernatural powers rarely do any substantial good. Occasionally a case is benefited by a thorough overhauling, yet damage is often done. Some years ago a little girl on East Fourth Street was thoroughly manipulated by a peripatetic bone-setter, and the patient died in a week. She died of the wasting disease, but the end was hurried by the untimely attempt to reduce a bone which was not out of joint—was not luxated.

In cases of partial ankylosis, say of the elbow, following fracture of a humeral condyle, the itinerant possessor of inborn skill will sometimes break the fortuitous bands which constitute the "false ankylosis" and give mobility to the restricted articulation.—HOWE, *Eclectic Medical Journal*, 1888.

"DE SENECTUTE."

Such thoughts as are embodied in this essay on old age come to those who are far along in the journey of life. To most of such—those at least whose lives have been well-spent—it is the period of restful satisfaction and thanksgiving. Perhaps it is true that there is no old age, as Dr. Howe declares—that old age is measured by "term of life expired." We have all seen old young people and young old people. Those who have grown old gracefully and realize that the best of life is theirs even in their advanced years are thrice blessed and are an inspiration to others to work for the days to come that are declared by the poet as the best that are yet to be.—Ed. Gleaner.

"Grow old along with me!  
The best is yet to be;—  
The last of life, for which the first was made."

"DE SENECTUTE."—Robert Browning, in *Rabbi Ben Ezra*, begins a philosophic poem as above. But the young will say that the writer is making virtue of necessity. The man at sixty, looking backward, sees what has gone, and never to be regained; and therefore tries to make the best of the situation, praising the remnant of existence, calling it *the best*. But is not there a verity in the

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assertion that the first of life is necessary for the attainment of the last? If it were not for the fitful blaze of youthful coruscations the embers of age would be the less enjoyable. While youth, in the acme of its ambition, is struggling to reach the zenith of blissful existence, age serenely views the contest, believing the attainment not worth the effort were it not for that which is to come!

Cicero's essay on "Old age"—*de senectute*—is the most philosophic and satisfactory of any of the great orator's productions. In an address to a friend he says: "This work is so delightful that it has not only obliterated the annoyance of age, but has rendered existence more charming than it is possible for life to be in youth." Further along he says: "Those who have no resources within themselves for living happily, every age is burdensome."

Johnson, in *Rambler*, writes: "He that would pass the latter part of his life with honor and decency must, when he is young, consider that he shall one day be old; and remember, when he is old, that he has once been young. In youth he must lay up knowledge for his support, when his power of action shall forsake him; and in age forbear to animadvert with rigor on faults which experience only can correct." *Spectator* contains the following words on the topic under consideration: "As to all the rational and worthy pleasures of our being, the conscience of a good fame, the contemplation of another life, the respect and commerce of honest men—our capacities for such enjoyments are enlarged by years. While health endures the latter part of life, in the eye of reason, is certainly the more eligible. The memory of a well spent youth gives a peaceable, unmixed, and elegant pleasure to the mind; and to such who are so unfortunate as not to be able to look back on youth with satisfaction, they may give themselves no little consolation that they are under no temptation to repeat their follies, and that they at present despise them. The consciousness of a life well spent, and the recollection of charitable and noble deeds, render existence more than tolerable—they make it delightful! All men can not be Scipios nor Alexanders; and few such are long happy. A life passed in peace and comfort is more desirable than one inflamed by the storming of cities by land and sea, and in the ephemeral display of conducting triumphs. Plato in his eighty-first year died with pen in hand while expressing the beauties of philosophy. Isocrates wrote brilliantly in his ninety-fourth year, declaring that he had no reason to whine over the infirmities of age.



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It is not becoming to regret the departure of what may be supplanted by something better. Does the boy lament the loss of his infancy, or does the young man regret that he is no longer a youth? And it might be asked with equal propriety if the well settled adult longs for the uncertainties of young manhood? And, finally, is there need for repine on the part of the elderly who enjoy intellectual repasts, as well as a satiety of physical feasts?

“Maturer life with smiling eye will view  
The imperfect scenes which youthful fancy drew.”

When Sophocles was asked if he had enjoyed carnal pleasures, he calmly replied: “The gods have given me something better; nay, I have run away from them with gladness, as from a wild and furious tyrant.”

There is such a large proportion of suicides among adults that the circumstance is taken as an argument favoring the idea that existence beyond youth is hardly worth continuance. But in this we are not to be misled. An ambitious man may become despondent as soon as his schemes fail, and his future appears dark and uncertain. He has not wisely estimated the world, but has entertained a more hopeful outcome to it than facts warrant. The husbandman who mortgages his crop in seed-time is not sure of a harvest—he would be wiser to wait till the danger of frost and midge are over and the golden grain is ready for the sickle. Impatience and unreasonable expectations are among the faults of youth, and lead to untimely unhappiness.

Age does not alone ensure comfort and repose, nor is advanced life a surety; yet once attained, and the environment be fortunate, who would exchange its substantial worth for the uncertainties of youth? The young are chasing a phantom, the substance ever evading their clutch; the elderly, with the assurance of support, and the possession of mental wealth, are better off than the frivolous young, and infinitely happier. This the young can not appreciate till they pass the meridian of life, and begin to descend the gentle slope, going slow that there may be opportunity to admire the ever lengthening shadow—till the twilight tints the horizon—till it would be hard to tell when the day doth end and the night begins.

A mind schooled in cultured ways never has time hanging heavy, as if it were a burden; but the wit, wisdom, and worth of the great

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masters in art and literature become enchanting studies, widening comprehension and enriching appreciation. To grow old under such influences is not a burden or yoke hard to bear, but to glide along an eddying pool after cascades have been shot, and turbulent waters are calming to mingle with the sea.

Let noisy youth enjoy its huzzas, and the adolescent dream of bliss, almost within reach, and the stalwart adult just entering the race of real life strive for prizes with an eagerness that challenges admiration, yet only the elderly live to enjoy the best of life's struggle. Then "grow old," the better is to come! The first enjoyed was only good that the last might be the best!

Old age is a misnomer—there is no end of time. The babe that died to-day was comparatively old—its term of life expired; the lad is young in years, yet may be sporting on the brink of the grave. The smiling, winsome, waltzing maiden is shocked at the wrinkled image of age, yet may be nearer the tomb than her grandparents. The man of sturdy form and iron will may hurl defiance at any foe but death standing near; the aged alone are calm and not afraid—they have seen all except the unseen and cheerfully await the inevitable.—Howe, *Eclectic Medical Journal*, 1890.

### IS THE PRACTICE OF MEDICINE A PROFESSION OR TRADE?

Unfortunately it is too true that the practice of medicine is both a profession and a trade. One will make the professional aspect predominate, while others prefer to commercialize. Yet in it all the necessary means of existence must be obtained and the complete divorcement of profession and trade is rare. The physician who keeps out the element of trade as far as possible comes nearer the ideal which has been established for the professions. Taking it all in all, we believe the better class of physicians prefer the higher plane and strive to make of medicine a profession. And what are the actual differences between trade and profession? Let Professor Faunce, of Brown University, set the standard. He says: "Trade is occupation for livelihood; profession is occupation for service of the world. Trade is occupation for joy in the result; profession is occupation for joy in the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation often taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes



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one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor."  
—Ed. Gleaner.

IS THE PRACTICE OF MEDICINE A PROFESSION OR TRADE?—The senior of a literary college asks himself whether, upon graduation, he is to adopt a trade or a profession—he queries whether he is to study law, theology, or medicine, with a view of becoming a *professional* man, or is he to learn a mercantile pursuit with the purpose of engaging successfully in *trade*? He feels that it would be a fearful risk to embark in a commercial venture without serving for a season as apprentice in the kind of business selected as a vocation. To put money into drygoods, groceries, lumber, coal, iron, cordage, or into any branch of traffic without having some practical knowledge of profits and losses incurred in each specific transaction would bankrupt anybody. Novices in the jobbing of peanuts generally fail. The crop turns out larger than was expected and the price declines correspondingly; or, if the crop proves to be a short one, he sells before the price has attained a profitable figure. Such is trade!

The perils of a profession are such that he who enters upon the peculiar career must rely for success upon his education, aesthetic taste, tact, and discretion—he must utilize subtle ways to carry his points—he must become master of arts that both please and persuade; at the same time he should, to secure a lasting and profitable reputation, avoid deceit in his dealings with mankind. To be professional is not to be an adroit trickster. Honesty and honor adorn each of the professions. A lawyer who cheats is a shyster; a preacher who degrades his high office to the gratification of selfish ends is a hypocrite; and the physician who lowers his professional standing by indulging in questionable arts is passed upon for what he may be—his title will not shield him from fairly just criticism. If the recent graduate in medicine indulge the thought that the world is not sharp enough to discover shams, he is a victim of self-deception.

It is presumed that many medical men pursue their vocation for what money they can make out of it—they never rise above the idea of pelf, barter, and trade—they care little for the literature and philosophies of medical science—they affect to despise its grand theories—they never stop to inquire into causes—they can name a few diseases, and may believe that a set of drugs in

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their portable pill-sacks will cure anything curable. Such practitioners are traffickers in medicine—mere traders in a stock of drugs, dispensing them for what they will fetch. They can lay no just claim to enter the higher walks of the profession and revel in the grandeur of medical dynamics, ethics, and æsthetics. To banter and barter may be reasonably profitable, considering the capital invested, whether in money or brains, yet there is a higher, a more exalted work in the profession of medicine; and the ambitious and laudable career is keenly enjoyed by the student of the history of medicine, by the investigator of its principles, and by the speculator in its possibilities. Medicine is so comprehensive in its ranges that parts of it may be carried on as a trade, and other parts may become a source of intellectual ratiocination and scientific indulgence, profit having no lot nor share in the matter. But, as pecuniary recompense is so often a necessity in life, the majority of medical men can not avoid being amphibious—practicing both a trade and a profession. The safest and most successful practitioners are they who aim to be pecuniarily recompensed.—Howe, *Eclectic Medical Journal*, 1890.

### SEPULTURE

The insecurity of burial grounds against the encroachments of municipal growth and interurban convenience makes the subject of sepulture one of the problems of the future. Ground contamination, giving rise to pestilence, has by no means been proved, and the growth of cremation, though steady, has been slow. So often has this subject come up for discussion in medical convocations that Professor Howe was prompted to write this interesting editorial. The subject recalls that delightful essay by Sir Thomas Browne, M. D., on "Hydriotaphia or Urn Burial," one of the treasures of English prose. In it the distinguished author of "Religio Medici" quaintly refers to the priority and antiquity of ground burial in these words, written in 1658:

"Many have taken voluminous pains to determine the state of the soul upon disunion; but men have been most phantasticall in the singular contrivances of their corporall dissolution; whilst the sobrst Nations have rested in two wayes, of simple inhumation and burning."

"That carnall interment or burying was of the elder date, the old examples of Abraham and the Patriarchs are sufficient to illustrate; And were without competition, if it could be made out, that Adam was buried near Damascus, or Mount Calvary, according to some Tradition. God himself, that buried but one, was pleased to make choice of this way, collectible from Scripture-expression, and the hot contest between Satan and the Arch-Angel, about discovering the body of Moses."—Ed. Gleaser.



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SEPULTURE.—American cities have grown so rapidly that within the memory of the living graveyards have been filled, overgrown, forgotten, and made into parks, or platted and sold as building lots. I have witnessed changes of this kind in several instances.

When a town site is located, and some progress made towards its growth, a burial ground is established just outside the corporation line, or beyond any contemplated building encroachment. But in the course of years the sacred and revered "God's acre" is trenched upon by the ambition and avarice of men. At first, in the growth of the town, the cemetery is merely flanked, and a high board fence protects the hallowed spot from the vulgar invasion manifested in the immediate vicinity; but at length the exigencies of the times demand a passage way for railroads or streets through the once rural cemetery. The authorities order a removal of the dead, yet only a few "remains" have living representatives to care for them. In the ever fluctuating tide of migration in a new country old sites are abandoned and new ones sought. The living move on—the dead remain and are soon forgotten. Consecrated ground is sold for silver, and hallowed monuments pass out of sight. Truly man, in the language of a rural preacher, "springs up like a sparrow-grass and dies like a hopper-grass!"

But it is not the memory of the dead and the mementos thereof that I am writing, but of the effect of festering corpses upon the living when graveyards yawn. I have observed "sacred soil" when "removals" were going on, and marked the odor emanating from the *humus*, as the earth, mingled with the bones, was carted away. The stench is not so pronounced as that of a decomposing carcass—of a dead horse, or of a well gone subject on a dissecting table, but a "ground smell" is present with a smothered animal scent. The earth surrounding the skeleton is black and rich in "residues"—is loaded with fertilizing stuffs. Only an organic chemist could determine the nature of the leading qualities. The effluvia arising does not seem to be specially poisonous. The workmen do not become stifled or sickened—they are more alarmed at a grinning skull than afraid of a deadly miasm. Hair occasionally clings to an unearthened cranium, and a lump of earthly matter may be discovered in the thorax if the ribs maintain an arched shield over the heart; but if the burial took place thirty years ago in common soil the cavity of the chest has been filled with crumbling clay. While watching for distorted bones in a Covington cemetery when

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"removal" was going on, the last burial having occurred thirty years previously, I saw no thoraces that maintained their arches—all had tumbled into shapelessness. The bones were all browned as if the clay contained iron, yet I think the coloration was that of the diluvial soil in which they were buried. The general appearance was that of the bones of the "Mound builders." If the skeletons were those of diphtheritic patients I seriously question whether a "specific microbe" of that dread disease were still alive. I am persuaded that no typhoid germ or "comma bacillus" still tenanted the moldering clay—not even the ghosts of morbid bacteria remained. By this I mean that the decomposed remains were free from living germs. There was present no putrescence, and by this I mean that too much importance is placed on the fact that waters permeating an old graveyard need necessarily contaminate a pool, a well, or a fountain. If a growing vegetable absorbs nutriment from filth, yet the vital processes keep the pulpy stalk free from contaminating principles, so may the living body of man purify brackish water taken as drink. The gastric juice of the human stomach kills most cocci at once, and cleanses food or incidental poisons. A bit of savory cheese is filled with "mites" of many varieties, yet the stomach, like the jawbone of Samson's ass, slays its multitudes.

I do not think we yet know how much contamination of water comes from burial grounds—but the topic is one which is creating a vast deal of discussion. The subject is one on which the average blatherskite bores State and National conventions. If a member knows little or nothing about therapeutics, he bores the assembly with a lot of stuff and nonsense on "State Medicine," quoting from cyclopædias till the sad listener sleeps and snores. The American Medical Association is given to verbiage on the prolific topic. At the New Orleans meeting a committee was chosen to report the next year on the propriety of commending cremation. Dr. Kellar, of Arkansas, was made chairman of the committee, and in his report at St. Louis he said: "We believe that the horrid practice of earth-burial does more to propagate the germs of disease and death, and to spread desolation and pestilence over the human race than does all man's ingenuity and ignorance in every other custom or habit. The graveyard must be abandoned," etc, the writer running off into a paroxysm of twaddle, all calculated to make the timid more timorous than they now are.



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Cremation is to be commended, yet the chimneys of such desiccatories should be built high, or the poison of the outpouring gases will contaminate the air we breathe and become more damaging than the filtered water we drink. Let it be considered that cremation is not a cure for a large proportion of human ills.

There is yet room for interments in America, and the idea of cremation is not popular. The ground is the great purifier of animal matter. After a buried body has reached a certain grade of decomposition it loses its contaminating properties—it is no longer flesh and blood, but an ever changing combination of chemicals, all hastening to ultimate elements.

Dr. Gross is quoted as saying that "it takes a human body fifty, sixty, eighty years or longer to decay." This is not complimentary to the "Nestor of American Surgery," if he ever said it. The "Early Christians," to avoid deadly persecution, hid themselves in the catacombs of Rome, where festering bodies were in abundance, yet we have no record that the hiding place was especially pestilential.

The first account of a purchased burial place is that in Genesis, where Abraham bought from the Heth people the cave of Machpelah and adjacent land for the sepulture of Sarah, his wife, who died in a strange country. The price was four hundred shekels of silver, current money. Cave burial led to catacombs, and graves in burying grounds followed as a custom of the people. Now cremation is agitated; and if the custom becomes universal the medical colleges will be shorter of "subjects" than they now are; burking and other crimes will be encouraged.

I would advise the passage of no law on the question, but let all be cremated who can afford the expense of firewood. In our day and generation incineration of the dead body is not likely to prevail.

The Hindoo method of burial is to expose bodies on pole scaffoldings that vultures may strip the bones of flesh. This is a gruesome practice, yet not costly—it saves fuel or the digging of a grave; but would not the feculence of the carrion bird be contaminative? I fear it would. I admit that it is no worse to have the dead body consumed by worms than to have it devoured by buzzards, yet the grave hides the revolting disintegration.

Inasmuch as we are accustomed to interments in burial grounds or cemeteries, and there be no serious objection to the custom, I

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am opposed to a change. However, I would grant to individual tastes the privilege of cremation or of a chemically desiccating process. The right to do as we please, so wo do not interfere with another's rights, is American.—HOWE, *Eclectic Medical Journal*, 1890.

### HOSPITAL NURSES.

Twenty-five years ago the trained nurse was not such a factor in medical and surgical practice as she is to-day. Educated nurses were scarce then as compared to the present, and much prejudice was felt against their employment. Professor Howe speaks a word for the hospital nurse—who then needed a word of cheer and commendation to lift her above the prejudices that surrounded her and to help her become the indispensable aid she is to-day.—Ed. Gleaner.

HOSPITAL NURSES.—In a late address by Lawson Tait, the renowned abdominotomist said: "I train my own nurses. The hospital trained nurses are a nuisance—they have ideas of their own which obtrude themselves when least wanted."

At present in Cincinnati there is an aggressive effort made to educate female nurses in the city hospitals, and considerable success in that direction has been attained. The remarks of Mr. Tait would seem to be a wet blanket for the enterprise, but it is not. If the great abdominal surgeon could not have specially educated nurses he would be only too glad to engage hospital-trained nurses.

Educated nurses are scarce in America, hence hospital-nurses are an advance upon the untrained trash of "ye olden time." It will take time to overcome prejudice—to induce a male patient to accept the attention of a female nurse in the pay department of a hospital, but as soon as he finds that a female nurse is skilled and attentive his prejudices will disappear.

The Catholic Sisters make good nurses, for the discipline of their order is such that they have first learned to mind their own business. The average American woman who nurses for a living is high tempered, strong-minded, and "as good as you are or anybody else,"—she can not be content with carrying out a physician's directions—she will be curious to modify them a little—she would make reputation of her own for skill and originality of execution.

But, let us have hospital-trained nurses rather than none—let the novice in the art of nursing learn to make a bean soup which is so creamy in consistence and delicious in flavor that a languid palate will just hanker for a sip of it. Let her study the caprices



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of sick-nature, and how best to cater to a particular fancy. The sight of some nurses is enough to make a fastidious mortal sick.

The rural nurse who takes care of country women in confinement is a *rara avis*—she is usually old, fat, lazy, and clumsy. and if she don't take snuff and drink whisky she is a jewel. She is looked upon as a necessity if she be a nuisance; and her gossip is palpably pernicious. She knows a year in advance when a baby is to be born—and is rarely too previous in her prognostications.—Howe, *Eclectic Medical Journal*, 1890.

### ABDOMINOTOMY.

Feeling that no term used in connection with opening the abdomen correctly expressed the procedure, Dr. Howe coined the term abdominotomy. Though more expressive, it has not superseded the older and better-known term, laparotomy.—Ed. Gleaner.

ABDOMINOTOMY.—At the risk of being blamed or censured for the invention or introduction of a new term, I offer abdominotomy as the proper one to signify cutting into the abdominal cavity. Laparotomy signifies cutting into the side or flank, hence is not a significant term. Gastrotomy would do, were it not for the fact that it really means cutting into the stomach. The opener of bellies becomes an abdominotomist, and although the word be long, it is rather easily spoken. As soon as we are used to it we shall like it. Not one medical man in a hundred knows what laparotomy really means, and that one do n't like the term on account of its want of direct significance.—Howe, *Eclectic Medical Journal*, 1890.

### THUJA FOR ANAL PROLAPSION.

The use of thuja in anal prolapsion was original with Dr. Howe. See also papers on the use of thuja in the "Treatment of Nævus," and on "Thuja Again."—Ed. Gleaner.

THUJA FOR ANAL PROLAPSION.—Children and elderly persons are somewhat liable to protusion of the anal folds during defecation. The defect hinges upon paresis of the fundament—partial paralysis of the defecatory apparatus. The treatment should be both local and systemic. "Sulphur on Sunday" is needed, if not on more frequent occasions. Pepper with food is generally helpful. Cayenne will leave a burning sensation after it has traveled the entire

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length of the alimentary canal. The bowels are to be kept free from constipation and looseness—the middle course is safest.

Locally stramonium may be employed to advantage, and so may hamamelis, but *thuja* is specifically a topical restorative. It may be injected hypodermically, or applied as a lotion, reduced or diluted with water. It may be compounded with stramonium, hamamelis, and glycerine, the combination proving curative or restorative. A small quantity of the mixture may be injected within the anal apparatus or utilized as a suppository. *Thuja* is an excellent remedy to be applied in "orificial surgery;" it stimulates the sphincters and favorably impresses "post-rectal ulcers." *Thuja* blows both hot and cold; it will impart tone to relaxed sphincters and relax a rigid grip. The agent operates salutarily upon hemorrhoids, and restrains the dribbling of vesical incontinence. No "orificial surgeon" should be without the information here imparted. It will contribute pucker to the lips of a whistler, and prevent the involuntary discharge of flatus.—Howe, *Eclectic Medical Journal*, 1890.

### THE HALF CONSCIOUS STATE.

This exquisite meditation we regard as one of the finest and noblest productions of Professor Howe's pen. It reveals true feeling and is a prose poem well worthy of reproduction. The more one reads and rereads this delicately wrought composition the more he becomes impressed with the wealth of meaning it holds. It uncovers the very soul of the author and gives one a clear insight into the character of the man. After a long and fruitful life, the great surgeon, as the twilight of life approaches, lends himself to revery and meditation. When the night finally came, as it did to Dr. Howe two short years later, it could well be said of him that he had fulfilled the injunction of the Arabic singer (once quoted by him) to

"So live that, sinking in thy last long sleep,  
Thou alone may'st smile while all around thee weep."

—Ed. Gleaner.

THE HALF CONSCIOUS STATE.—As we gaze upon the twilight as if to decide just when the waning day ends and the waxing night begins, a state of semi-somnolence creeps upon us—a forgetfulness or unguided thoughtfulness, which resembles a revery. There is a disinclination to move as there is an aversion to think, both body and soul sinking into a sleepy, dreamy mood, as if in accord with changes going on in the physical world. The transition from day to night is bewildering; we are only half conscious of passing events.



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In Longfellow's *Voices of the Night* the "illusion" is happily displayed:

"Ere the evening lamps are lighted,  
And like phantoms grim and tall,  
Shadows from the fitful firelight  
Dance upon the parlor wall."

The evening glow is steady and not fitful like a twilight, yet the blaze is a kind of phantom to be swallowed by gloom slowly moving from the depths of night. The twilight goes, but is soon succeeded by twinkling stars—the "evening" lamps which light the canopy above, as if to prove that they are faithfully watching over us—twinkling as we sleep.

"Then the forms of the departed  
Enter at the open door;  
The beloved, the true-hearted,  
Come to visit us once more."

Children alone represent the best of life; they are filled with the consciousness of existence; they have confidence in their environment; they look to their parents for protection, and find in them what they most desire. They, at the close of a busy day, sink to sleep as thoughtless of impending harm as birdlings in their nests. It seems a pity that adults can enjoy no such security.—HOWE, *Eclectic Medical Journal*, 1890.

### USEFUL ESCHAROTIC.

This is one of the earliest contributions by Professor Howe concerning the escharotic he devised under the name "Escatol." It should be read in connection with the remarks on "Howe's Caustic" in the next article, "Comments on the Action of Juniper Pomade," etc.—Ed. *Gleaner*.

USEFUL ESCHAROTIC.—For a year or two I have been using an escharotic which serves so many purposes that I lately had Prof. Lloyd put it up in quantities to meet the demands made by physicians who have not time to concoct and compound every drug needed in an extended practice. The escharotic agents are salicylic acid and chloride of zinc, two parts of the former to one of the latter. The agents are rubbed in albolene as a vehicle to display the caustic agents to good advantage. The mild caustic may be applied with a camel's hair brush. There should be 30 grains of salicylic acid and 15 grains of chloride of zinc to an ounce of

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albolene. This will do for a general rule, but it may be made milder or stronger to meet special conditions. Where the skin is delicate a weaker form is needed; where the skin is thick the escharotic should be strengthened.

I learned by accident that the two escharotics in combination produced less pain than either when used alone. It may be applied to an ulcer in the nose successfully, and the agent will not attack the sound mucous membrane. I will mention a few morbid states where the escharotic exerts a curative power. I have not developed the medicine in wide ranges. A few daily applications cured a bleeding wart in a man's beard, and seed-warts on the hands. It destroyed moles on a woman's chin after two weeks' use. It removed scaly ulcers of a lupoid nature on an old man's face. It caused an obstinate eczema on a lady's neck to get well. It cured a rodent ulcer of the nipple. It destroyed a patch of "ring worm" on a man's thorax, and a sluggish ulceration of the leg which may have been epitheliomatous.

It will destroy polypus of the nose without any other agency, whether operative or therapeutic. I employ the escharotic upon fistulous surfaces after they have been incised, and on all sluggish traumatisms to arouse a healing action. It is one of a few things I have learned tentatively. I keep a jar of the escharotic in stock, and deal it out in small boxes to patients. I apply it to fissures of the anus, and to wounds made in the excision of cancerous growths.

Syphilitic ulcerations of the mouth, fauces and pharynx, and of the velum yield to daily dressings with the escharotic unguent.

My object in writing this has been to suggest just what every practitioner needs, and is thankful to have at hand in time of pressing need.—HOWE, *Eclectic Medical Journal*, 1891.

### COMMENTS ON THE ACTION OF "JUNIPER POMADE," "ACID SOLUTION OF IRON," "VIBURNUM CORDIAL," AND "HOWE'S CAUSTIC."

Here, in short compass, we have the therapy of the special preparations devised by Dr. Howe. This article should be read in connection with the papers on "Viburnum Cordial," "Acid Solution of Iron," and "Useful Escharotic."—Ed. Gleaner.

### COMMENTS ON THE ACTION OF "JUNIPER POMADE," "ACID SOLUTION OF IRON," "VIBURNUM CORDIAL," AND "HOWE'S CAUSTIC."



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—Having been requested repeatedly to write a succinct account of what the above remedies will do, I respectfully submit the following statement, fully believing that other medical practitioners will come to conclusions similar to those I express in words:—Juniper Pomade is a pretty sure cure for all forms of eczema or tetter. It allays the itching and destroys the vesicles and scales. The unguent may be used upon all parts of the body, though sparingly on mucous surfaces. It is employed in the nasal cavities with a camel's hair brush to mitigate the symptoms of catarrh, to arrest hay-fever, to heal nasal ulcers, to arrest ringing in the ears, and to improve states of deafness depending upon thickening of the linings of the Eustachian tubes. Juniper Pomade softens the scaly patches on the face which are often epitheliomatous. It has proven an excellent dressing for tetter of the edges of the eyelids, which leads to "wild hairs," and induration of the tarsal borders. The pomade is reliable in the treatment of sore nipples in nursing women; and it will cure chapped hands.

Acid solution of iron is an "alterative," and may be administered to serofulous, syphilitic, and cancerous subjects. In alternation with Fowler's solution of arsenic it is given in the early stages of phthisis, in constitutional syphilis, and in ordinary dyspepsia. It is the only preparation of iron that does not produce fever and dryness of the fauces. The ordinary muriated tincture of iron is not its substitute in any form of disease. It may be prescribed with safety in any grade of febrile action, with the effect of lessening it. In states of anæmia acid solution of iron will increase the corpuscles of the blood, both of the white and the red; and it will produce an increase of flesh in wasting diseases. It increases the appetite very decidedly, and assists digestion, absorption, and assimilation.

Viburnum cordial was compounded to meet the wants of the inebriate when he aims to get over a spree; it alleviates the gnawing sensations of the stomach, relieves the discomfort of the fauces, and helps to steady the disturbed brain.

The medicine proved to be so useful in allaying the pangs of dysmenorrhœa that it has become a favorite remedy with gynæcologists. It is a "female tonic," arresting leucorrhœa, and alleviating pelvic discomfort. It is too highly spiced for urinary difficulties and bladder troubles. It is a valuable remedy to take in chlorosis, and in the debility common at the second climacteric.

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My escharotic I employ to nasal polypi, to ulcerations generally, to the destruction of epitheliomata, and to syphilitic condylomata, anal fissures, and to obdurate ulcers. The indurations and fissures of eczema, warts, moles, and nodules disappear upon a judicious application of the caustic. For cancers the caustic power is increased by adding more salicylic acid and chloride of zinc. The caustic does not provoke much pain—not so much as chloride of zinc alone will provoke. The salicylic acid is perfectly dissolved in the combination; and the caustic is the consistency of firm cream in all weathers.

The formulæ for these medicines have been published in the *JOURNAL*, and can be elaborated by any druggist, but the untrained pharmacist may have some difficulty in making the very best preparations.—Howe, *Eclectic Medical Journal*, 1891.

### DYNAMYNE.

Dynamyne, which is a one per cent solution of nicotine, the chief alkaloid of tobacco, was devised by Professor Howe as a local anodyne. It was one of the few medicaments which he prized and is among the therapeutic legacies he has left to Eclectic therapy. Dynamyne is used alone full strength or diluted, and is an ingredient of Libradol, the successor of the compound emetic powder of the olden therapy. See also paper on "Dynamyne in Orchitis."—Ed. Gleaner.

DYNAMYNE.—Having in view a local anodyne which should embrace *nicotia* or nicotine, I consulted Prof. Lloyd in regard to the elaboration of such a substance. After some experimenting he presented me with a greenish liquor which I have been testing therapeutically. The results thus far obtained I will give in detail, though I have not given experiments a very wide range. I find the narcotic, which I named *dynamyne* for the sake of having a convenient term for its designation; and have employed only as an *external* application. Administered internally it will kill dogs and cats in a few minutes. Ten drops killed a puppy in four or five minutes, the muscles of respiration being paralyzed. The large proportion of tobacco employed in the manufacture of the drug may have contributed to its deadly nature.

Applied to the sound skin dynamyne neither irritates nor produces unpleasant sensations. If the pain calling for its use be localized within a small area the medicine may be used at full strength, but should the range of suffering be extended the drug



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should be diluted with water, say one to ten—a teaspoonful of dynamyne to ten teaspoonfuls of water. At that strength the mixture may be rubbed on a painful shoulder, back, hip, or knee. If an inward impression be felt it will be exhibited in temporary dizziness. This impression soon wears off, and no permanent disability remains.

My experiments thus far extend to the allaying of a toothache which had resisted the local action of chloroform. A pledget of cotton spun on the end of a toothpick was the carrier—a drop or two of the undiluted medicine was pressed against the exposed surface of a broken fang; in a minute or two all pain subsided.

I have had favorable reports from patients who have been directed to rub the medicine over the hypogastrium to allay tender ovaries and painful menstruation.

Dynamyne has relieved pleurisy pains when rubbed on the integument of the chest; and localized pain of the pylorus has been thus relieved, as well as the colic of appendicitis.

The systemic effect of the drug, through absorption, has overcome constipation, and increased the flow of urine.

In two instances the drug aborted felons which had not attained the suppurative stage. A piece of muslin was wrapped around the ailing digit, and then dipped often in the diluted mixture.

The remedy cured an obstinate roseola of the face—a dilute form of the drug was used on the minute phlegmons several times a day.

It has relieved distressing headache when the scalp near the top of the cranium was wetted with the medicine. It has cured angina pectoris, and relieved tetanic spasms—probably through absorption of a moiety of the drug.

Even in dilute forms the agent will destroy vermin, and the lower forms of both animal and vegetable life. It may be sprayed upon septic ulcers, if the strength of the medicine be tempered to the area of the sore; and the spray may be employed in the throat and nasal passages of the diphtheritic.

I expect to add other uses for the potent remedial agency from month to month. I believe it would destroy the germs of cancer if it could safely be brought in contact with them. I propose to employ a weak form hypodermically.

The medicine is too strong to employ in the rectum and vagina. Brushed upon a forming carbuncle the inflammation subsided

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before a "core" formed—the force of the disease was aborted. In the suppurative stage of a furuncle I think the medicine should not be employed, lest too much of the nicotine be absorbed.—Howe, *Eclectic Medical Journal*, 1891.

### DABBLING IN DIPHTHONGS.

The Rooseveltian method of reform spelling had been attempted several times before the illustrious ex-President undertook to make it popular and failed. There are some reasons why reform spelling is not wholly feasible, and Dr. Howe notes some of them in this article, written a year before his death.—Ed. Gleaner.

DABBLING IN DIPHTHONGS.—There is a disposition in restricted circles to tamper with the orthography of certain medical terms which embrace double vowels, the alleged object being to simplify the spelling of words containing *æ*, *æ*, *ai*, and *oi*, the diphthongs to be represented by the single vowel *e*. While this is seemingly an improvement, it is not so much of a gain as might be supposed. To illustrate: Hæmorrhage comes from *aima*, the Greek for blood, *æ* with the aspirate is rendered by *hæ*, which is to be transformed into *he*. Now, why not go on with the simplifying process and eliminate an *r*, making "hemorhage?" Why retain a superfluous consonant? To enter upon modifications in orthography is to depart from rules which hitherto have enforced restraint. We may as well change consonants as vowels. Take the word phthisis, for instance, which the illiterate physician spells "tisis" when he makes out the certificate of death for the burial of a consumptive patient. How markedly more simple is the orthography of the ignoramus!

The vulgar belief is that the author or compiler of a dictionary has an unquestioned right to introduce such modifications in orthography as he pleases, when, in fact, he is restricted to what is denominated "reputable use." What editors, journalists, authors, and scholars in general adopt and approve becomes reputable in language, and the lexicographer may copy, borrowing or utilizing the stamp of authority. But he has no business to make a change in our language; he can merely note a change which has occurred by literary consent or approval. If every scribbler could modify words his fancy might suggest, we should soon be in a jungle of confusion.

Let it not be understood that I am opposed to making rational modifications in orthography, for I am really in favor of reason-



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able changes; but would warn the unthinking against the adoption of novelties—there is danger in the scheme.

If *æ* could be changed to *e* in all cases, the argument in favor of eliminating the diphthong would have more strength. As it is, and ever will be, *ardor urinæ* will remain as it ever has been; so with *os tinæ*, *cervix scapulæ*, and in all cases where the terminal diphthong indicates the genitive singular—as *neck of the scapula*. But we may cease to use the Latin expressions and employ only English. Well, why not? Simply because we have no English words to represent all anatomical parts. Then again we have *æ* and *œ* entering words similarly constructed, yet of variable meanings. We have *cæcum*, *ilio-cæcal valve*, etc., and *cæliac axis*, etc., *cælia* signifying a hollow or cavity, and not a blind pouch as does *cæcum*. Now to make the single vowel *e* represent both diphthongs is not admissible. *Edema* is perhaps as significant as *œdema*, but not so classical. However, I have known a scholarly pathologist to pronounce a limb *edematous*. *Anemia* and *edema* will do, yet we may need a modified *esophagus* to swallow the terms. Such distortions expand the *alæ nasi*, and make twinge the *columnæ carnæ* as well as the *chordæ tendinæ* of sensitive hearts.

In conclusion I would say that orthoepy depends somewhat on orthography. For instance, *perinæum* spelled with a diphthong must have the accent placed on the penult, but with the double vowel reduced to *e* the accent is apt to fall on the antepenult.—*HOWE, Eclectic Medical Journal, 1891.*

### SPECIFIC MEDICATION.

Dr. Howe answers the often plied question as to whether he believed in specific medication. This article comes as near an expression on the subject by Dr. Howe as any we have ever seen from his pen.—*Ed. Gleaner.*

SPECIFIC MEDICATION.—I am frequently asked if I believe in "specific medication," and my answer is, that I have always advocated the application of remedies specifically. I prescribe for symptoms when causes of disease are not understood. I believe in a well devised system of nosology for the convenience of the thing, when the *ensemble* of a series of morbid activities can be comprehended as designated, as it can be in pneumonia, measles, scarlet fever, small pox, and numerous other well known diseases. Then why quibble over a silly symptomatology? I am something of a

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utilitarian, and have no time to haggle over non-essentials. If bacteriology means anything, it leans towards specific pathology. Here is the bacillus tuberculosis as the *materies morbi* of phthisis—no, as the *contagium vivum* of consumption. Now what is to be done with the specific cause of the particular disease? Why, kill it with the Koch tuberculin, or some other parasiticide! The drift of pathology throughout the scientific world is in the direction of specific medication. The introduction of antipyrine and kindred drugs is in the line of employing specifics. All practitioners of medicine are in search of a remedial hammer which will hit the morbid nail on the head; and all sensible and progressive doctors take less and less stock in “glittering generalities and general principles.” There is less and less shot-gun practice; less firing in the brushes; less and less mixing and compounding; and more and more rifle practice—aiming at the bull’s eye.

Yes, as ever, I am in favor of specific medication as I understand it.—HOWE, *Eclectic Medical Journal*, 1892.

### SPECIALTIES IN MEDICAL PRACTICE.

“Man proposes, and God disposes.” In the midst of life we are near to death. The last sentence of this selection shows how little one can bank upon heredity and how unexpectedly the fell destroyer may come upon us. “The lion in the path of the ambitious is that I am in the enjoyment of robust health, and my ancestors have been afflicted with longevity,” writes Professor Howe. He could not foresee, nor little did his readers expect, that before this paragraph would be read Professor Howe would have passed the portals of life unto death. Even as his great heart was stilled his teachings went on, and to this day their influence is widely felt in Eclecticism. Professor Howe believed in specialties in medicine, but not to the extent that they are carried at the present time. To those whose mad desire is to rush at once into a specialty his words concerning fitness and preparation should prove profitable. Much that is now claimed by the specialist can be successfully and legitimately done by the general practitioner, and much that some general practitioners attempt should be referred to the competent specialist. The latter is especially true of surgery, which ought to be done chiefly by surgeons, and in places of surgical safety and not in the dangerously unsafe offices of most general practitioners nor in the surgically unprepared homes of the sufferers. The specialist should also have several years of general practice to fit him for special work.—Ed. Gleaner.

SPECIALTIES IN MEDICAL PRACTICE.—Although much fault has been found with specialties in medicine they seem to go on and



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flourish. The alienist gives his time and attention to mental disorders; the oculist attends to defects of vision; the aurist confines his studies to the ear; the rhinologist restricts his professional labors to the nose; the pulmonist treats consumption and cardiac troubles; the gynæcologist spends his energies upon diseases of women; and the obstetrician engages in parturition; while the surgeon gives most of his time and attention to operative measures—to cutting disease from the human organism. But the most busy of all is the family physician. He works night and day in taking care of the little things as well as the great. He medicates febrile disorders; he manages "colds" and coughs; he prescribes for unaccountable aches and pains; he has to prescribe for senile asthma, paralysis, cystitis, insomnia, boils, corns, chilblains, and every sort and kind of ailment. And to do this successfully and satisfactorily he must be at home (or about home) all the time. He can not recreate in summer, nor deer hunt in winter—he is a fixture, or his practice will decline and eventually vanish.

The same necessity governs the obstetrician. If he would take engagements and keep them; if he would attain eminence in the art and science of obstetricy, he can not be away from home when the parturient women call for professional help. If the obstetrician would be an operative gynæcologist, responding to calls from a distance, he can not sustain a large obstetrical practice. While he is executing hysterectomy away from home his lying-in patients will have to seek professional aid elsewhere. Once I attended twenty or thirty obstetrical cases in a year, but now I have only accidental or consultation cases. The word is that "the doctor may be away from home, on some surgical tour, just when I may want him."

The ambitious practitioner may cater for all kinds of practice—aim to be oculist, dermatologist, surgeon, obstetrician, gynæcologist, and to do the duties of a general practitioner; but trying to cover everything he will fail in many ways—will prove a failure in all of the specialties. One specialty is enough for any practitioner to pursue. Besides, the nature of the doctor's education and general make-up will have much to do with success in any branch of practice. All are not fitted to be oculists, obstetricians, and surgeons. A good knowledge of anatomy is essential to surgical success; and the contingencies of abdominotomy are such that only the coolest and most courageous can overcome a set of unexpected contingen-

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cies. The timid will close the "exploratory" incision, and lose an opportunity to gain experience and reputation. To fight out of a complex abdominal difficulty requires the highest order of heroism. Furthermore, it requires many years of professional life to acquire a reputation which shall command a paying patronage. Unless a physician be well fitted physically, mentally, educationally, and ethically for a surgical career, to enter upon the course leading in that direction will prove unprofitable. I am led to make these remarks by several physicians, who, under the impression that I might be on the point of retiring from active practice, were desirous of entering upon a course that might lead to successorship. The lion in the path of the ambitious is that I am in the enjoyment of robust health, and my ancestors have been afflicted with longevity.—HOWE, *Eclectic Medical Journal*, 1892.

### VIBURNUM CORDIAL.

Viburnum Cordial represents the results of Professor Howe's studies in pharmaceutic combinations, and was originally devised by him for the relief of the stomach-pangs of the alcoholic tippler when suffering from the withdrawal of his favorite but damaging beverage. It was largely employed by him, as it is by others who follow his teachings, as an exceedingly efficient uterine sedative and tonic. The combination is ideal and shows the type of medicinal preparation to which Professor Howe was partial. Its popularity years after the death of the author attests to the worth of the preparation and the pharmacal and therapeutic skill of Professor Howe. See also paper on "Comments on the Action of Viburnum Cordial," etc.—Ed. Gleaner.

VIBURNUM CORDIAL.—Good words continue to come in regard to the results of the "black haw compound." Those who occasionally tipple too much find in the remedy relief from the cravings which attend inebriation.

Men who through age or over-indulgence begin to feel the approach of premature impotence, are finding the virtues of the remedy. Inasmuch as dyspepsia is a concomitant of such letting down, I write the following prescription:

℞ Viburnum Cordial, fʒvi.  
Fowler's Solution, fʒii. M.

Sig.—Dose, half teaspoonful every three hours.

This course of medication has relieved the dyspepsia and given confidence where it was needed. The drug never does harm, and often acts like a charm.



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As a female tonic viburnum has no rival. It should generally have the arsenical admixture, or be taken in alteration with acid solution of iron. It is important to know when to apply a remedy. When there is febrile action present the average tonic is out of place. When the solar plexus is alienating the visceral functions, veratrum is the remedy which corrects splanchnic derangements. More than half of human ailments hinge upon visceral derangements, yet the average practitioner never thinks of the splanchnic system of nerves. Digestion and assimilation are influenced by mental shock—by violent impressions made upon the cerebro-spinal centers—yet a disordered splanchnic system of nerves is rarely considered. Think of the multiple plexuses of nerves along the front aspect of the vertebral column, and consider the functions of each. Treat the pectoral plexuses for an asthmatic cough. Arsenic and veratrum have relieved coughs no lung balsam will touch. What remedy will impress the semilunar and other vicinal ganglia? The ganglia and plexuses of the splanchnic system of nerves are neural centers where mandates go out to the viscera. Ergot is one of the agencies which influence splanchnic plexuses, especially the pelvic viscera. Ergot adds clonic action to parturient throes. The heart's action is impressed by the influence of digitalis; and the kidneys respond to viburnum.—HOWE, *Eclectic Medical Journal*, 1892.

### DYNAMYNE IN ORCHITIS.

This paper should be read in connection with the article on "Dynamyne."—Ed. Gleaner.

DYNAMYNE IN ORCHITIS.—Wider ranges of experience have led me to try dynamyne at full strength, locally, in the treatment of orchitis; and the results have been eminently satisfactory. Dr. Berry has cured three cases with the drug, and I have done the same in two instances. The patients did not complain of smarting, nor of other annoyances. I ordered my patients to go to bed, take a dose of Epsom salts, and apply the dynamyne to the inflamed testis and sensitive cord every hour or two. In two days they were well, yet were advised to wear suspensory bandages for awhile.

For years I have been seeking a local agent that would not irritate the thin and sensitive scrotal tissue; and now I have found the desideratum.

At present I am using dynamyne upon an acutely inflamed

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knee—arthritis—and with more satisfaction in the way of relief than when other agents have been applied. Internally I gave salicylate of soda.

I use a dash of dynamyne in the pan of water I display surgical instruments and implements. It renders the fluid aseptic.—HOWE, *Eclectic Medical Journal*, 1892.

### LA GRIPPE.

Not often did Professor Howe step over into the field of the general practitioner of medicine in his editorials. The article selected is a fair sample of the way he noted diagnoses and the manner of treatment employed by him. His criticisms on the use of quinine are in accord with the views of most Eclectics since his day. In fact, quinine has oftener proved damaging than beneficial in la grippe, and particularly where head-pains were among the most prominent symptoms. Only when specifically indicated should quinine or any other remedy find a place in the treatment of this treacherous malady. Periodicity, soft pulse, moist skin and tongue, and lack of nervous irritation are the direct indications for quinine.—Ed. Gleaner.

LA GRIPPE.—Two years ago this country was the victim of a specific respiratory catarrh, which, having no nosological name, was known by the French term *La Grippe*. The epidemic spores impressed the respiratory organs of almost everybody. The morbid onset was sudden, and generally profound. There would be sneezing, headache, chilliness, coughing, and great mental depression. After about ten days' duration the symptoms became milder in type, and a state of convalescence was observable. The average case produced great discomfort, but did not seem to be dangerous to life. The aged and the feeble succumbed to severe attacks, or became the victims of albuminuria. While very few died of the disease, the death-rate was decidedly increased by the presence of the specific influenza. The morbid action aggravated other diseased conditions.

Without warning the same morbid influence returned, and in as intense a form as at the first visitation. The second invasion as often hit those who suffered before as the then exempt. The disease spread rapidly over the country, manifesting its presence over wide expanses of country on the same day. Watery eyes were to be seen everywhere, and coughs and sneezes were everywhere heard. The fever was hard to bear, as well as muscular pains. The pituitary discharge was profuse, compelling the victim to use a



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handkerchief almost constantly. Frontal headache was a sure complication. The function of olfaction was totally suppressed for several days, and the appetite was poor. The temperature of the body sometimes reached 103 or 104°, yet only at times. The usual temperature was from 100 to 103°. Not infrequently pneumonia was a sequence or complication, and the heat attained 104 or 105°. Such a high range was dangerous; and the patient was restless. In some instances the bowels were disturbed, nausea and diarrhoea supervening. Paroxysms of coughing were attended with distress, the tough mucus refusing to leave the air-passages. The cough was largely bronchial. In the feeble there would be sweating turns, which seemed to exhaust the patient.

The treatment varied according to the prescriber's fancy. No two physicians treated cases alike. In fact each practitioner experimented largely. Quinine was the sheet-anchor of the non-professional. Women shopping would stop at the drugstore and swallow quinine in capsules. But, so far as my observations extended, quinine proved no more of a specific than antipyrine, or any other of the antithermics. I thought that cold sage-tea benefited more than any other drug. I pushed pilocarpine for several days, yet could not say with any better success than when I prescribed phenacetine. Veratrum behaved well, and I gave it to more patients than I did any other remedy. I put dynamyne upon the head when it ached, and upon the chest when pleuritic pains existed. I prescribed chloralamide to those who could not sleep; and found that the agent produced its usual effects. Lemon juice was agreeable; and hot lemonade became popular among the unprofessional. In la grippe there was an excellent chance to prescribe for symptoms to the neglect of nosological names. The Homœopathist found indications for aconite, as he does in most febrile states; but as the disease was largely of the respiratory organs, veratrum better filled the indications.—Howe, *Eclectic Medical Journal*, 1892.

#### THUJA AGAIN.

Perhaps the question, "What was Dr. Howe's method of treating hydrocele with Thuja?" is oftener asked of us than any other concerning Professor Howe's surgical procedures. In this selection is the answer. No simple surgical method of cure by injection ever aroused more interest than this one. It is still used by many surgeons in the same manner and for the same purposes as are here advised by Dr. Howe.

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See also "Thuja for Anal Prolapsion" and the "Treatment of Nævus."—  
Ed. Gleaner.

THUJA AGAIN.—Although I have published the method of employing Thuja in the treatment of hydrocele, I am still requested almost every day to tell a correspondent just how to execute the plan, what strength to employ, etc. Well, I presume the circumstances are as follows: The doctor who has no case of hydrocele to treat pays little attention to the matter till a patient presents himself for treatment; then, instead of looking up the published account in the JOURNAL, he writes for information, and sometimes forgets to inclose a postage stamp.

Well, here it is again: In an ounce of warm water pour a drachm of Lloyd's Thuja. Mix by drawing up a quantity in a syringe, and forcing it back with the descent of the piston. Then draw up about two drachms of the dilute mixture in the barrel of the syringe, to be ready for use. Send a large exploring needle into the sac of the tunica vaginalis testis, and let the fluid escape. Now, before withdrawing the needle, place the nozzle of the loaded syringe into the needle's open mouth, and with a plunge of the syringe's piston send the diluted Thuja into the cavity recently distended with serum. Then, to make the liquid enter every crevice in the sac of the hydrocele, the fingers pinch and knead the scrotum quite vigorously. The hollow needle is then withdrawn, and the provoked pain is considerable for a half hour or so. The patient then goes about his business, and no additional treatment is required. For a day or two there is some swelling of the scrotum, making it appear that there has been a re-accumulation of serum, yet this passes off in a week, and the disease is radically cured.—Howe, *Eclectic Medical Journal*, 1892.

### ACID SOLUTION OF IRON.

The following is the original formula for acid solution of iron as devised by Professor Howe. Exceedingly efficient therapeutically, pharmaceutically it is difficult to prepare uniformly. At times a turbid preparation results when apparently the exact methods have been used which yield a clear and elegant product. This is another of Professor Howe's legacies to Eclectic medicine, and in our opinion one of the most important. Dispensed in syrup of orange, it provides one of the pleasantest of iron preparations. See also "Comments on Acid Solution of Iron," etc.—Ed. Gleaner.

ACID SOLUTION OF IRON.—℞ Water, Oij.; nitric acid, ℥iiss.  
M., and then add sulphate of iron (that has been rubbed) ℥ij.



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Stir occasionally for forty-eight hours, then filter through paper. Of this a half ounce is enough to prescribe at any one time. Dose, two drops in a half wine glass of water every three hours. The medicine is an alterative peptic and general tonic. It is useful in anæmia, dyspepsia, tuberculosis, syphilis, and cancer. I generally prescribe it in alternation with Fowler's solution of arsenic, giving each on alternate days, or each every four hours in alternation, a dose of one or the other coming every two hours.

I have been told by druggists who put up prescriptions, that no medicine meets with so many favorable comments as "acid solution of iron." Invariably the prescription calls for repetitions.—*Howe, Eclectic Medical Journal, 1892.*

"LOOSE CARTILAGES" IN JOINTS.

The following abstract is from Dr. Howe's surgery, showing the manner in which he treated even small surgical items, and the freedom from technical involvement in his directions for treatment. The whole work is equally clear; he never obscured his meaning by a display of technicalities not necessary to the purpose. This made his book extremely popular with both physicians and surgeons, and readily comprehended by the medical student.—*Ed. Gleaner.*

"LOOSE CARTILAGES" IN JOINTS.—The knee-joint, more frequently than other articulations, is liable to have developed in it one or more movable bodies of cartilaginous consistence, which, although quite free in the articulation, are attached to the walls of the joint by narrow pedicles; and when they get between the articular surfaces, may act like a nail in a hinge, abruptly arresting motion, and causing the most excruciating pain. These bodies pop about so quickly from one part of a joint to another that they have received the vulgar name of "joint mouse." They do very little mischief unless caught between the articular surfaces, as just described.

"Loose cartilages" vary in size, from that of a barley corn to the magnitude of a small patella. Those the size and shape of an almond kernel are the most troublesome. In rare instances these bodies lose their connection with any tissue in the joint, yet by absorption are able to maintain an independent existence, darting about from one pocket to another in the articulation. From the fact that these loose bodies are sometimes osseous it has been supposed that they were originally pieces of bone broken from the ends

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of the bones entering the articulation. It has also been presumed that these strange products were nothing more than solidified precipitates from the synovia.

The treatment alone which can be relied upon is radical; and consists in removing these bodies from the joint through an incision made for that purpose. It may be of service, as a palliative measure, to wear an elastic knee cap, but this will not prevent occasional trouble; and when the loose body slips between the articular surfaces of the bones constituting the joint the patient falls, and is unable to rise or move until the agonizing pain subsides, and then the accident may recur again at any instant. Therefore, to escape the impending evil, removal of the cause is the only hope. But, before cutting for the body the patient must be able with his fingers to fix it in some accessible part of the joint. The outer and lower part of the joint is the best place to arrest the loose cartilage, as there the coverings are thinnest. It is well to grasp the moving body with vulsellum forceps, the long teeth going through the soft structures, or doubling them in behind the loose cartilage so it can not escape the grip while being cut upon. When once reached it is to be seized with toothed forceps and removed, the fingers of the operator closing the wound and pressing upon the parts to prevent blood from entering the joint. The knee is then to be bandaged, and the patient put under the influence of chloral. The danger is from shock and tetanus. No risks in the way of exercise are to be taken for several days; and local irritation is to be kept down by the topical use of anodynes and evaporating lotions.

Another method for extracting a loose cartilage from the joint is to make an incision in the synovial bag with a tenotome, and then force or drag the loose body through the opening and into the soft tissues between the synovial membrane and the integument. It is to rest in that place until the synovial capsule has healed, and then it may be safely removed through an incision made in the skin.

According to M. Larry, who refers to 167 published cases of removal of loose cartilages by operation, out of 121 cases in which the old or direct method was employed, 98 were successful, 5 doubtful, and 28 died; whilst of 39 indirect operations, 19 were successful, 15 failed, and 5 died. From this it would appear, as M. Larry states, that extraction by either method is attended with decided danger. I have removed false or moving cartilages from the knee joint, and



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always by the direct method (fixing the body, then cutting upon and removing it at once), and never had worse symptoms to deal with than a severe "chill," and threatened tetanus. I think the dangers of the operation come chiefly from the presence of blood in the synovial cavity. In the event of tetanus the life of the patient would not be safe without amputation.—HOWE, *Art and Science of Surgery*.

ARTICULATA.

The following reproduction is a chapter from Professor Howe's book for the young, entitled "Conversations on Animal Life." Throughout this book, which starts with the simplest forms of animate life and ends with the quadrupeds, the whole insect, bird, and animal creation is discussed colloquially in such a manner as to bring out only the distinctive truths concerning the creatures under discussion. It represents just such a conversation as Professor Howe would enjoy having with children, whom he dearly loved and whom he would take with him over the pleasant pathways of childhood such as he enjoyed with the animal and bird denizens of the New England fields, streams, and forests.—Ed. Gleaner.

ARTICULATA.—Lucy brought to the table at the hour for the meeting the jar containing some of the animals caught the previous day. To her surprise she found that of six "minnies," which had been placed in the little aquarium after the return from the excursion, only two remained.

What had become of the four tiny fishes? The water beetle could not have eaten so many, and the crawfish had been bountifully fed on bits of meat dropped into the water. Perplexed, she asked her uncle to express his opinion on the cause of the loss. He intimated that the crustacean was so voracious that he would believe almost anything concerning its appetite. The minnows could keep out of its way in the daytime; but in the night the crawfish would have the advantage of seeing the best. If the "minnies" were near the surface the crawfish could not rise to their level, but the water beetle might seize and drag them to the bottom, where they would be exposed to the other and worse enemy.

"Only the plants," he added, "are safe in an aquarium where there are crawfish and water beetles."

"I believe the water beetle can fly in the air," said Tom.

"It has good wings and can fly wherever it wishes to go. In the water it uses its hind legs as paddles, and propels itself at a

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lively rate of speed. The water beetle is an air breather, and has to rise to the surface for breath. When it dives it takes a quantity of air under its wing-covers, which can be respired at will.

"There are other beetles which live in water. The gyrinus or whirligig beetles move in circles as if skating on the surface of the pool. They swim rapidly, and can not be captured by the trout or any other fish."

"I have seen them swimming in groups, several sets 'skating' within a few feet of each other," said Tom.

"If struck at with a stick," responded his uncle, "the merry swimmers suddenly dive, taking with them a supply of air for breathing purposes. The air carried down looks like a globule of quicksilver attached to the body. When all is quiet, the divers reappear on the surface of the water and resume their gambols in sweeping curves. The gyrinus or water flea, as the little skating beetle is sometimes called, can not be kept in an uncovered aquarium, for at the approach of evening it may fly to more desirable haunts. When held in the fingers it gives off the odor of ripe apples."

"A whirligig beetle is about as large as a grain of coffee," said Tom, "and it has very beautiful wing-covers."

"It is peculiar in having two pairs of eyes," said the uncle, "one just above the other. The upper set is used to see objects in the air, and the lower to behold things in the water. It has short antennæ and long, slender legs in front; the other legs are broad and fringed, serving as propellers. It feeds on minute animals that live in water. In the larval state it is wholly aquatic, and passes the winter in the mud at the bottom of ponds and streams.

"All beetles and kindred flying insects possess four wings and six legs. The two pairs of wings are sometimes needed to give greater expansion than could be attained by a single pair; and often the membranous or under wings, which are frail structures, are overlaid by horny shields or wing-covers.

"The chests of insects do not have true lungs, but spiral tubes, that convey air to the interior of the body, even to the abdomen. The mandibles of beetles are commonly strong, arched, or branched."

There was what Sam called a "horned bug" in the case, and he was curious to know where it was found and what were the uses of its branching horns.



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"Its name is stag beetle," said his uncle, "and it is oftenest found on locust trees. The horns are modified antennæ, and may be regarded as ornamental weapons. It is the male of a common leaf-eating beetle. The stag beetle has a fighting spirit. If teased, it can be made to nip a green stick, and not relax its grip for several minutes."

"It seems strange," said Tom, "that antennæ should be converted into horns."

"We see much of a similar variation in nature," said his uncle. "Soft down is transformed into thorns, feathers into quills, hair into bristles, and legs into biting mandibles, as in the lobster."

"The largest beetle in the world is the Hercules beetle of South America. It is more than four inches long, and one mandible is longer than the other. Its nip will crush a finger."

"In tropical countries, especially in timbered districts, are thousands of varieties of beetles. Many of them have beautiful wing-covers. Sometimes one will present brilliant markings that resemble a display of jewels."

"I think tumble bugs are beetles," said Tom. "I have seen a pair build a globe or ball."

"They are the pellet beetles common in our pastures," said the uncle. "The beetles will roll the ball away to some place where the earth is soft or sandy. They bury it after an egg has been laid in the center. A larval worm hatches from the egg, and feeds upon the substance of the pellet, and is afterwards transformed into a beetle. While a pair of beetles are rolling a pellet to its place of burial, they work in a hurried manner, the one pushing and the other pulling, appearing at first sight antagonistic to each other. But a moment's watching will reveal that the ball keeps rolling in one direction."

"As soon as they have disposed of one pellet they hurry off to mold another, and do not cease working till night. If, in the haste, the round mass tumble down a declivity, and the beetles fall after it, they soon find the object of solicitude and force it where it may be properly buried."

"The sacred beetle of Egypt constructs a round ball and buries it after an egg has been deposited in the mass. Perhaps the coming of a larval beetle from the buried egg was thought to be emblematic of a new life. Possibly the beetle was venerated on ac-

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count of its benefits as a scavenger, hiding what might otherwise make the air unwholesome."

"Where should we search for beetles?" asked Lucy.

"In dark, damp, and shaded places. Under the bark of decaying trees several species may be found. Others are to be discovered in dead animal structures. The tiny moth beetle is, in the larval state, a pest of woolen goods in summer, and to fabrics woven from animal products. It will destroy all taxidermic work unless made proof against its ravages by arsenic or other poisonous substances. As soon as the naturalist perceives a sprinkling of fine dust beneath his mounted specimens he may be sure the invisible larval beetle is at its destructive work."

"I have reason to call them pests," said Lucy, "for they ruined my muff last summer and injured my cloak. They must be very small, for I never saw one, dead or alive."

"The tiny beetle," said her uncle, "lays its eggs in fur, feathers, and animal products, and the small larval worms, when hatched, gnaw the goods."

"The little moth miller, another pest, lays its eggs in dead animal structures, and the larval worms, after hatching, cause great havoc. The odor of camphor, cedar, and other pungent agents will help to keep them out of boxes and trunks. There is a larval beetle with teeth so sharp that it will channel dead buffalo horns and the hoofs of different animals."

The party went into the garden and lane to look for specimens of beetles. A couple of pellet beetles were watched while they were burying the ball in a bed of sand under the protection of a bush. A fragment of bark was stripped from a decayed log to expose larval beetles concealed there and the channels they had bored into the wood. A stalk of dead quince wood was broken in pieces to disclose the borings of the curculio beetle, which injures fruit trees. Lucy discovered a bug in the petals of a rose she had plucked. The little creature was a beetle, though it went by the name of "rose bug."

On the cucumber vines were multitudes of striped bugs—beetles—that would ruin the young plants, if they were not covered with screens. On the pumpkin vine was another and larger beetle. If touched it would give out an offensive odor. On the squash vine was still another variety of the beetle family. Yonder on the pea vines was a spotted beetle whose wing-covers when closed resembled



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the shell of a turtle. This beetle is sometimes called "lady bird." It is not destructive to garden vegetables, but feeds on various plant vermin. There was the hole of a beetle that is so fierce and voracious, and bounds upon its prey so suddenly, that it has been called the tiger beetle. It springs upon flies, worms, and other beetles.

Lucy, at this juncture, was moved to ask why God made creatures that would destroy not only garden delicacies, but more substantial crops. The question was puzzling, yet her uncle said, "All created things have a place and purpose in the world; and every animal strives to make the best of its conditions and surroundings. Our garden plants were once wild, stunted, and bitter, but by cultivation they have been rendered savory, tender, and succulent. The bugs that feed upon them now may have fed upon other plants originally. When they found luscious and nutritious vegetables they naturally would abandon tougher food. They would not take up with an inferior diet when a more desirable one was at hand. Bugs and beetles appropriate whatever they find to be agreeable to them. In some instances the original tastes of insects have been changed by feeding upon a rare exotic or successfully cultivated hybrid. Our own tastes become modified by being educated to enjoy certain things which were at first unpleasant to the taste.

"The Colorado beetle, so called, attacked the potato plant, and proved so destructive that the price of the familiar tuber largely advanced. Probably this was not a new beetle, but one that formerly fed upon something else, some other plant. It may have been in the wilderness thousands of years ago and fed upon a variety of the potato plant. It is not many years since the potato was unknown as an edible root, therefore we know little of its enemies. If the beetle of some wilderness country chanced to alight upon a cultivated variety and found it delicious, it would certainly abandon inferior food, and appear among growing crops, and thus become known to agriculturists.

"A 'fly' or beetle stings our plums and apricots; another variety deposits an egg in the blossom end of a chestnut, which, as a larval worm, after hatching, feeds upon the sweet contents of the shell. Most fruits have their special enemies, and a large proportion of these, when closely examined, are found to be members of the beetle family.

"The weevil, that destroys our wheat and other small grain, is

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a little beetle. It bores into the soft end of the kernel and there deposits an egg, which, when hatched, produces a tiny larval worm that feeds on the flour or starch of the seed. The flinty outside is left untouched, and resembles sound grain, yet is light and worthless. Southern grown corn is likely to be weevil eaten."

Sam asked the privilege of showing in a vial some "bugs" that he had caught the previous evening. He said they made a quick flash of light while flying, and then waited a few seconds before flashing again.

"The specimens are beetles," said Uncle Dan. "From May to August the meadows are illuminated by myriads of these light-producing beetles. On their bodies is a tuft which at night is made to give forth a flash of light. Heat is not developed in the process, but the shining light—phosphorescent glow—is strongly marked. The 'lightning bug' of the North and the 'fire fly' of the South are identical."

"Is the 'glow worm' the same as the 'fire fly?'" inquired Lucy.

"The 'glow worm' is quite distinct from the 'fire fly,'" answered her uncle. "It belongs to the beetle family, and sends forth light during autumn nights. The female is wingless, and crawls on the ground or among plants like a worm. Possibly she is in a state of arrested development on the way from the larval condition. Her glow begins feebly and grows brighter for a minute or two, and then gradually fades. The light has a beautiful green tinge, and lasts much longer than the flash of the 'fire fly.' The male has wings, yet little luminous capacity. When the poet said, 'The glow worm is lighting her lamp,' he must have been aware that the male is unable to 'glow.'"—HOWE, *Conversations on Animal Life*.

### REPTILES.

The following interesting excerpt is gleaned from Dr. Howe's "Conversations on Animal Life." It is but a small portion of the chapter on the reptilian family. The method of the teacher is plainly evident, and it is to be regretted that the bulk of the issue of this valuable work was destroyed by fire when only a few copies had been distributed. No better book could have been placed in the hands of the young as a spur to arouse their interest in the things which are natural.—Ed. Gleaner.

REPTILES.—As it happened, the first specimen taken when the students went to get representatives of the reptilian family was a



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small green snake. Lucy and Sam pronounced the reptile hideous, and professed to be afraid of it, but Uncle Dan assured them it was harmless. He placed the little ophidian in a covered jar for future reference.

At the brink of a pond, with the aid of a sieve-like net, they captured a fresh water turtle—sharp-nosed and thin-shelled. It would do to typify the order of reptiles—chelonians, if no other variety was found. A spotted frog and a common green frog were seized and tumbled into a receptacle for short-tailed batrachians. A small toad was discovered with its nose projecting from the soft loam, where the warty creature had nearly buried itself by backing into the earth. This was put in the vase assigned to frogs.

"I should think toads ought to be arranged by themselves," said Tom.

"Toads are not so aquatic as frogs," said his uncle, "but they deposit their eggs in water, and the young are there hatched. The tadpole state is brief. While very small the little creatures abandon gills, and hop forth on land as tailless toads, and do not revisit the water except for a season in spring. Adult toads are seen generally at night, and frequent damp and shady places. Sometimes during a heavy shower, when the water overflows the weeds, so many toads are driven from their hiding places that the saying has arisen, 'they rain down.'"

"I have been told that toads were poisonous," said Lucy.

"An acrid fluid is said to be given out from the warts on their backs, but in other respects they are harmless," replied the uncle.

"Please tell us about the spotted and striped frog we have just caught," besought Sam.

"It is called leopard frog, on account of its markings. It lives in grass and weeds, and often is seen long distances from ponds and streams. It will span several yards at a leap."

The clatter of a tree toad in an apple tree near at hand was heard.

"That is the voice of a batrachian that would make an interesting addition to our specimens," said the uncle. "It is not a toad, but a frog, and spends most of its time in trees, resting on the larger branches."

Tom climbed the tree, where he could see the bright-eyed clucker half buried in the lichens that grew on the bark of an old bough. It was among colors which resembled the hues of its

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skin, and remained silent. He threw a net over the timid frog, and placed the captive in a wide-mouthed vial. In its attempts to crawl up the sides of the vase there was an opportunity to see the discs at the ends of the toes. These suckers enable the animal to suspend itself on the under surfaces of the branches of trees.

"Can the tree frog change the color of its skin like the chameleon?" asked Tom.

"I think this kind of mimicry may be practiced to a limited extent," said his uncle, "but, as I suggested on another occasion, creatures may select such resting places as correspond quite closely in color with that of their bodies.

"Now we have at least three varieties of tailless batrachians; if we can find a tailed species, our collection will be somewhat extended in range."

The hunters had been looking for this object of interest when Tom's eyes lighted upon a salamandrine newt. It was a female, having spots on the back and no fringe.

"A toe of this animal may be cut off," said Uncle Dan, after it had been assigned to a place among the other specimens, "and another will grow in its place in a surprisingly short time. Possibly the four limbs would be reproduced if they were amputated. Spotted salamanders, usually found on land, have similar characteristics. They seek fens and ponds in spring to deposit their eggs in water. A red variety with black spots is apt to hide under the bark of decayed logs.

"Although newts and kindred creatures move slowly, they can use their tongues so quickly in capturing insects that the motion can not be seen. Salamanders swim in the water with ease. In summer, when the blood circulates actively, they have to come to the surface every few minutes to breathe. During cold weather they can bury themselves in mud, and maintain restricted aeration through the agency of the skin."

Tom caught a tadpole and also a young frog with a fin-like tail. "How is this?" inquired he. "Do some little frogs have tails?"

"This tailed frog is not completely transformed from its immature tadpole state," replied Uncle Dan. "The eggs of all batrachians are laid in water. The eggs of frogs may be known by the jelly-like substance that encompasses them; the ova of toads are held in beaded chains. Newly-hatched tadpoles swim like fish,



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and feed on vegetable food. They swim in groups, but move independently when approaching the period of transition, after which they are frogs. While undergoing this change the head, body, and legs of the frogs may be reached before the tail is lost. The specimen taken is one that still retains the tail, though otherwise a mature frog."

"I have often wondered where frogs lived in winter," said Lucy.

"All batrachians bury themselves in the mud at the bottom of ponds and streams when cold weather comes," said her uncle, "and they stay in a state of hibernation till the warmth of spring arouses them from their long sleep, and stimulates them to come to the surface and the light of day again. During the winter's torpor their blood hardly moves, and what little aeration is needed is carried on through their skin. Turtles go into the mud in the same way, and continue there for months without eating or breathing."—HOWE, *Conversations on Animal Life*.

### SOLAR HEAT.

Professor Howe was equally at home in any of the branches of the natural sciences. He prepared and read many papers before the Cincinnati Society of Natural History on anatomical, physical, astronomical, and geographical subjects—papers which were interesting and instructive because of their richness in facts and clearness of expression. The average listener, whether or not versed in the subject discussed, could fully comprehend the topics presented by Professor Howe in these papers. Aside from their literary value, there is a wealth of material in these articles that makes one regret that they are not all published in a single volume that they may be accessible to the general reader who has not access to the large number of journals in which they originally appeared. This article is a portion only of a paper on "Matter and Energy," read before the Natural History Society, and republished in Howe's "Miscellaneous Papers."—**Ed. Gleaner.**

SOLAR HEAT.—The internal heat of the earth is no longer competent to warm its crust sufficiently for biogenic purposes. While in a nebulous state there was heat in abundance, but as the gaseous substance became condensed the heat in its molecules was driven out and radiated into space. To counterbalance the loss, an atmosphere was evolved from the environment of ethereal matter. Oxygen and nitrogen held such affinities for one another that air became an envelope for the new-born earth. This had so many inter-

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mixtures that it was not "pure" and respirable, but time acted as a clarifier. It was thin and tenuous at its outer boundaries, but denser near the earth. This atmospherical envelope renders organic life possible, and serves as a medium for floating clouds. Birds sustain themselves in flight through the density of the agent. Its pressure upon the earth is fifteen pounds to the square inch at the sea level, but much more rarified at the altitude of the highest mountains. The air is an important agency in the evolution of mundane affairs. While the elastic and vibratile body transmits sound and light with seeming facility, yet it offers more or less resistance to the passage of solar rays. Fortunately this friction becomes a source of heat, as in a revolving axle or in any other familiar example of the kind. In elevated places where the atmosphere is diffuse, the resistance offered to the passage of solar rays is inconsiderable, but in valleys where the air is condensed through pressure of the mass above, the friction is great, and the resultant heat is intense.

The old theory of solar combustion as a source of heat is untenable for several reasons, the most prominent of which is that the great luminary would have burnt itself out long ago; and another is that as only its planetary bodies and their satellites are recipients of the benefit, stellar space would consume much the larger amount.

In the summer, when the sun is overhead, the impact of solar rays is greater than in winter, when the sun shines slantingly. A sunglass converges solar rays into a focus, and thus multiplies the friction—intensifies the heat at a given spot. The moon has no atmosphere, hence solar rays falling upon it meet with no resistance—evolve no heat.

The suggestion of Proctor that the sun's fires are fed by inflowing meteors as fuel, is also a gratuity. As meteorites become scarce, the heat would decrease—a lack of supplies would have been felt long ago. Besides, in the combustion of so much coarse material what would become of the ashes or debris?

There seems to be but one rational account of the origin of solar heat, and that is through friction. If that be the source of the sun's heating energy, it is to last as long as our atmosphere does, hence may be regarded as abundant and eternal.—HOWE, *Matter and Energy*.



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### LIGHT.

This is another section from the article on "Matter and Energy." Such papers as this were frequently published in the Eclectic Medical Journal, for Dr. Howe contended that physicians should read widely outside of the direct subjects of medicine and surgery. The pages of this journal are rich repositories of many such brief dissertations on natural phenomena that Dr. Howe insisted should be a part of the general education of the well-rounded physician. It is to be regretted that fewer articles on such subjects now appear in medical periodicals.—Ed. Gleaner.

LIGHT.—Heat is the manifestation of an energy, and so is light. The glow worm and the fire fly flash phosphorescence on summer nights, and the "will o' the wisp," or swamp gas, is a torch lighted through the agency of decompositions. The farthing dip feebly illumines the humble cottage, and electric incandescence makes brilliant the halls of palaces. When brakes of a swiftly moving train are applied the friction evolves heat enough to kindle a flame, and a spark is elicited by a stroke of flint and steel. Light is emitted in rays from a center of illumination, as the flame of a burning lamp, a blazing meteor, from stars and from the sun. The "fixed stars," so called, issue luminous rays as the sun does, but they are so far away that we see only a stellar twinkle. Light from the moon is wholly reflected, solar rays glancing from the face of the lunar orb to the earth. Sunbeams differ somewhat from other luminous rays. A pencil of sunlight thrown upon a spectrum or glass prism will exhibit plainly the primitive colors, and rays from the electric arc display such hues, but not so prominently. Plants do not thrive as well under artificial heat and light as they do under the sun's energies. Solar rays decompose carbonic acid in the leaves of plants through the agency of chlorophyl, the carbon forming woody fiber, while the oxygen disengaged passes into air. All the colored rays of the sun will not decompose the carbonic acid of plants, but the *actinic* or chemically active blue and violet rays. Plants may develop in substance without the aid of sunbeams, but the stalks and leaves are colorless, and the acme of maturity can hardly be attained.

Light has been denominated an energy, and not an ethereal substance. It may be transformed into heat and electrical units—it may assume two or three kinds of energy. The sun is the great source of light in its own system, but looked at from Sirius its twinkle becomes a star of the fourth or fifth magnitude. The

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vivifying powers of solar energy are all important to our planet. Without the influence of light and heat the earth would have no seasons, no plants, no animals, no rains, no atmosphere, no condition contributing to the support of life. In shaded places poisonous fungi may vegetate, and in the deeper parts of the sea where heat does not reach, nor solar rays penetrate, there may be encountered organic forms, both floral and faunal, but their support is borrowed from material that has been under the sun's influence. Near the poles the water swarms with marine life, but the water is rich in protoplasm that has been developed under the energies of a tropical sun. The energizing influences of solar rays are stored in trees, and eventually laid away in coal banks, hence their character should be considered in the economics of our planet.—*Howe, Matter and Energy.*

### THE PENTADACTYL TYPE.

The grasp of comparative anatomy is splendidly portrayed in this selection from Professor Howe's writings. Dr. Howe visited museums and zoological gardens, dissected dead animals from the circuses, and made frequent visits to the dissecting room long after his preparatory education was supposed to have been attained. The true student and scholar is never through with even the fundamentals so long as there is an opportunity to add to them. When the writer was Demonstrator of Anatomy a student found a bony anomaly in a human subject, and Dr. Howe, hearing of it, came to the dissecting room and examined it. Mounting a stool, he then delivered an impromptu lecture on the hook-like bony spur and discussed the comparative anatomy of human and animal bones and showed the spur to be a point in evidence of the theory of evolution—that the bony anomaly was but the vestige of a normal conformation in some animals that had persisted in incomplete form in the descent of man.—*Ed. Gleaner.*

THE PENTADACTYL TYPE.—Medicine is a branch of natural science; in its range it dips deeply into zoology. The anatomy of man does not differ essentially from that of other mammals. The philosophic anatomist finds interesting and instructive material for reflection in the structures of what are called the "inferior" animals. Indeed, it has been asserted by the most distinguished scientists that the human body is best understood by those who compared each part of it, so far as comparisons can be made, with homologous parts in the lower animal forms. And those who are just entering upon such studies will be astonished to find how closely nature sticks to a primitive *type* or form. If



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she departs from the typical formula for special or adaptive purposes, there seems to be a disposition to return, fully or in part, to the original and favorite model. This tendency to adhere to a fundamental rule is exemplified in the number of cervical vertebrae in mammals. Man in his comparatively short neck has *seven* bones, and so has the bat, the porpoise, and other almost neckless creatures; and in the long-necked giraffe, camel, horse, deer, and weasel, there are but seven vertebrae—a typical number which prevails with wonderful pertinacity, considering the scope for adaptive variety in the length and functions of the mammal's neck. The only exceptions are in a species of sloth and the tropical manati.

Five is a common number for digital division among vertebrates; and our own hands and feet present these digits in a high degree of perfection. Our fingers, with the opposable thumb, are not equaled in function by the digital development reached by any other animal. Man has been classed alone as bimanous, on account of his possessing two hands. A unity of method in the construction of the carpal and tarsal terminations is strikingly apparent not only in the higher, but in the lower vertebrates, fishes alone forming exceptions. The pentadactyl has a wide range of application—it reaches reptiles as well as walking, swimming, and flying mammals. Divergencies are common, for the necessities of modified organizations enforced variety. The herbivora must have feet and legs suited to their manner of living; and the carnivora need digital terminations which shall enable them to capture and tear in pieces their prey. If the claw be sharp its point is protected by a sheath and by being raised from the ground. Amphibious animals adhere quite closely to the pentadactyl type, though their digits may be concealed by a web. Birds apparently depart considerably from the prevailing order of digital division, yet in their legs and wings may be found the evidence that they are constructed in accordance with the somewhat rigid formula.

Variations of digital termination can not be fully comprehended without considering, anatomically and functionally, all the bones which constitute what are denominated the shoulder and pelvic girdles. In an anterior limb may be found a scapula, humerus, radius and ulna, and carpal and metacarpal bones, to which the phalanges are attached; and the greater the number of digits, the nearer certain it is that a distinct ulna and the usual complement of metacarpal bones will be present. A posterior extremity embraces a haunch bone, a femur, tibia and fibula, tarsal and meta-

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tarsal bones, and phalanges; and when five toes are fully developed, as many metatarsal bones exist, and the fibula is present. But if two digits disappear, there is a corresponding shrinkage in the metatarsus, and a dwindling effect manifested in the fibula.

The Simian thumb is not opposable to all the fingers—it is dwarfed and imperfect; and in the inferior animals this digit is the first to shrink and disappear. The fifth or “little finger” is occasionally rudimentary, yet it puts in an appearance oftener than the pollex, or first digit. The third and fourth digits not unfrequently attain gigantic proportions, and usually at the expense of the other digits. The hallux, or “great toe,” is functionally important in the monkey, but it is apt to shrink and vanish in the lower animals. The raccoon, which is anatomically allied to the monkey, and exhibits many Simian freaks of character, possesses five digits upon each pedal extremity. The opossum is also pentadaetyl, and the hallux is placed at right angles with, and is opposable to, the other four digits; it has a short and thick terminal phalanx that bears no nail. Foxes, dogs, wolves, and hyenas possess four functional toes which reach the ground, and a rudimentary digit of greater or less development which bears a nail, but does not come to the ground, nor have any functional importance; and this dwarfed toe is on the inside of the carpus or tarsus, where the most important digit exists in man.

All the feline race are pentadaetyl, yet the first digit in each foot is rudimentary and mostly devoid of function. Minks, otters, and beavers exhibit five digits on each foot; and so do many of the great aquatic mammals. Frogs have five toes behind and four in front, with a knob on the carpus to represent the fifth. The alligator has five digits in front and four behind, with a mark for the fifth. Animals with a lizard-like conformation have from three to five toes; and in some lacertian swimmers the shoulder and pelvic girdles are rudimentary all the way through, the legs being too feeble and undeveloped to sustain the weight of the body.

Herbivorous animals have mostly, for each foot, two strong toes that come to the ground, and two rudimentary digits which are called “dew claws,” and have no functional importance. The latter bear diminutive hoofs, embrace phalanges, and have metacarpal and metatarsal splint bones. The fifth digit in these cud-chewers, or ruminants, is rarely or barely represented by a mark or sign, hence such animals are denominated artiodactyl, or even-



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toed. Most of them present no upper incisor teeth; and they grind their food imperfectly while it is being cropped and swallowed. Their intestinal canal is long and complicated, for the purpose of extracting nutriment from herbage not always rich in nutritious supplies.

Man possesses a distinct radius and ulna, and a tibia and fibula; and so do most of the perissodactyl or odd-toed animals—those having one, three, or five digits. The pig has upper and lower incisor teeth, ankylosed radius and ulna, and a distinct tibia and fibula. Its toes are like those of ruminants, two functional and two rudimental on each foot.

The sheep, the goat, the ox, the buffalo, the moose, the deer, and the antelope have an ulna with a well developed olecranon process, but the lower extremity blends with the radius; the fibula of these animals is wholly wanting, or is represented by a mere knob on the upper extremity of the tibia. The limbs of turtles and alligators possess a radius and an ulna, and a tibia and fibula, all being distinct and evenly divided as corresponding bones in the limbs of the human race.

The horse is a one-toed creature; but the fossil remains of its extinct predecessors show that the original *hippus*, or the earliest of the *equine* family, possessed five toes, and was not larger than the smallest ponies now in existence. The fossil bones of a horse with three toes, the central digit being the largest, are found in the Eocene and Miocene beds of the Upper Missouri River—in the “bad lands” of Wyoming. In the Pliocene strata are found the fossil bones of a bigger horse, which had a large toe that reached the ground, and two lateral toes that were rudimentary, as are the “dew-claws” of an ox or other even-toed animal.

The horse of our time is one of the most beautiful and highly developed of the great animals. He is fleet of foot and strong of limb. Each pedal extremity possesses a series of toggle-joints, as the articulations of the limbs may be called, consequently in him is made the best provision for an outlay of muscular and mechanical power. The legs are long and slender, and moved by muscles which are admirably arranged for the development of strength and speed. The spinous processes of the anterior dorsal vertebrae are long and high, to give an elevated attachment to muscles which indirectly lift the feet from the ground. A horse “high in the withers” is not likely to stumble when he trots. The moose is a trotting animal, and has few smooth roads to travel upon, conse-

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quently it is very high in the withers, even higher than the horse. The deer runs by leaps, and rarely trots, therefore it need not be high in the withers, and is not relatively so high in that region as the moose. The humerus of the horse is buried in the flesh of the shoulder, and the femur in the tissues of the hip, so that neither can be traced in the outline of the limb; yet these bones are very large and compact, and so obliquely placed as regards adjacent bones that they afford admirable angles for dissipating jars and shocks. What is ordinarily regarded as the knee in the front and hind limbs is really what in man are the wrist and the ankle. The ulna is prominently developed in the olecranon process, but becomes a splint below, and blends with the radius; the fibula is represented only by a process of bone projecting from the upper extremity of the tibia. The carpus and tarsus of the horse consist of two chains of comparatively small bones, as representative parts do in man; but the metacarpus and metatarsus are wonderfully transformed or differentiated. The central metacarpal and metatarsal bones—called *cannon* bones—are large, long, and strong; and the lateral metacarpals and metatarsals are represented by splints, which can be barely outlined from the upper end of the cannon bones to a point a little below the middle of the great central shaft, which represents about all there is of the metacarpus and metatarsus. And below this is a central continuation of a single row of phalanges, without even splints to represent lateral digits. Five sets of phalanges are consolidated in one row. This consists of the upper pastern, the lower pastern, and the coffin bone, which represents the terminal or ungual phalanx, and supports a hoof instead of a nail, as in man and many other animals.

The horse has long lips to gather in its food, and six good incisors in each jaw to crop grass; behind these are short tusks in the male, then comes a toothless space for the "bit," and still further back are the immense grinders which do such excellent service in mashing and pulpifying the food, whether it be grass, hay, or grain. And the grinding is so well done that the food does not have to be regurgitated and chewed over as a cud.

The elephant's foot conforms pretty nearly to the pentadactyl standard, for it terminates in five toes; yet the inner toe (hallux and pollex) is somewhat imperfect, or rudimentary in its fundamental character. The hippopotamus treads upon four toes, and has the rudiment of a fifth, which is on the *inside* of the carpus and tarsus. The rhinoceros goes upon three toes, the "little toe"



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vanishing entirely, and the "great toe" existing in a rudimentary state, or it is not developed sufficiently to reach the ground.

The kangaroo has five digits in each of its forepaws, and apparently three, though really four, in each of the hind feet. The failure is on the inside of the foot, the ballux is wanting, and the next two are so dwarfed that in the seemingly combined state they are not equal to the outside digit, which again is smaller than the immensely developed *fourth* toe, reckoned in the order from "great" to "little." The two dwarfed toes which appear in the living animal as single, have but one metatarsal bone that reaches back to the tarsus; and this is very slender. When the animal sits at rest the os calcis reaches the ground, but in hopping about the two outside toes in each hind foot receive the weight of the body, and break the shock by means of a well developed plantar arch and elastic plantar ligaments which stretch from heel to toe as a cord subtends a bow. The tracks of the kangaroo are much like those of a hopping bird. The bandicoot has a hind foot similar to that of the kangaroo, yet the "little" or outside toe is comparatively dwarfed, and the one next to it is as much more enlarged and elongated—it becomes the greater part of the foot, while the others dwindle to insignificance.

In the fore foot of the mole there is seemingly a violation of the pentadactyl type, for *six* terminal claws are found. But upon dissecting a limb it is shown that the supernumerary claw is a falciform hook that springs from the radius, and is not therefore carpal except in function—a splint to give width and strength to the spade-like hand.

The sloth has but two toes functionally developed in front; and two rudimentary digits exist, yet the animal is called two-toed. The nails on the developed digits are long, strong, and so curved that when hooked upon the branch of a tree they will not let go, though the animal be asleep or even dead. A species of the sloth has three toes in the fore foot, and a rudimentary fourth. The jerboa has three toes to each hind foot, and three ankylosed metatarsal bones. The conformation of the entire limb is much like that of a bird.

The anterior extremity of the bat has four enormously extended phalanges to give expanse to skinny wings; the fifth digit is only a hook or undeveloped claw. The posterior extremities present five digits to each foot; thus, in the anterior and posterior extremities the pentadactyl type is followed.—HOWE, *Miscellaneous Papers*.

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"THAT SAME SWEET FACE."

The indelible portraiture of virtue, happiness, and peace; of education and training, or of sorrow, vice, toil, and degradation upon the human features is one of the certainties of life. In this essay Dr. Howe shows himself the skillful physiognomist—as all physicians and surgeons should strive to be. It aids in diagnoses when the burdened victim is loth to reveal past sorrows or a badly spent life. The face of happiness bears its own imprint throughout life, though the ravages of time may have altered the physical features. Yet the tale of love, good cheer, and kind deeds is retold in the light of countenance of what still appears to be "that same sweet face."—*Ed. Gleaner.*

"THAT SAME SWEET FACE."—As a notable Swedish songstress, who was about to depart from home to win fortune and fame in foreign lands, bid farewell to parents and friends, she said to her mother, "What shall I bring you when I return?" The maternal reply was, "That same sweet face." But the mother was asking for something which is flitting; she was governed by an emotion; she sighed for that which could not be. That face must change—its semblance could only be retained in memory and marble. If the daughter of the Swedish matron had never returned, the same sweet face would have been ever present, but after years of exile, of toil, of hope, of triumph, of rivalry, of disappointment, and of heartrending scenes, the features of that still lovely countenance must have changed. In fact it could not remain as it was. Time is exacting. The varied experiences of each passing year leave their indelible impress. What did it avail when the maiden said,

"Backward, roll backward, O Time in thy flight,  
Make me a child again just for to-night."

The man of fifty has a face on which are written in somewhat mysterious hieroglyphics the character of the individual. If the possessor of the countenance chiseled by half a century of time has lived a spiritual, intellectual, and moral life, that face is a study for the painter and the sculptor; but if the owner has indulged in stormy passions, partaken of bloating and gluttonous drinks and foods, and cultivated selfish propensities, the features of such a face beget aversion in the mind of the beholder.

It has been eloquently declared that every man is the architect of his fortune; it might as truthfully be said that every man is the carver of his own facial expression. If a man wear a severe look, he has cultivated that tone of countenance. It never came by acci-



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dent, nor grew carelessly like a weed. An habitual face is the work of years. That disappointed maiden of fifty never acquired a hateful visage in thinking and wishing well of her neighbors; and the old shrew around the corner never obtained that woeful countenance while doing good to the feeble and unfortunate.

The good Mrs. Bountiful did not stamp that lovable face of hers with benign expressions while trying to pull down a rival or somebody enjoying prosperity. Her smile is a perpetual benediction. Everybody that meets her looks happy.

The Rev. Mr. Holly has the expression which the coal heaver would pronounce "Apostolic," yet how was that facial expression obtained? Why, it was secured during many years of divine thoughts and noble actions. A right-minded man has been "limning that face for a long time. That serene beauty never came by chance—it was attained little by little, and is a marvel of excellence.

Canova said he could not appreciate the beautiful in the world till he had made it a study for years. We are not critics of human faces till we have had great opportunities to study character in its various aspects. A keen detective at a crowded fair will catch a glimpse of every pickpocket present, though he may not catch one in the thieving act. He has cultivated an acuteness for the special work. On the other hand, the experienced thief recognizes the detective at once and avoids meeting him.

The profession a man pursues leaves its mark upon the possessor. The average physician can be pointed out on a crowded thoroughfare; the attorney need not have his green bag with him in order to have his vocation known; nor need the clergyman wear a white neckerchief to be recognized in his true character.

The physiognomy of vocation is well understood and everywhere acknowledged. If a physician would be regarded as an earnest, honest, conscientious man, he must cultivate those qualities of head and heart. If a commonplace doctor thinks he will succeed by thinking and talking ill of his competitors, he will find at length what a grave mistake he has made. If a crusty old physician thinks he can crush that studious, polite, and genial young doctor who has had the hardihood to settle in town, he will egregiously blunder. People have been tired of the old curmudgeon for years, and are delighted with the idea of making a flattering change.

Lately I met on the street a woman clad in sable weeds, and

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with a face simply stamped with despair. Ten years ago that face and form were divine. What had wrought the change? Thank heaven, she had no mother to ask for "that same sweet face." The original loveliness had nearly all disappeared. The figure was still slight, and the threadbare dress neat and tidy. From a friend I learned that the girl had married a handsome choir singer and speculator. Drink brutalized what manhood there ever was in him, and he beat his poor wife for his bad luck and ill-fortune. The death of a beloved child, sickness, and poverty drove the woman mad with disappointment and hopelessness. In a few years that once beautiful face was fixed and furrowed like the countenance of a maniac. Can lovely features be made to take the place of those so wo-begone? No, time never rolls backward in its flight. Hope and an agreeable change of circumstances would do something toward restoring cheerful features, yet the same sweet face will never return.

But, what is to compensate for this loss of youthful comeliness? Are our faces to be agreeable only in youth? Let us see. Mrs. Linneman, a lady of fifty in our acquaintance, does not appear old, even to children. Her features are those of a cultivated woman; her posture is superb; her general presence is gentle, winning, and commanding. Her face is expressive of matronly goodness, kindness, and grace. Was that face ever so handsome before in her life? Probably not. As a girl she may have been beautiful, but as she lost a feature of mere physical beauty she gained its equivalent in spiritual charms; and as years rolled by the changes necessarily occurring were not against her, but in her favor. Her womanly graces are not less admired than were her youthful attractions.

The stately gentleman on our streets was said to be handsome when he was twenty-five; he is fifty now, yet he is still handsome—everybody acknowledges it. That head, face, neck, and shoulders all combine to display the portraiture of a man. Those eyes kindle with light almost divine. There is an intellectual halo emanating from that head. It is not the brazen aureola painters have thrown around the head of Christ and the Virgin, but it is appreciable, and actively impresses the beholder. How was that wonderful face obtained? The handsome youth of twenty has no such attraction—his is all physical—it cost no effort—it is what time effaces; but that scholarly and cultivated countenance exhibited by the man



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of fifty or sixty, or even seventy, is a work of art. It is worthy of study; and the more it is observed the more it is admired. In that maturity of manly beauty are peace, plenty, and assurance. The student in science or morals may show premature wrinkles, but these lines are not repulsive—they seem to be the etchings of elves engaged in the portrayal of expression. The face as a whole may exhibit the marks of care and sorrow, but they do not detract from the interest centering there. The man of fifty who has not passed through solemnizing scenes, who has not been chastened by untoward events, is a phenomenon, and not representative.

I will not depict a face of fifty, wrung with misfortune, pinched with selfishness, and warped by avarice. Such visages are common as clods, and need no delineation. Cultivated faces alone are worthy of study, for they show a subjugation of the lower instincts, and a forcing to the front of the higher intellectual and moral qualities. A fine face costs a lifetime of good thinking and well-doing; bad features are the result of passive negligence. Every individual is largely responsible for facial expression. The juvenile feature is the sport of time, but the beauty of the mature face is a work of artistic elaboration, the soul officiating as the divine limner—Howe, *Miscellaneous Papers*.

### SOME GYNÆCOLOGIC HISTORY.

Dr. Walter Burnham, one of Dr. Howe's colaborers, was the first surgeon of modern time who ventured to excise the womb, which he did on June 26, 1854. In view of the fact that this bit of history is generally ignored the following is of more than ordinary interest.—**Ed. Gleaner.**

SOME GYNÆCOLOGIC HISTORY.—In no branch of gynæcology have such marvelous changes in professional opinions taken place as in regard to ovariectomy. When Spencer Wells visited Boston, some time after he had established the fact that the surgical removal of ovarian cystomata was legitimate, and warranted by the ratio of successful results, there were many reputable physicians in and about the city who, with expressions of disdain, refused to be introduced to him! Dr. Walter Burnham and Dr. Gilman Kimball, of Lowell, and Dr. Horatio R. Storer, of Boston, were branded as unprofessional characters for practicing what had been demonstrated as unsafe and unsurgical. A man who would perform ovariectomy was a quack surgeon not to be recognized. On account of a senseless prejudice, an operation which was first scientifically performed by an American, ovariectomy was driven to Europe for recognition and development.—Howe, *Operative Gynæcology*.

John Milton Scudder, M. D.

*By*

Harvey Wickes Felter, M. D.,

Editor of

The Eclectic Medical Gleaner,

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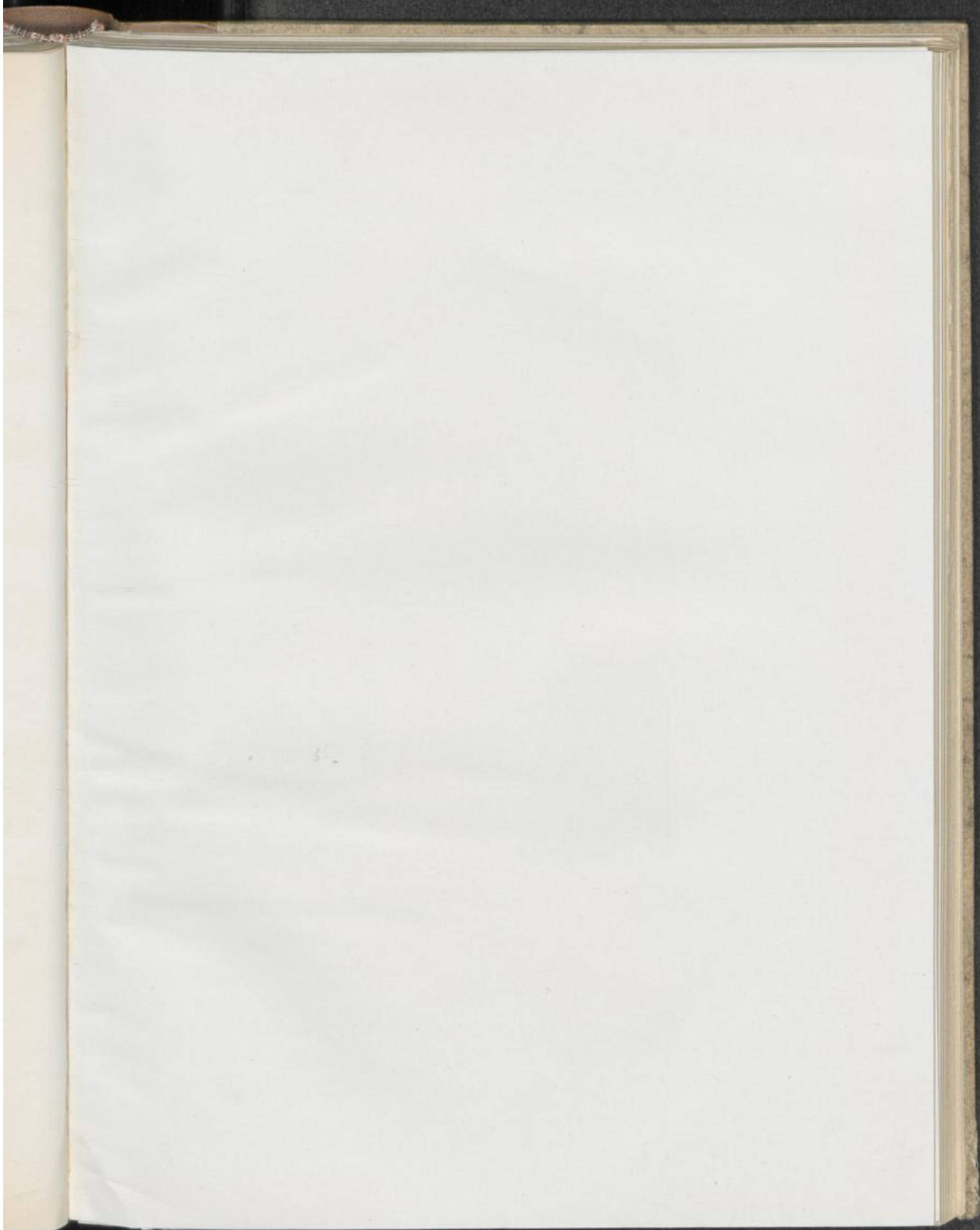
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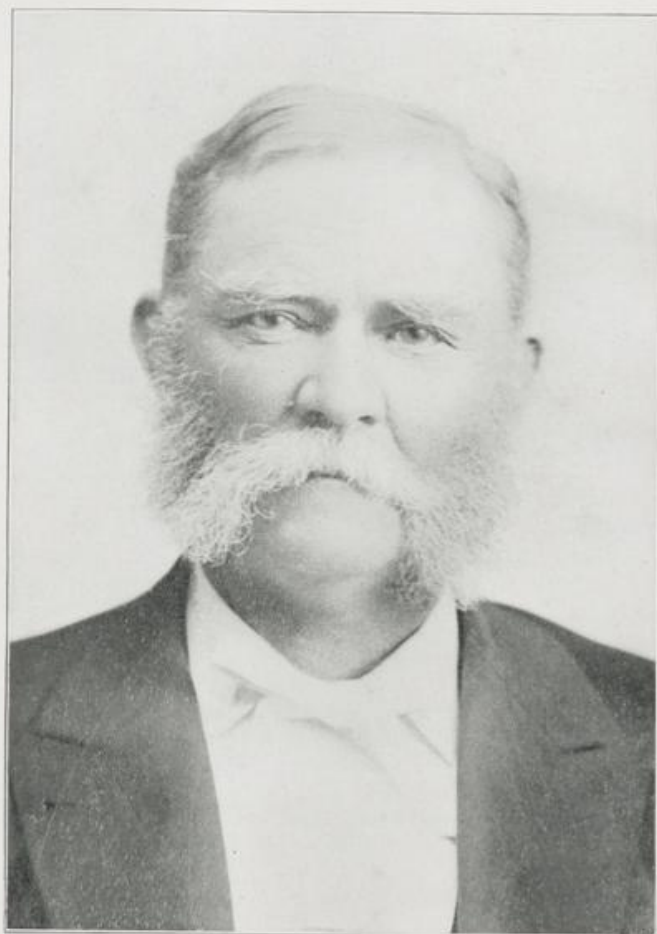
Cincinnati, Ohio.



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JOHN MILTON SCUDDER, M. D.,  
At the age of 59.

## JOHN MILTON SCUDDER, M. D.

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John Milton Scudder was born September eight, eighteen hundred and twenty-nine, in the little village of Harrison, Hamilton County, Ohio. His father, John Scudder, cabinet-maker, died in 1838 when young Scudder was between eight and nine years of age, and the little family of mother and three children, left in but moderate circumstances, had to figure closely for the wherewithal to live. While still very young, John went to work in a button factory at Reading, Ohio, receiving the munificent wage of fifty cents a week. There he acquired that habit of work which became a dominant trait all through his fruitful life. Even at his tender age he had two prime objects in view—to aid his mother in the support of the little family and to acquire a sound collegiate education. The first he fulfilled to the letter; and he grasped the latter, when, at twelve years of age, he had accumulated a sufficient store of money to enter the Miami University at Oxford, Ohio. After leaving college he perfected himself in the arts of cabinet-making and painting, pursuing the former occupation during the winter and the latter during the summer. One of our engravings shows him a sturdy, handsome young man in the artisan's garb, a master of the brush, bucket, and putty knife. He was a laborer worthy of his hire. Idleness was no part of his creed, nor could he ever tolerate sloth and shiftlessness in others. His next move was to open a general store in his native town. Then, on his twentieth birthday, he married Jane Hannah. Of this union came five children, but two of whom survived infancy. The deaths of the three babies, due as Scudder firmly believed to improper treatment, changed the life-work of the latter from the pursuits of arts and



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crafts and from the mercantile hustle to a career of medicine. Placing himself under the preceptorial guidance of Dr. Milton L. Thomas\*, a pioneer and enthusiastic Eclectic and father of Prof. Rolla L. Thomas, M. D., he entered the Eclectic Medical Institute at Cincinnati, and in 1856 graduated with honor as valedictorian of his class. So well had he applied himself to study and so proficient had he shown himself that the Faculty at once selected him for the position of Professor of General, Special, and Pathological Anatomy. From that time onward his professional career as practitioner, teacher, and author made him one of the most conspicuous men in the annals of American medicine.

In conjunction with his college duties Dr. Scudder at once entered into practice in that old portion of Cincinnati known as Fulton. His success, both as a practitioner and money-maker, was phenomenal. He formed partnerships in order to handle the immense business; Dr. O. E. Newton being the most noteworthy of his partners. At one time his office was crowded with patients and the income from practice ran into the three tens, but love of his school overreached his love of riches, and he relinquished this lucrative practice with its golden opportunities for the perilous task of leadership in a hazardous effort to strengthen a tottering institution. His whole attention was now given to his alma mater, the Eclectic Medical Institute, which he meant to save and place upon a par with the best medical colleges of the world. How well he succeeded is now a part of history.

Dr. Scudder's whole strength and soul was now thrown into his chosen work. With the shrewd and discerning eye of the business man and with unselfish devotion to his profession he quickly saw in the financial mismanagement of the college and the internecine strife in the Faculty a wreck ahead for Eclecticism. He threw himself into the breach, took charge of the college and the *Journal*, and though the Civil War was coming on and decimating

\* Milton L. Thomas, M. D., father of Professor Rolla L. Thomas, M. D., (Dean of the Eclectic Medical College of Cincinnati) and preceptor of Professor John M. Scudder, M. D., was born in Warren County, Ohio, September 11, 1821. His early years were passed chiefly at Madison, Indiana. At the age of fifteen he learned the silversmith's trade at Booneville, Missouri. He began the study of medicine at Madison, Indiana, in 1844, and then entered the Louisville Medical College of Kentucky, from which he graduated. He subsequently embraced Eclecticism and graduated from the Eclectic Medical Institute. Settling in Morgan County, Indiana, he began practice in 1847. In 1849 he removed to New Haven, Ohio, from whence he went to Cincinnati, and finally to Harrison, Ohio, where for years he practiced successfully and was accounted one of the most skillful of practitioners. His wife was Susan J. Rybolt. Dr. Thomas survived his distinguished pupil one year, dying at Harrison, Ohio, April 24, 1895.

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the ranks of the students he successfully guided the well-nigh sinking craft through perilous waters and brought her ashore unscathed and without dishonor. From the time he grasped the helm she has steadily ridden forth, spreading the gospel of Eclecticism in medicine; and from that day until the hour of his death John M. Scudder was, without question, the foremost Eclectic physician of his time.

From 1858 to 1860 Dr. Scudder filled the chair of Obstetrics and Diseases of Women and Children, and in 1860 was transferred to the chair of Pathology and Principles and Practice of Medicine, a position he held until 1887, when, failing in health, Dr. Thomas was given that chair and Dr. Jeancon Pathology, while Professor Scudder lectured upon the allied topics of Hygiene, Physical Diagnosis, and Specific Diagnosis until his death in 1894.

Dr. Scudder's wife having died, he married her sister, Miss Mary Hannah, on February 4, 1861, by whom he had five boys, of whom three graduated in medicine at the Eclectic Medical Institute. Dr. John King Scudder (born May 16, 1865) is the present secretary of Faculty of the Eclectic Medical College, editor of the *Eclectic Medical Journal*, and ex-president of the National Eclectic Medical Association; Dr. William Byrd Scudder (born December 12, 1869) was Professor of Diseases of Eye, Ear, Nose, and Throat. He died at Redlands, California, April 19, 1905. Dr. Paul Scudder (born June 18, 1868) is a practicing dentist in Cincinnati, and Dr. Harry Ford Scudder (born December 29, 1871), formerly Demonstrator of Anatomy in the Eclectic Medical Institute, is now a practicing physician in Redlands, California. The only surviving child of the first marriage is Mrs. Mattie Twachtman, widow of the impressionist artist, John H. Twachtman. Both Mrs. Twachtman and her son are also artists of repute.

**HIS LEADERSHIP.**—The rôle of leader is but poorly adapted to the majority of men. Tact, aggression, and an intricate knowledge of human nature are absolutely necessary to success if one would aspire to that position. Dr. Scudder was by nature fitted for leadership. When placed at the head of the Institute he found much to be done. He did not wait for others to take up the burden. Bending under the load he aimed his steps directly toward a sure footing and a sound foundation. Financial obligations were to be met, the *Journal* must be rejuvenated, and text-books were sorely needed. All these tasks were cheerfully undertaken and



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rapidly and faithfully executed. The wary, who had felt the neglect of the careless and incompetent on the one hand and the sting of the designing and dishonest on the other, now looked with confidence and hope to the new leader. He never betrayed the trust. All that he asked for was work and co-operation; work and plenty of it for himself that should bring resulting good to Eclecticism. He demanded of others that they also should work. He believed in the gospel of work; for the idler he had no pity and no alms. The result was that discordant elements dropped their petty differences, trust displaced distrust, and the business of teaching medicine went on with renewed vigor. Around him he gathered a Faculty of workers, with not a drone among them,—such a Faculty as few medical institutions anywhere had ever known and one that dwelt together harmoniously for more than a quarter of a century.

THE AUTHOR AND JOURNALIST.—As an author and journalist Dr. Scudder was prolific and untiring, and his efforts were crowned with extraordinary success and his influence was far-reaching. He took over the *Eclectic Medical Journal* when, almost moribund, that publication through loss of subscriptions and lack of collections came near to extinction. Assuming the editorial pen and the financial management he soon snatched it from the brink of the grave of oblivion and into the editorial columns he threw his powerful personality. Physicians who had lost hope again rallied to its support and the "dark days of Eclecticism" passed. This publication he edited from 1861 to his death in 1894.

With equal vigor he shouldered the task of preparing textbooks which should embody living, up-to-date matter. In doing this he shattered some of the cherished idols of the earlier Eclectics who were less progressive and who rested content upon the pioneer methods and publications. His first book came out in 1858 and bore the title of "A Practical Treatise on Diseases of Women." In 1860 followed, (in conjunctive authorship with Dr. L. E. Jones), "Materia Medica and Therapeutics." This work at once became popular and in repeated editions and revisions was, until a very recent date, the standard Eclectic work upon the subject. His splendid "Eclectic Practice of Medicine," still a classic, was issued in 1864 and has undergone many revisions which kept it up to date, until it was entirely rewritten and superseded by Thomas' "Eclectic Practice of Medicine," issued in 1906. "Prin-

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principles of Medicine" appeared in 1866; "Diseases of Children" in 1867; and "Specific Medication" in 1871. "The Reproductive Organs and Venereal Diseases" came from the press in 1874, and lastly his greatest work in our estimation, outside of many of the valuable *Journal* articles and editorials, "Specific Diagnosis" came out in 1874. Many of these books have undergone repeated revisions and numerous editions were required to fulfill the great demand for them. For elegance of diction, clearness of statement, and practicability they stand unsurpassed among American textbooks of medicine. The Eclectic physician who has not a copy each of his Practice, Specific Medication, and Specific Diagnosis is the loser, for no works are so valuable in revealing the unfolding of modern Eclecticism. Besides these professional works Dr. Scudder also published a work on "Domestic Medicine" which was widely popular, and for a short period he issued a *Journal of Health* for the laity and a literary magazine titled *The Eclectic*.

It was in the journalistic field, however, that Dr. Scudder exerted his greatest influence and displayed his versatile talents, and few similar publications have made so marked an impression on medical thought and progress as did the *Eclectic Medical Journal* during his editorship. Though wielding a sharp pen there was no gall in his messages. He was a valiant antagonist, attacking methods rather than men. His adversary, though often hard hit by his ready wit and pungent humor, seldom felt that a personal thrust had been given, and therefore did not bitterly resent. Occasionally, which was rarely, when attacked personally, Dr. Scudder did not deign to reply; to him, then, "silence was golden." But most antagonists, and he had many, antagonized his views: seldom the writer. When personally attacked business or professional jealousy usually goaded his adversary and the cause of the attack was plainly apparent. No man ever more ably advocated and defended a beloved cause than did Dr. Scudder labor for Eclecticism; and no rival schools of medicine ever had a more fair adversary and critic.

HIS "MAGNUM OPUS."—When Professor Scudder entered the field of Eclectic Medicine he found a heterogeneous conglomeration of crude medication inherited from the fathers. Even though so extremely crude, yet was this primitive medicine a marked improvement, in point of safety at least, over that which it was in-



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tended to supplant. In fact, it was the great substitutive effort which was a necessary part in the evolution from crudities of the earliest days to the more or less finished pharmaceuticals of the middle period. Crude herbs, leaves and flowers, barks and roots were still employed in nauseous infusions and decoctions. Crude syrups and tinctures and other spirituous preparations of various and variable strength—the products of office pharmacy at the hands of those unskilled in such arts—were beginning to supplant the less agreeable aqueous preparations. Resinoids came and well-nigh wrecked the school, and then passed on. The time was ripe for more certain and more elegant medicines and more direct and pleasant medication. The early reform aims of the Eclectic fathers had been largely accomplished, and the results of years of work must needs be sifted and crystallized into something more than a mere substitutive practice. As has been well written, "No great policy dominated Eclecticism in 1860." Dr. Scudder saw and grasped the opportunity; and whatever else he accomplished—his work in putting the college on a firm and progressive basis, the preparation of text-books and the rehabilitation of the *Journal*—it must stand forever that his great work in life was the formulation and introduction of the principles and practice of Specific Medication, the study of which, upon the suggestion of Professor John King, had its inception when Dr. Scudder assumed the chair of practice in 1859, and which he gave to the world, first in *Journal* articles, ten years later (1869). This theory and practice is too well-known to the readers of to-day to require more than mention and to declare that it is now universally adopted and practiced by all progressive Eclectics. This innovation, so revolutionary, made a startling impression. It came as a thunderbolt out of a clear sky. A few, with prophetic vision, saw its wonderful possibilities, but antagonists were not found wanting who attacked it with volcanic fury.

No great innovation ever met with universal acceptance or quiet acquiescence. Our most bitter antagonists are sometimes found in our own households. When Harvey published his immortal "*de Motu Cordis et Sanguinis*," none was more fierce in his antagonism than his old colleague, college mate, and friend, Riolan. The reception of Jenner's experiments was no less welcome even to those who knew him best. So with Scudder and Specific Medication. He was assailed by former friends and admirers, and professional rivals lost no opportunity to disparage his

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great work. He was even accused of being a half-convert to Homeopathy and some even doubted his therapeutic sanity. Receding not one inch from the stand he had taken he risked all and lived to see the day when his work was almost universally appreciated and appropriated, and those who did not fully accept his views, at least lapsed into silence. Little wonder is it then that John M. Scudder is almost canonized by the followers of the school which owes its very existence and growth to his epoch-making studies in direct medication.

To successfully accomplish the great change the best and most active yet kindly medicines were required. In order to study the effects of drugs as applied to disease expression Dr. Scudder took a bold stand for honest medicinal preparations, and to insure their integrity he copyrighted the labels of the Specific Medicines for their own sake and not with a view to profit; for from this innovation he never received a single cent. Such a course was the only one open to secure reliable pharmacals, for one of the misfortunes that threatened the integrity of Eclecticism was the foisting of worthless and unrepresentative medicines upon the profession by unscrupulous and avaricious manufacturers under the guise of being special Eclectic preparations.

THE MAN AND TEACHER.—Dr. Scudder was in all respects a remarkable man. In what the world calls success he was especially favored, for he acquired a competence that relieved him of the necessity of toil quite early in his career. In that which the world often overlooks in computing success he was even more fortunate, for his life-work was one of doing good to others. His whole aim throughout his busy life was to make the practice of medicine more definite and more humane. In his brief editorial on page 111, he declares himself unequivocally on this point. He was ever a student and scholar, a perfect type of the cultivated gentleman. Though somewhat aristocratic in appearance, he was the most democratic of men. Not only did medicine absorb him, but he found time to become admirably well versed in religion, art, and travels. Touring Europe several times had its broadening effect upon him. In his later years he was especially handsome—the fairly rounded figure, the immaculately clean person, silvery white hair and beard, and rich, ruddy complexion, made him a conspicuous figure, and one to impress others with admiration. There was a friendly gleam in his eye, revealing his intense humanity, and at



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times a mirthful twinkle that bespoke the fullness of wit and humor. In debate he was a clean and direct speaker, always effective, and never personal. As a lecturer he was a model for emulation, and as a teacher had but few equals. He had an exceedingly easy, fluent, and characteristic style, and the faculty of drawing vivid pictures of the topic under discussion. He always lectured without notes, and one following him could clearly see the characteristics of diseases unfold themselves, and as if plainly written in schedule form, could carry away with him a complete outline of symptomatology and treatment. The student could not fail to be impressed with a good working knowledge of the subject. Even when in poor health he exhibited a cheerful demeanor before the class and delivered his lectures in a most happy manner, as if he thoroughly loved and enjoyed the work. His control over his classes was admirable, and without any effort on his part to secure order and attention. Student, as well as teacher, had the fullest enjoyment. When he lectured every man was in his seat; and his good-natured but searching quizzes were keenly enjoyed and appreciated by the students.

As a diplomat and business manager, few if any could excel Dr. Scudder. He had firmness to an exalted degree, and could easily smooth over little difficulties that arose in the ranks. As a rival he was powerful and aggressive, yet so pleasant that he seldom excited anger. That he was a good judge of human nature is attested by his selection of men for Faculty positions who would attend to their own affairs only, and to this discretion is due the freedom of the college from internal bickerings and petty warfare. He was the soul of honor, and his word was as good as a bond. His friendship was well-worth having, and in relation to this let us quote from one who enjoyed long years of intimate association with him:

"Professor Scudder was a friend only to those who would work, provided they were able to do so. His had been a busy life, he had little sympathy for a sluggard. His life had been one of exacting self duties, and he expected and demanded the same of others connected with him. I do not know of an instance where he helped a person who would not work to help himself. He believed in making those about him work, and set an example to men inclined to take their ease. He asked those who came to him for favors to be willing also to show favors to themselves by self denials, and he

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was not to any man a closer friend than he was willing to prove to himself. Dr. Scudder accumulated his money by persistent attention to business and to his professional duties, and he would not distribute it to men who refused to work and economize as he had done. Some persons thought that he was too careful in this direction, some felt aggrieved that he did not lavish his savings in this or that direction where he was shown opportunities to do so. It was not, however, his nature to help those who refused to think for or to help themselves, and he made it a rule to divorce personal friendship from business problems.

“And yet Professor Scudder served many who could not otherwise have succeeded in life, and who could give no better security than to show themselves capable of grasping a problem, and who demonstrated their ability to work. He was an admirer of industry and perseverance, and preferred to select his friends from among those who were congenial and energetic. He would advise whoever went to him for advice, but he asked business security from those who solicited assistance in a business way, and he never, to my knowledge, thrust his opinions upon persons who did not solicit them.”

HIS CREED.—Professor Scudder was strongly and sanely religious, and was a member of the Swedenborgian Church, to which he contributed liberally. We can give no better view of his religious convictions than has already been written by his friend and colleague, Prof. John Uri Lloyd:

“He hoped for a conscious hereafter, and did not believe in a personal, eternal punishment in the sense that some profess to do. His opinion was to the effect that mankind has a work to perform *in* the hereafter, and that the change from this world to the next is simply the transferring of the spirit energies from the lower to a higher plane. Perhaps no better view of his belief can be expressed than is voiced by himself in an unpublished editorial, which, written some time ago, seems to have been either neglected or intentionally placed aside to serve a useful purpose after his death.

“It is as follows:

“*What do you believe?* An old student and old friend, in a recent letter, puts this question; having reference to theological belief. What I believe is not so much the question with me as



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what I know. I do not believe as most other people. I surely am not a sectarian protestant, or catholic, a theosophist, a mohamedan, or buddhist. I believe in the scriptures of all peoples, the religions of all peoples, in all that works for goodness in all peoples. I know that right, justice, and liberty should be the heritage of all men, and that the largest charity should be given to all God-serving, suffering creatures.

“There are ways of knowing things supposed to be unknowable other than by revelation, and its interpretation by those who know less than I do. I know that the universe is, practically, limitless, and that it is pervaded by a sentient life, which people call God. I know there are millions of globes very like ours, with inhabitants and interests very like ours. There is use for all intelligences in this vast number of worlds; and science has assured me of the fact that nothing is ever destroyed or lost, neither material nor force. Is it possible that the intelligence developed in man, the mind, should be an exception to this?

“There are other things I do not know, but only hope for. Among these is where I shall go when I leave this world. I ‘hope then in God, for I shall yet praise Him;’ when or how I do not know; but the good Lord will find my place, and I shall be satisfied with it. For a man can not reasonably look for more than his right place and his right work and his just deserts.”

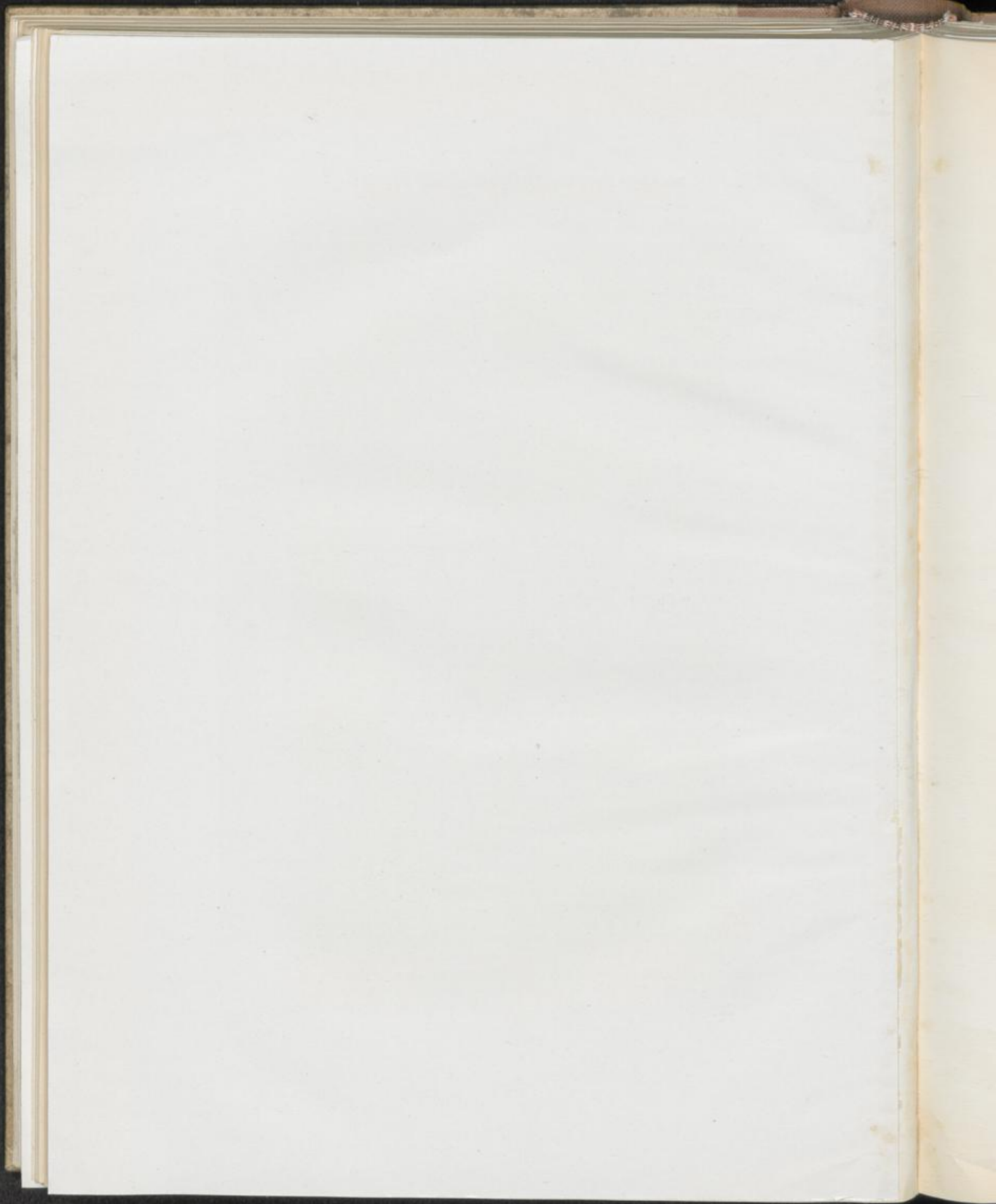
**HIS DEATH.**—After the stroke of illness that came to Dr. Scudder in 1887, when he had worked to the danger line, he never regained his former strength. He needed rest and a change of climate. While giving up some of his duties a nature such as his could not be altogether idle. Finally, however, he went to Daytona, Florida, where it was hoped a temporary residence would make living easier for him. In the quiet of the evening of February 17, 1894, having retired early, apparently in his usual health, death came to him like the lightning's stroke. The great heart was paralyzed, and the spirit of John M. Scudder had stepped into that great beyond, into the place which he was sure the good Lord would have for him, and where he “should yet praise Him.” The next morning the wires flashed and a dark pall fell upon Eclecticism.

Dr. Scudder's sudden death was mourned throughout the length and breadth of the land, in which his influence and teaching was so widespread and beneficent.



"AT EVENTIDE."





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It was the sad privilege of the writer, with others of the younger men of the college Faculty, to help lay him in his grave in the modest little acre of the dead in his native town of Harrison.

*"He, being dead, yet liveth."*

### THEORY VERSUS PRACTICE.

THEORY VERSUS PRACTICE.—In speaking of the theory of medicine, it was intended to convey the idea of its principles, as distinguished from its practice. But *in reality* it was a "speculation or scheme of things," not founded on well-proven facts. Thus theories were being constantly advanced and changed by writers on medicine, and the study of medicine resolved itself into the analysis of various theories and the adoption of one suited to the mentality of the individual. In this reasoning from imagination, the practice of medicine has been rendered theoretical and its progress constantly impeded.

We would naturally suppose that theories would have been based upon actual observation at the bedside of the sick, and made to conform to facts observed in the treatment of disease. But this was not the case. On the contrary, a theory having been formed, the facts of observation were contorted to fit the theory, and the administration of remedies was controlled by it.

There are three truths that should be constantly borne in mind by every one engaged in the practice of medicine, as upon them only can a rational practice be founded. They are: 1st, *That in all cases of disease there is an impairment of vital power in the parts involved.* 2d, *That there is a natural tendency to recovery or renewal of life;* and 3d, *That the human body acts on medicine, and not medicine on the body.* These propositions may not be new to our readers, yet they are frequently, if not generally, ignored in practice, and to draw attention to them as principles of action and not articles of faith is the object of this article.

It is the common opinion that medicine acts on the system and thus aids in removing disease. Now, I am well satisfied that this is an error, and that the contrary is the fact—instead of medicines acting on the body, the body acts on them. For instance, a sinapism or blister, if applied to the healthy skin, produces redness and then vesication; but in enfeebled conditions of the system, it acts slowly and imperfectly, and on the dead body it produces no effect. Here, it is the natural efforts of the system to remove an irritant that causes an increased flow of blood to the parts, and, at last, separation of the epidermis. Administer a diuretic, and it passes into the blood and out through the kidneys. Why? Be-



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cause the kidneys are stationed as guards to remove certain material from the blood, and when such remedies are absorbed the kidneys act upon them. The class of restoratives are very marked examples. Give a patient iron and the system acts upon it and appropriates a portion as the basis of red globules, just as it acts upon a beefsteak and appropriates it to form a pabulum for the nitrogenized tissues.—JOHN M. SCUDDER, M. D., *Eclectic Medical Journal*, 1865.

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### CONTAGION BY MILK.

CONTAGION BY MILK.—I am well satisfied that there are many causes of disease which may be discovered and removed, and it is as much the physician's duty to look after them as to administer remedies.

Among the most fertile causes is a bad condition of the cellars of houses. Provisions will be kept in places where the air is so filthy that the wonder is, not that it produces disease, but that it does not breed an epidemic. I have eaten at houses where articles of food, otherwise well prepared, had so bad an odor due to bad cellarage that I could not touch them.

It is not only milk that is capable of absorbing these poisons, but various other kinds of food, especially when they are stood in such places after cooking. Much of the stuff sold by our city hucksters is thus tainted. A very common place of storing with them is under the bed, sometimes in dark rooms, and in miserable, dirty cellars. I have purchased sweet potatoes in market in the winter time that developed the catty smell so strongly on baking that the cook was forced to throw them into the garbage barrel.—SCUDDER, Editorial, *Eclectic Medical Journal*, 1871.

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"Wherefore, laying aside every weight, and the sins which doth so easily beset us, let us run with patience the race set before us."

I am an admirer of Paul: setting aside the religious character of his teachings, the wonderful insight which he had into the motives of men make them valuable in every pursuit of life. I use his language with all due reverence, and I use it because it so well expresses a truth that we would do well to consider.

A moment's thought will show that the field for sermonizing is very extensive. There is no pursuit in life in which it does not point the way to success. To the young man commencing the practice of medicine it is peculiarly applicable. We all carry weights, in the form of prejudices, ignorance, passions uncontrolled, etc., that prevent the attainment of that success which we may anticipate. If we can lay aside these weights and the sins which so easily beset us, we will find our progress in life more rapid and our lot in life much pleasanter.

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But we desire to apply Paul's teaching to Eclecticism as a school of medicine. Though we have made rapid progress in numbers and influence, and are stronger to-day than we have been before, we have not accomplished as much as we ought, and there have been times when the movement has retrograded. Why? We have carried dead weights, and we have had certain besetting sins which were unpleasant. Let us examine some of them:

Thomsonianism, or the idea that a doctor could be grown from a \$25 patented book and a few herbs, without education, has been a persistent incubus. There is no use for medical colleges, or an extended curriculum of study;—read our books, we tell it so plainly that the wayfaring man can understand—put it in practice, with much cursing of the Old-School, and success is yours.

"Give a dog a bad name," etc., is an old saw that has a great deal of meaning. Steam doctor! Botanic! Root and herb doctor! etc., etc., have been dead weights that we were obliged to carry,—in part because we affiliated with Botanics, but principally from their continued application to us by our competitors.

Success brought its usual crowd of parasites. As Eclecticism became popular, Jones, Brown, and Simpkins, who had gathered all they knew of medicine from Thomson's book or Beach's Family Practice, became Eclectics; and we had to stand godfather to their ignorance and malpractice. The thought of some of these dead-weights and their miserable and ridiculous errors is enough to make one sick of his profession.

The demand for Eclectic physicians outrunning its supply brought, as we might expect, considerable imperfect material, but we could congratulate ourselves that our condition was not worse than that of our *regular* opponents. But the whims or private interests of those conducting our medical colleges put down the fees and opened the doors to promiscuous graduation. Honorary degrees were issued to those who could n't come; they were called honorary, but with a few exceptions they were dishonorable to all parties concerned.

Medical colleges sprang up in the larger cities, which was well enough; but of the Faculties, the less said, the better. They taught crudely; and their students failed in that primary training so essential to true success. But in one thing they did not fail,—to give the pupil an exaggerated idea of the resources of Eclecticism—and its adaptation to the treatment of *chronic disease*. Such colleges, such professors, such teachings have been constant dead-weights, and if it had not been for the miserable practice of our opponents and a few good men that furnished our text-books, it would have wrecked us long since.

The treatment of *chronic disease* has been one of our besetting sins. The first card the beginner would issue would have on it, "Special attention given to the treatment of chronic disease, and the diseases of women." The business of the young man is to es-



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establish a creditable reputation as a general practitioner, in which by study and experience he may fit himself for the treatment of these affections after some years' service. Not that the young physician may not treat chronic disease from the first, but it must not be the first object.

Curing cancer has been one of our besetting sins, and *cancer doctor* one of the dead-weights we have had to carry. Now, Eclectics, as a rule, make no profession of curing cancer,—they treat it as they treat other diseases, and in some of its forms, with success; but they are ready to acknowledge that, in the main, the treatment thus far is not a success.

Cursing the Old-School, heaping maledictions on bleeding, mercury, antimony, arsenic, etc., is another dead-weight peculiarly Eclectic; so much so, indeed, that some of our physicians, and even some professors, have deemed it the very essence of Eclecticism, and claim that so soon as one quits "cussing" in this way he should no longer be recognized.

Now, "cussing," to be followed as a business, needs to be profitable; if it does not advance your interests, "cuss not at all." Let Flagstaff speak for us: "Well, 't is no matter; cursing pricks me on." "Yea, but how if cursing pricks me off when I come on? how then? Can cursing set a leg? No. Or an arm? No. Or take away the grief of a wound? No. Cursing has no skill in surgery then? No." And though we have parodied Shakspeare, yet we find, in fact, that this kind of cursing is not usually associated with skill, in medicine or surgery.

We might enumerate other weights and sins that we carry along with us, and which obstruct our progress, but we have said enough to call attention to some salient points, and the reader may make the application further.

But one asks, had these things not better be covered up? Are you not giving our Old-School friends a whip to scourge us? My dear sir, our Old-School neighbors have enough to do to take care of their own household, as have our Homœopathic friends, and if we wait until they have purged themselves, we need fear no annoyance for years to come.

But it is best for us to slough off these dead-weights and the sins which so easily beset us, and with patience run the race set before us—the attainment of a rational practice of medicine.—SCUDDER, Editorial, *Eclectic Medical Journal*, 1871.

**FOOD AND SPECIFIC MEDICATION.**—"Looking farther [than medicines] we will see the necessity, in one case of histogenetic food, in another of calorifacient, in one of iron, in another of phosphorus, etc. It is just as much specific medication to be able to select the proper food for the sick as it is the proper medicine."

—DR. JOHN M. SCUDDER, *Specific Medication*, p. 19.

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### PROLEGOMENA.

The following is Dr. Scudder's first editorial upon assuming co-editorship of the Eclectic Medical Journal and is the beginning of his editorial career. His policy is clearly stated—the expression of truth and his honest convictions—hewing to the line, no matter where the chips might chance to fall. Great fidelity to this purpose may be traced throughout all his written utterances. He contended always that "honesty is the best policy." His retrospective view of Eclectic medicine was not comforting to him and he promised better things to come. No standstill policy would be tolerated; for not to go ahead was to be run over. His manly appeal had its effect, and Eclecticism took on renewed life.—Ed. Gleaner.

PROLEGOMENA.—Having been invited to assist in editing the *Journal* for the coming year, I make my best bow to its readers, wishing them a happy New Year. What I shall write for these pages will be my honest convictions; and if I should chance to tread on anybody's corns, I beg their pardon beforehand, with the advice that they speedily consult their chiropodist as to the advantage resulting from extraction versus compression. As we enter upon the new year, it becomes us to look back at the past, and see what progress we, as Eclectics, have made in improving the art of healing. For my part, the retrospect is not very flattering. I see, in years gone by, a class of earnest seekers after truth; men of strong wills, keen discrimination, and unwavering perseverance, who were attracted to Eclecticism by their love for truth—who pursued the study of medicine continuously, devotedly, oftentimes under the most discouraging circumstances; but who attained results of the most flattering character. They were the men who proved to the people the great advantages of this reform in medicine, and who fixed it on a firm foundation. They were, doubtless, not as well polished as our physicians now; but they were better diagnosticians and therapists. We want more energy, greater diligence, and less disposition to settle back upon the reputation Eclecticism has already obtained with the people. Couple this with our increase of physiological and pathological knowledge, and the really good remedies lately introduced, and we will be able to chronicle progress in years to come. We will have to make prog-



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ress, for old-school medicine, which was left so far behind, is following us with giant strides, appropriating our therapeutic resources, and wielding them with such skill, as to take away, in some sections, the prestige which appears to be, to some extent, the modern eclectic's capital. We must go ahead, or be run over. If our practitioners will put their shoulders to the wheel—go at it in earnest, and report through the *Journal*, or otherwise, 1861 will be a year that can be marked with a white stone.—SCUDDER, *Eclectic Medical Journal*, 1861.

### ECLECTICISM VS. OLD SCHOOL.

This keen and incisive editorial shows well the fearlessness with which Dr. Scudder met current problems. In the early years of the Rebellion it was with great difficulty that Eclectic physicians could obtain appointments as army surgeons, and when a few were so appointed they were made the target for medical oppression from the dominant party as soon as it discovered their medical allegiance. This bar to public preferment was intended as a deathblow to Eclecticism, but it had the opposite effect of creating sympathy and upbuilding private practice. Dr. Scudder showed clearly that Eclecticism was far from being a corpse; in fact, that it was not even in a dying mood. The last paragraph is a keen thrust of historic comparison.—Ed. Gleaner.

ECLECTICISM VERSUS OLD SCHOOL.—Our Old School neighbors have been bragging a great deal of late about the *deathblow* they are striking at Eclecticism in the appointment of army surgeons. We admit that it has been a deathblow, but instead of falling upon us, it has fallen upon the army. It is true they have manifested a spirit of intolerance that would have conferred a saintship on a member of the Inquisition, and if they can obtain any satisfaction from the fact that they have prevented true and loyal men from being of service to the neglected sick and wounded, who have volunteered to defend the Union, they are welcome to it. We have, however, surgeons in the army, and quite a number of them at that, but they are so hampered by their Old School associates, that their positions are not very pleasant. For instance, a very estimable and talented man, surgeon of one of the Indiana regiments in Tennessee, let it be known that he was an Eclectic. Immediately the brigade surgeon called a special commission to examine him as to his qualifications, to the great glorification of some of his collaborators, who were notoriously deficient. The result, notwithstand-

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ing the persevering efforts to catch the doctor, was a complete victory for him, as he knew more medicine than his examiners.

But how are they using us up? By the fearful mortality that follows their practice—or by the want of surgical skill exhibited, in the fact that with but sixty wounded in a regiment, with two surgeons, only one out of five had his wounds dressed on the fourth day? Is the surgery of this war anything to brag about? or is it the execration of Congress, of State Legislatures, of the army, of the people? In the Senate of the United States, June 11th, Mr. Wilson stated that there was great need of additional surgical aid in the army. He understood that some of the men wounded before Richmond had not had their wounds dressed for the first time until Saturday. Seven days after a battle, and the wounded uncared for! Is there a single instance in civilized warfare like this? no, not one. In the tremendous conflicts of Napoleon, in which there were three wounded where there was one in the Richmond fight, Baron Larrey and staff had the wounded dressed before the sun set the third day.

We wish it distinctly understood that we do not condemn all, for there are many talented, industrious, persevering, and kind men acting as surgeons, but not enough to relieve Old School medicine of the odium that must attach to the surgery of this war. But many are not satisfied with the positions which they have obtained to the exclusion of the Eclectics; they wish to be released—to obtain substitutes. How is this, gentlemen? is your patriotism flagging, or has the secular press come down too hard on you, or are you afraid the Eclectics will gain so strong a hold on the people in their private practice, that you will have nothing to fall back on when the war is ended.

We would suggest that you stick to it, since you have worked so hard to have the exclusive management. Your killing is agreeable to us, and we are willing to die in this way several times if it will benefit you any, or conduce to your happiness. Whilst you are running down in popular estimation, we are going up in private practice; whilst you furnish abundant evidence, in furloughed and discharged soldiers, in every neighborhood, of want of skill or therapeutic resources, we make a favorable impression by curing these cases. How long we will be in dying you can make up your mind from the evidence; we are very sorry that we can not accommodate you, but our dying mood has passed off.



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Compare our colleges; whilst the Ohio Medical has been unable to pay the interest on its bonds for the last four years, and is now so deeply involved that it must go into liquidation, the Eclectic Medical Institute has paid its expenses, its debts, and its professors. How are our journals? whilst many of theirs have died outright, and others maintained a feeble existence, ours is a paying institution.

They do not all claim we are dying, however; some give us credit for considerable vitality. But they ask: why not bring your improvements into the Old School ranks, and become regulars? the regular profession have always been willing to advance, and eager to accept any improvement made in medicine, etc. This will do well enough to talk about, but the evidence reads to the contrary. Who persecuted Harvey, the discoverer of the circulation of the blood?—Old School doctors. Who persecuted Jenner? the same lamb-like individuals. Who hooted at Ambrose Pare for ligating arteries in amputation, instead of the regular plan of sticking the stump into boiling pitch?—these self-styled regulars. You have persecuted us, gentlemen, with a spirit as bitter as had those who crucified their maker; we have borne it with patience, knowing well that we returned your blows with interest. We now claim that we can affiliate with you only when you become thoroughly reformed, and stand on the broad platform of Eclecticism.—SCUDDER, *Eclectic Medical Journal*, 1862.

### THE DOSE OF MEDICINE.

Heroic dosage was the rule and custom, in Eclecticism as well as the old school, when Dr. Scudder began practice. His studies and experience led him to a careful study of dosage, with a strong leaning toward the small and frequently repeated dose. This became more and more apparent in his teachings as the years passed and was one of the features of his medical philosophy which caused his antagonists to accuse him of Homeopathic proclivities. This charge he has fully met in a subsequent editorial. He ingeniously shows also that a large dose, when properly indicated, means less medicine in the aggregate.—Ed. Gleaner.

THE DOSE OF MEDICINE.—It would seem that but little could be said in regard to the doses of medicines, unless each individual agent was considered separately; it is, however, a very important subject for thought. Medicine has been given in too large quantities: this all will admit; but that as individ-

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uals we administer too much, each will deny. The general fact that an excess of medicine is used hardly needs proving, for every reader, if he reflects, will find that he frequently gives remedies when there is no positive advantage to be obtained from their use, and when he could not give a reason satisfactory to himself for their employment.

I tell my class that the rule which should invariably govern their action is, *under no circumstances to administer medicine unless there is a well-defined indication for its use.* There is no other safe course for the young physician, or for the old either, and surely no other for the patient. A strict observance of this rule will cause us to analyze disease more carefully, and study to better advantage our therapeutic resources and the value of remedies. In this way we will not only cease over-drugging our patients, much to their satisfaction, but will also attain much better success. It surely must be a source of extreme regret to every conscientious physician, to reflect that he has by the injudicious use of remedies arrested some natural process that was proving curative, or set up some morbid one that, if it did not lead to a fatal termination, would protract the disease.

We will do well to bear constantly in mind that at least eighty per cent of cases of sickness would recover without medicine, and that these we can not cure, our efforts being directed to shortening the duration of disease. If the mortality in our practice exceeds this, we had better use placebos, and abandon medicine; and inasmuch as it falls short of twenty per cent, there is a saving of life by our endeavors.

As regards my own experience, I find that I used as much medicine in my first year's practice as I did the fourth and fifth years, though my business had been more than quadrupled. Now I strictly adhere to the rule laid down, and find myself getting along with little medicine, even though my therapeutic knowledge has been increased a hundred-fold.

Large quantities of medicine are frequently given when a small quantity would answer a much better purpose. Take quinine, for instance; how often do we see it given to the extent of five or six grains daily, for weeks, in intermittent fever, and for many days in remittent. It is given in doses too small to do any good, and their repetition never increases the action of the remedy to such an extent as to get the desired influence. If we now give fifteen or



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twenty grains within four hours we will effect the desired results. Again, how frequently do we witness opium and morphia administered in broken doses to produce sleep, very large quantities being given without effect, when if given in one dose at the proper time, one-fourth of the quantity would have sufficed.

Some remedies exert a better influence in small doses, as of aconite, veratrum, gelseminum, belladonna, etc. Twenty to thirty drops of the tincture of aconite root to four ounces of water, in teaspoonful doses every hour, is much more efficient as a sedative than five drops every three hours, twenty drops of tincture of belladonna to four ounces of water, in teaspoonful doses every two hours, will relieve pain and irritation of the nervous system better than ten times the quantity. I do not desire to run this into homœopathy and infinitesimal doses, but there is sufficient in it to demand the consideration of all practitioners. Sometimes, then, we find that we give less medicine by giving it in large doses, and at others by giving it in minute doses.—SCUDDER, *Eclectic Medical Journal*, 1864.

### MEDICAL EDUCATION.

This editorial is a strong refutation of the view frequently entertained that Eclectics were opposed to a higher standard of medical education. All through his long journalistic career he contended for a more thorough medical education, and took every opportunity to point out the advantages of the well prepared and carefully educated doctor. But he insisted that such education be practical and in the direction of humane medication. He magnanimously leaves the choice of a college to the preceptor.—Ed. Gleaner.

MEDICAL EDUCATION.—We have heretofore briefly alluded to the necessity of a higher standard of education, if we desired to occupy that position in society, and command that attention that our system of practice deserves. It is true that our students, as a class, are full as well prepared for medical study as they are in other medical colleges, but that is not claiming much. They are also as well taught, as far as they are willing to go, the greatest trouble being that they will not complete their studies. The demand for Eclectic practitioners is so great that frequently they commence practice on the completion of their first course of lectures, and in a short time they have contracted such family and social ties, that it is difficult for them to complete their studies. Many have not sufficient means to complete their course, and are

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obliged to settle down in some obscure place where they can make a living, and frequently find that from their imperfect education a living is all they can make.

Some of these things can not be changed; others can. If our physicians would strenuously insist upon a thorough education before commencing practice, it would have such weight with students that eight out of ten who now practice on one course of lectures would become thoroughly qualified for their profession. Much care should be used in selecting young men for the profession, that they should have a sufficient preparatory education, natural talent and love for the study, and that *good* judgment which, after all, is one of the main elements of success. A prime necessity in a majority of cases, is a sufficiency of means to complete their studies and furnish themselves with the necessary books and facilities for study. Poverty is no disgrace, but it is very unpleasant, especially to the medical student, and though we would not wish to discourage those who have a strong love for the study and practice of medicine, who, though poor, are honorably working their way through, we may say that it requires an amount of energy and perseverance not possessed by many.

The practice of medicine is a high and honorable calling, and demands more than an ordinary amount of talent, energy, and perseverance. To those qualified by natural ability and education, none presents such a certainty of success, both socially and pecuniarily. In our branch of the profession, especially, the field is large and the laborers are few. A thousand might find desirable locations and a good business with the year, who would pave the way for as many more. The best fields for practice—our large cities—are as yet comparatively unoccupied—and there are hundreds of applications from the rich agricultural counties of the west for Eclectic physicians.

The question we have now to decide is, will we furnish the men for these places, or will we allow them to be occupied by our opponents? We can furnish them if we will: every practitioner might induce one competent young man to engage in the study of medicine, at least every two years, which would increase our ranks from one to two thousand yearly. As I have before remarked, the stronger we are in numbers, the more influence we have as a body, and as individual members of that body. In looking over the lists of the college books one fact is very prominent—those



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who send the largest number of students, succeed best in practice, keep better posted up, have the greatest social influence, and make the most money. Why is this? The reason seems plain to me. The presence of a student stimulates to study and habits of accurate observation and correct reasoning, so that in the end the teacher has gained as much if not more than the pupil.

As regards medical colleges, I have but little to say, preferring that each practitioner should be the judge of where it would be best to send his pupil. Our branch of the profession has been cursed with mushroom colleges, and juvenile and insufficient professors. Bombast and self-gratulation sometimes passes current with the ignorant, but it is despicable in the eyes of those whose opinions are of value. We must have thorough teaching. Therefore, select for your students such institutions as have lecturers proven to be competent by the long occupancy of their positions and the intrinsic value of their publications.—SCUDDER, *Eclectic Medical Journal*, 1864.

#### SHALL WE RETAIN OUR ORGANIZATION?

That weak-kneed Eclectics are not a new genus with us is evident from this editorial penned at the close of the Civil War. Even then the cry that Eclectics had accomplished their mission was in the air, for had not the lancet and blister been laid aside and the dosage of calomel been slightly reduced? Unflinchingly Dr. Scudder shows the duty toward Eclecticism and rightly points out the great work to be accomplished—that of the development of our indigenous materia medica, a work that was then well under way under Dr. Scudder's leadership. Prophetically he declares that at least a century will be required to accomplish that work. This is still one of the great missions of our school, and this editorial may be profitably read and reread by the Eclectics of to-day who may be easily led into the old school, where they are neither respected nor wanted. The regular school seeks not the man, but to destroy sectarianism. Such a man is like unto the "man without a country," and is to be pitied for his weakness.—Ed. Gleaner.

SHALL WE RETAIN OUR ORGANIZATION?—We have some "weak-kneed brethren" in our ranks, who are unable to see the propriety of continuing Eclecticism as a distinct system of medicine, and who favor the dropping of our distinctive doctrines and name, and the silent and graceful falling into the arms of regular medicine. Such take it for granted that we have accomplished our mission, and, in proof, point to the entire discardment of blood-letting as

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a remedial measure, the very rare use of mercurials, arsenic and antimony, and the radical change in both the theory and practice of our old-school friends. We are glad that such marked changes have taken place, and that a rational practice of medicine is being adopted in place of the absurd routine of forty years ago. We are glad that the spirit of inquiry and improvement has taken the place of blind dependance upon authority. We reap the benefit of their investigations, and give them credit for it, but because they are advancing we see no reason for our standing still.

The difference between Eclecticism and old-school medicine is still very marked. Though we have many medicines in common, and although they (the more liberal and intelligent) have adopted many of our remedies, we yet have resources that give us greater success in the practice of medicine. Not only do we use different means, but our principles of treatment are in many cases decidedly different.

Such movements as the rise of so large a sect as the Eclectics, either in medicine, religion or politics, is evidence of the imperfection of the generally received doctrines, of the need of reform, and in the providence of God it is continued until its work is accomplished. When done, its members lose interest in it; a spirit of coldness takes the place of zeal and propagandism, and it is lost in the old or some new movement. Let us ask ourselves these questions, then: is our work accomplished? Have we lost all interest in Eclecticism as a means of progress? A very important part of our work in this country was the instruction of the popular mind with reference to the evil results of blood-letting and the use of mercurials, etc., in the treatment of disease. This has been accomplished to a great extent, and physicians have been forced by popular opinion to abandon them. Our greatest work has been the development of our indigenous materia medica, and though much has been accomplished, much more remains to be done. If any person doubts our progress in this, we would refer them to our literature of the last ten years, as proof that our progress is now more rapid than it has ever been before. We are constantly introducing new remedies, and determining more accurately the value of the old. The field is so great, however, that a century would be insufficient to complete the work.

Have we lost interest in Eclecticism as a means of progress? I can safely say that we have not. From all parts of the country



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we receive words of encouragement and evidence of a strong love and abiding trust in this reform. Hundreds of earnest men are laboring with the same zeal that was manifested twenty years ago, and hundreds more are being awakened from the torpor into which they had fallen by reason of the quarrelling of those who occupied the position of leaders. There are still elements of weakness in our ranks, but we are satisfied that it will require but a short time to rid ourselves of these.

All efforts to carry Eclectics over to old-school will fail. They do not want us, we do not want them. We gain their respect by a manly and open maintenance of our doctrines; we become objects of ridicule whenever we truckle for their favor. They are the most powerful because most numerous, and as is always the case where there is a spirit of rivalry and opposition, they exert that power to our disadvantage. Yet if we compare our present position with what it was even twenty years ago, we must be surprised at our increase in numbers, and favorable condition.

Labor is the price of success. Do we wish to be stronger, we must increase our efforts as in former years, to instruct capable young men to fill the places that are vacant all around us. Increase of numbers and increase of interest will give us that position that we could not otherwise obtain. Let our old-school friends fill the positions in the army if they choose, for there is neither honor nor profit in it. It is better for Eclectics to remain at home and build up for themselves a practice and reputation which will last for a lifetime, rather than to labor for an experience that will prove of no value, and a name that will be always unenviable because disgraced by incompetent men.—SCUDDER, *Eclectic Medical Journal*, 1865.

### MEDICINE IN A PECUNIARY POINT OF VIEW.

Dr. Scudder believed it the greatest kindness to man to let him work out his own salvation. He believed in toil and that the laborer was worthy of his hire. He saw no reason why the doctor (the worker) should not be pecuniarily rewarded for his labor and had no patience with those who flaunted the charity plea, provided those who were benefited were at all able to recompense the doctor for his services. No man would more quickly step out of his way to do his fellow-man good than he, but he would not injure him by making him a dependent where it was at all possible to avoid such a course. He taught physicians that in taking care of themselves pecuniarily they

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were best able to render humane and necessary service to the physically distressed.—Ed. Gleaner.

MEDICINE IN A PECUNIARY POINT OF VIEW.—We hear much said of the Samaritan-like character of the physician, of ministrations to sick, smoothing the couch of the sufferer, standing between death and his victim and warding off the fearful shaft, of the care of the poor, needy and suffering, *ad nauseum*, but nothing of the mercantile character of the profession. Something of all this "fourth of July buncombe" is true, for physicians have like sympathies with other men, but to suppose that this is the mainspring of action, is a joke too broad for even very credulous people. In fact such statements would never be made but to gratify a puerile pride that physic is a great charity, and the sooner it is stripped of this false mantle the better it will be for the physician and the patient.

If the practice of medicine is a charity, of course the sick have no right of complaint. The man begging for bread should not stop to inquire if it was aerated, yeast, buttered, toasted, or what not; if given, it should be received in the humble spirit of a man getting more than his deserts. So it has been to some extent with the doctor. As a charity, he has not felt the common incentives to diligence in study and investigation, and in the improvement of his art. He follows the old routine, uses the old methods, keeps things at loose ends both in his head, his office, and his business, and meets with poorer success pecuniarily than he does in practice.

As years have passed, and I have been thrown in contact with hundreds of physicians of various schools, I have become more and more satisfied that physicians do not work for charity more than other men, and this mantle under which they are constantly trying to creep, blinds only themselves. The public regard the doctor as they do the shoemaker and grocer—as a man trying to make money, but with this difference, that there is doubt whether he should have it or not, seeing that physic is a work of love and not of money.

This statement of affairs will grate harshly on many a doctor's ear, and he will hardly be willing to admit the conclusions at first, but as they become familiar he will readily acknowledge them. For my part, I practice medicine for the same reasons that I would plant corn or build houses if I was in other positions. Of course other worldly motives creep in, pride of position, rivalry and desire to excel, the approbation and praise of patrons, etc. All of this,



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recollect, is natural, and does not stand in the way of any amount of good feeling, charity, and all the other virtues which the physician is supposed to have in excess.

I hold that the true view of medicine is, to regard it as a merchantable commodity, and have it governed by the usual laws of trade. Thus A and B have medical knowledge and skill to sell, C and D are consumers. In ordinary circumstances the latter would cultivate the faculty of examining the merchandise offered, and the first would find the demands upon them governed by their intrinsic value, and by any fictitious value they could put upon their services by suavity of manner and extra means of pleasing. If we examine into the history of physicians who have had more than ordinary success, we will find that in the majority they have adopted means similar to those that would guide the successful tradesman.

If I employ a mechanic, I always prefer one that looks thrifty, because thrift and good workmanship usually go together. If I were to call a physician I should select one that had the appearance of being well-to-do, dressed well, was cleanly, kept a nice office, and drove a good horse, for these are evidences of business. And as the idea of a good physician presupposes education, I should expect him to have the appearance and address of a gentleman. Almost every person looks at the matter in this light, and though we have examples of success with rough, uncouth physicians, they are very rare. On the contrary, we not infrequently hear how Dr. so and so rode into practice with a fine horse and carriage, and another of large abdominal proportions but small brain assumed the airs of wisdom, studied attitudes, and set phrases, and passed for genuine coin: all this is familiar, and serves to point the moral.

That physician who puts in practice the same rules that govern successful trade will always succeed. There is first the pleasing exterior, well-clad, cleanly, genial, kind, a recognition and pleasant word for every one, as has your merchant. There is next the cozy office, clean, everything in order, evidencing business, as has your storekeeper. Then there is the well-stored library, sufficiently used, medical periodicals, new books and apparatus, showing progress. The well-timed remarks, the careful husbanding of resources, the ready knowledge which manifests itself in cases of emergency, evidencing preparatory education. This is a live man; he makes

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a business of his profession, he is always up to the times, he treats his patients well, gives them pleasant medicine, cures them quickly, presents his bills promptly, and gets his money. He does it all as a matter of business, and yet receives all the extra compensation of kind words and thoughts, and has just as kindly feelings, and is far happier in the end than if he were persuading himself that he acted from some other motive.—SCUDDER, *Eclectic Medical Journal*, 1866.

### THE PAST, PRESENT, AND FUTURE OF MEDICINE.

Authority and precedents were little respected by Professor Scudder. The shackles of the past fastened by so-called authority he blamed for the lack of progress in medicine. Repeatedly throughout his editorial career did he plead for release from authority, and that the physician do his own thinking and observing. In this editorial he prophesies that specific medication, not then announced as a doctrine, would be the future practice of medicine. In our own ranks he was bitterly fought when it was announced, and for years afterward. To-day not an Eclectic college exists that does not make specific medication the most prominent feature of its curriculum.—Ed. *Gleaner*.

THE PAST, THE PRESENT, AND THE FUTURE OF MEDICINE.—Our heading presents a subject broad enough for a volume, but I desire only to draw a wholesome truth or two from its consideration. The *past* of medicine is the incubus that weighs down and blocks the wheels of progress in the present. The medical profession is ever looking back; is ever seeking for precedent and authority; and is ever measuring the present by the rules of departed centuries. The Bible story of Lot's wife is but the representation of a universal truth, the truth of revelation and of nature—"look not behind you." And the result of disobedience is always the same, "and she became a pillar of salt," in modern phraseology fossilized.

We care nothing for the past only as it has given us the means to improve the present, and provide for the future. When we look at it, it is the age of bigotry, intolerance, imperfect observation, and crude and fallacious reasoning, and yet it is this that has wholly controlled medicine up to within a few years past, and still controls it with many. The administration of medicine has been the great humbug of the world, and no farce was ever played so well and with such serious countenances. Hogarth's group of physicians, so quaintly and humorously expressing the gravity of self-complacency



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and ignorance, is the type of the past, and I am sorry to say, is repeated too frequently at the present day.

The present is hopeful in that there is a tendency in the leading minds of the profession to renounce the authority of the past, and to replace precedent with well-defined principles. We are not the only radicals in medicine, and our old-school friends are beginning to find that the enemy within their camp is as formidable as the enemy without. It is not necessary now to go outside of the regular fold to hear denunciations of blood-letting, mercury, and its associates, and the pretensions of phlogosis and antiphlogistics held up to ridicule; nor to find men who charge the old system of medicine with murder. True, they do not say directly as I do, that it was guilty of the murder of from ten to thirty per cent, but they do show clearly that whilst the bills of mortality under the old practice were from twenty to fifty per cent, with diet and rest they are but two to five.

The older practice of medicine was wholly empirical, though theories were formed to suit the apparent results. Physiology was in its infancy, and chemistry was hardly known, and worse still, the natural cause of diseased action had never been observed. With the development of the first two, and correct observations of the nature, cause, phenomena, and duration of certain diseases, have been evolved certain principles which now form a very good guide to a rational practice.

So soon as a man shakes himself loose from the past, looking no longer for precedent and authority, but is willing to learn from the present, he is in harmony with the spirit of the age; and especially if he can make himself admit the wondrous adaptation of means to ends throughout the universe, and to which man is no exception, he will be willing to trust more to nature and be guilty of less interference with her processes.

The present is emphatically the age of progress, and in no department of thought or industry is it more marked than in medicine. If a man depends upon the knowledge of but ten years back he is far behind the age. And this progress is more marked in a lessening of the death-rate from disease than in any other direction. There is nothing new known of anatomy, and but few new discoveries in physiology, but there have been careful observations of the natural course of diseased action, and comparing these with well-established physiological facts, a new practice is rapidly being

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developed. If then a man desires to keep up with the advance movement in medicine it is necessary that he should free himself from the bondage of old prejudices, of old theories, and of old therapeutic dogmas, and then if conversant with the current medical literature of the day, a new practice on a rational basis will soon be developed.

The future of medicine will be all that its most ardent students have ever dreamed, "when medicine will be administered with results quite as certain as are ever attained by man." The day of specific medication is now dawning, and we have very marked evidences of its superiority over the older plans. If we had but the one class of remedies—the *special sedatives*—to bring forward as examples, it would be sufficient to show what we might expect in the future. But we have a score of such remedies, and others are being added, and what is most strange, some of them are found in remedies which have been employed for centuries.

In this future there will be no Allopathy, Homœopathy, Eclecticism, or other pathy, but a common point of meeting where the truth is developed. This common ground would be sooner reached if men could free themselves from codes of ethics and from the prejudices which underlie them. These prejudices are giving way, and the shackles of society ethics are being thrown off, and though there may be but a few score of old-school physicians who would *dare* to meet an Eclectic or Homœopath in consultation, there are thousands who read their works and profit by them.—SCUDDER, *Eclectic Medical Journal*, 1868.

### ON THE ACTION OF SEDATIVES.

The study of the Special Sedatives formed one of the earliest fragments of Professor Scudder's studies, looking toward a practice of Specific Medication. Though the latter was not given in its entirety to the profession until 1869, Dr. Scudder had since 1859 been teaching it to the classes of the Eclectic Medical Institute to such extent as he had satisfactorily completed the subject.—Ed. Gleaner.

ON THE ACTION OF SEDATIVES.—There have been very grave errors held and taught with reference to these remedies, as indeed there has with nearly or quite all of the *Materia Medica*. And it is a thousand times easier to teach such error than to overcome it and replace it with the truth.

One principal error is, that the action of the sedative should



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be speedy, like a cathartic or emetic, and like impressive on the beholder. This is a very serious mistake, for it either leads to the administration of large and poisonous doses, or the physician loses faith in the efficacy of sedative medication, and discards this whole class of remedies.

This error had its growth principally in the early use of *veratrum viride* in the treatment of acute inflammatory diseases, in which large doses were used to advantage. Thus an acute inflammation of the lungs or bronchiæ, or a brief sthenic fever from cold yield readily to tincture of *veratrum* in doses of ten or fifteen drops. The influence in this case is that of powerful emesis or catharsis, bleeding to syncope, or the nausea of tartrate of antimony.

Necessarily such an action would prove injurious in zymotic diseases, and in inflammations of an asthenic character. The vital activities are here so low that they will not bear with safety so great a depressant, and I am satisfied that much harm has resulted from this use.

The action of these remedies, like many others, is double; a medicinal action (it had better be called a curative action) in small doses, a poisonous action in large doses. It is the last action, unfortunately, that too many physicians invoke from the use of medicines.

In both cases the action is upon the sympathetic system of nerves, and not only influences the circulation, but all the processes that are presided over by this portion of the nervous system. Thus secretion, nutrition, and waste of tissue are directly influenced.

The influence of large doses (poisonous) is to depress this nervous system, and hence every process directed by it is impaired. He who has only seen the diminished frequency of the pulse as the evidence of this action has seen but a part. There are cases in which the result is increased frequency, until finally the heart's action ceases. This influence, but rarely observed from *veratrum*, is not uncommon from *aconite*, and from *gelseminum* and *digitalis*. But in the case of *veratrum*, the slowness of the pulse corresponds with an impairment of the circulation, which, though not so marked in sthenic diseases, is a prominent feature in asthenic.

The medicinal action of all of these remedies improves and gives freedom to the circulation, at the same time that it lessens its frequency, and aids in re-establishing secretion, nutrition, and all

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other vital functions. I contend that this is accomplished by relieving the sympathetic nervous system from the influence of the cause of the disease, and by increasing its power. In other words, that the influence of sedatives is stimulant rather than depressant; that they increase the power to live rather than diminish it.

Necessarily such an action is slow, as it is certainly curative. He who expects, in severe diseases, to produce sedation in a few hours, or a day, had better continue the use of cathartics, emetics, and other means of indirect sedation. They are only used to advantage by those who are willing to wait, and associate the gradual sedation with the like gradual giving way of disease.

Using them in this way, the practice of medicine becomes a real pleasure, and has a success not otherwise obtainable. I believe I can say without boasting, that I have had as large a general practice in the past ten years as any other physician, and a much more successful practice than any of my acquaintances, and I attribute my success to the discarding of the old antiphlogistic practice and remedies, and the employment of these and other specific medicines. So radical has been this change with me, that in a practice of forty thousand dollars the past five years, I have not used one ounce of podophyllin, nor its equivalent of cathartic medicine.

I think there is no mistake but that *specific medication* will be the practice of the future, and he who wishes to obtain the greatest success will turn his investigations in that direction.—SCUDDER, *Eclectic Medical Journal*, 1868.

### THE DIFFERENTIAL THERAPEUTICS OF VERATRUM AND ACONITE.

This editorial is a selection from among many others of equal force showing the methods of study and the clearness with which he taught the specific uses of medicines. Note that conditions rather than diseases form the basis of his system of diagnosis. Contrast this method with that of the older, and to some extent the text-books of to-day which teach the use of drugs in asthma, pneumonia, croup, etc., without further elucidation, and draw your conclusions as to which method would inspire the greater courage and certainty in the use of medicines. See also editorial on "Why Do We Use the Term Specific?"—Ed. Gleaner.

THE DIFFERENTIAL THERAPEUTICS OF VERATRUM AND ACONITE.—To determine which of a class of remedies is applicable in a



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given case is the most difficult task of the physician, and any information in this respect is of much value. I doubt whether any one using the two remedies named would be willing to risk giving this estimate. Many may have an empirical intuition in regard to it, but most could venture nothing but a guess.

In general terms, veratrum is the remedy in sthenia, aconite in asthenia, but there are too many exceptions to this to make it a safe rule for our guidance.

Veratrum is the remedy when there is a frequent but free circulation. It is also the remedy when there is an active capillary circulation, both in fever and inflammation. A full and bounding pulse, a full and hard pulse, and a corded or wiry pulse, if associated with inflammation of serous tissues, call for this remedy.

Aconite is the remedy when there is difficulty in the capillary circulation, a dilatation and want of tonicity of these vessels, both in fever and inflammation.

It is the remedy for the frequent, small pulse, the hard and wiry pulse (except in the cases above named) the frequent, open, and easily compressed pulse, the rebounding pulse, the irregular pulse, and indeed wherever there is the evidence of marked enfeeblement of the circulation.

It is the sedative I associate with belladonna in congestion, especially of the nerve centers, and to relieve coma. Whilst I would use veratrum with gelsemium in determination of blood to the brain, and in active delirium.

Veratrum acts more efficiently upon the excretory organs; indeed, I believe it to be one of the most certain remedies we have to increase excretion. Hence it is employed with great advantage for those purposes usually called alterative.

Aconite controls excessive activity of the excretory organs, whether of the bowels, kidneys, or skin. Thus it is our most certain remedy in the summer complaint of children, associated with belladonna in diabetes insipidus, with the bitter tonics and strychnia in phosphuria and oxaluria, and with the mineral acids in night sweats.—SCUDDER, *Eclectic Medical Journal*, 1868.

“We may lay it down as an axiom, from which it is never safe to depart, that—no medicine should be given unless the pathological condition and the indications for its use are clearly defined.”  
—*Specific Medication*, p. 24.



JOHN M. SCUDDER,  
The Artisan.



DR. JOHN M. SCUDDER,  
During the 70's.

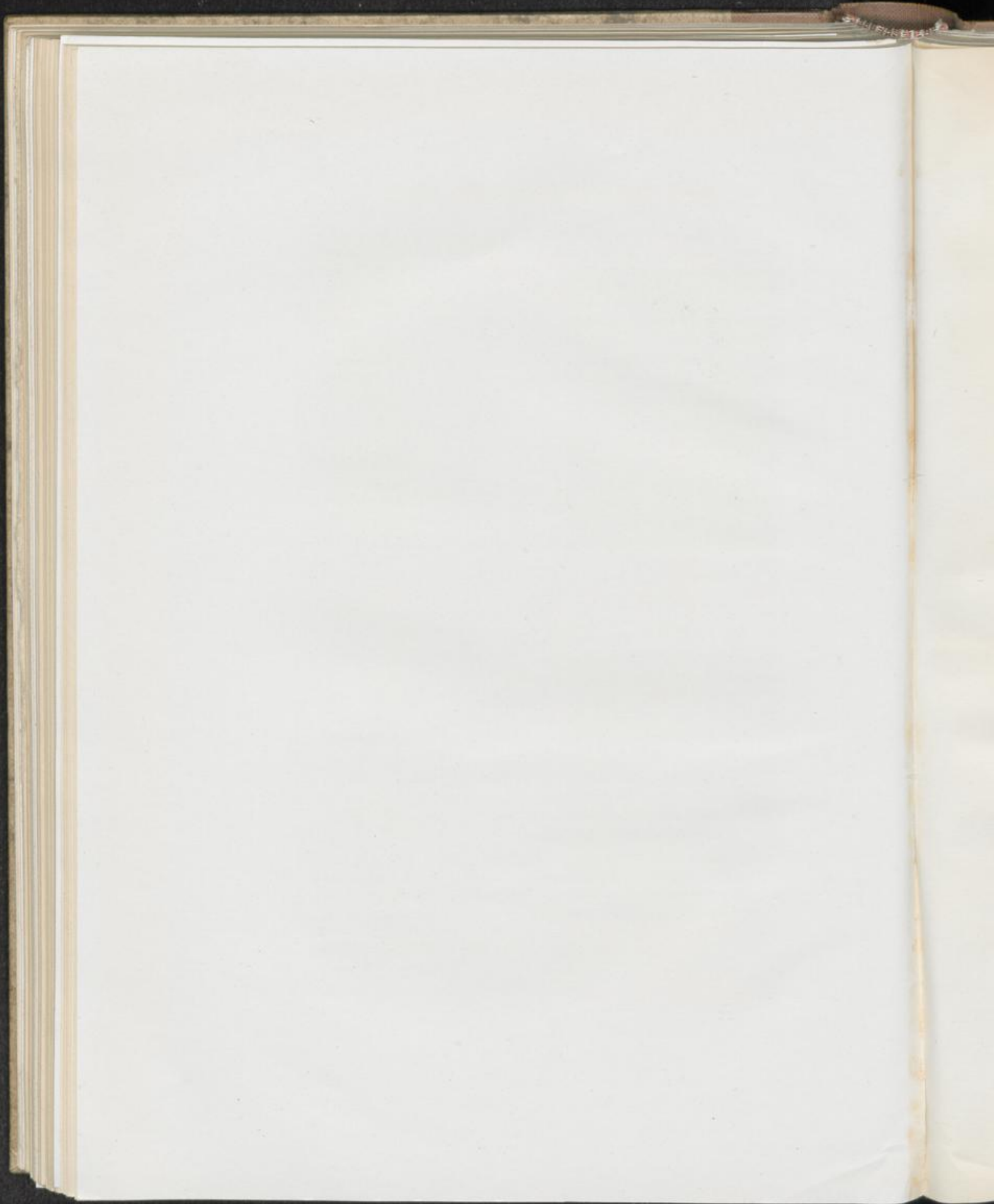


DR. JOHN M. SCUDDER,  
During the 80's.



DR. JOHN M. SCUDDER,  
During the 90's.





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### SPECIFIC.

The term specific as used in medicine has been a stumbling block to many, and especially to those "who, having eyes, see not." The utmost confusion has arisen from the fact that both ignorant and malevolent individuals have imputed to Eclectics the claim of possessing specifics for disease. This editorial clearly sets forth the meaning of specific as used in Eclectic therapy.—Ed. Gleaner.

SPECIFIC.—Many persons are in error in regard to our use of the term *specific*. They think of *specific medicine* as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhoea, albuminuria, phthisis; and a person looking at a subject in this light, and guided by his experience in the use of remedies, would at once say there are no specifics.

We use the term *specific* with relation to definite pathological conditions, and propose to say that certain well determined deviations from the healthy state will always be corrected by certain specific medicines.

A disease, according to our present nosology, may be formed of one or a half-dozen or more distinct pathological changes, bearing a determinate relation to one another. We do not propose to reach all of these by one remedy, except in those cases in which one lesion is primary and the other result from it, but on the contrary we propose a remedy for each pathological feature, using the remedy for that first which is first in the chain of morbid action, and that second which stands second, and so on.

As an example, we analyze a case of fever and find it to consist of a lesion of the circulation, a lesion of innervation, a lesion of secretion, a lesion of the blood, and a lesion of nutrition; each of these are regarded as distinct elements of the disease, but in the order named—the one depending upon the other to a certain extent. A remedy that will rectify the lesion of circulation will sometimes be sufficient to arrest the entire chain of morbid phenomena, as we notice in the simple fevers. Or a remedy that will correct the lesion of the blood, this being primary and the cause of the various morbid processes, will be a *specific* for all, as when quinine arrests an intermittent or remittent fever.

But in the severer types of disease we find it necessary to use a remedy or remedies for each pathological feature. Thus, we employ one to correct the lesion of circulation, one to correct the



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lesion of innervation, special remedies to increase secretion, to correct lesion of the blood, etc. Instead of one remedy to arrest the disease, according to the ordinary use of the term specific, we employ a number of different agents, which are none the less specific, for they meet distinct features of the diseased action.

To employ remedies in this way it is requisite that we analyze the disease according to present nosology, determining definitely the elements that go to form it, and their relation to one another.

And secondly, that we know the direct influence of remedies upon the human body, both in health and disease; that we use them singly or in simple combinations; that we do one thing at a time, that first which is first, that second which holds the second place, and so on.

If one expects to obtain the advantages of *specific* medication he must not associate it with *indirect* medication. The direct sedatives with free podophyllin catharsis—*veratrum* in pneumonia, with nauseants, blisters, etc., are incompatible. Success comes from one or the other alone. If I use *direct* medication I use it alone, and if I use *indirect* medication I use it alone. If we propose to treat a case of croup with aconite, we do not use nauseants; if we propose to cure a case of cholera infantum with *ipecac* and *nux vomica*, we do not want astringents.

But we go further into the analysis of diseased action as expressed by symptoms than many suppose. The success of direct medication comes from the definiteness of diagnosis—determining the *exact* condition of a function or part.

To illustrate, it is not sufficient in selecting a sedative to know that the pulse is frequent, using alike *veratrum*, aconite, *digitalis*, *gelseminum*, or *lobelia*. Frequency is but one element of the lesion, and we have to determine in addition the strength or weakness of the circulation, the degree of obstruction of the capillary circulation, and the condition of the nervous system that controls this function. Thus, when there is strength with frequency we employ *veratrum*; feebleness with frequency, aconite; excitation of the nervous system with strength and frequency, *gelseminum*; atony of the nervous system and tendency to stasis of blood, aconite and *belladonna*; feeble impulse from the heart, without capillary obstruction, *digitalis*, etc.

It is not sufficient to know that the tongue is coated, indicating an impairment or arrest of digestion. We make this

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secretion give us the history of blood lesions, as well as of gastric and intestinal derangements. We learn that *pallid* mucous membranes with white coat demand alkalies; that *deep* red mucous membranes and brown coat call for acids; that dirty-white, pasty coat requires the alkaline sulphites, etc. It is not necessary to continue this illustration further, for the reader will see by the above that *specific medication* requires *specific diagnosis*, and that it will be successful just in proportion as we become skilled in this.

It is true that almost any one can use veratrum and aconite successfully, for the conditions are so prominent that they can not be mistaken; or any one may successfully prescribe aconite in sporadic dysentery for cold; ipecac in the diarrhoea of children; collinsonia or hamamelis for hemorrhoids; collinsonia for ministers' sore throat; cactus for heart disease; pulsatilla for nervousness; staphisagria for prostatorrhoea; eryngium aquaticum for cystic or urethral irritation; apocynum cannabinum for dropsy, etc. These remedies have an extra value attached to them, because the conditions indicating them are so easily determined.

Yet the reader will learn with surprise that ten years since, with but one exception, not one of these agents was used for the purpose named. In 1860, ten pounds of the crude root of collinsonia supplied the market for a year, now one house gets in ten thousand pounds for the year's supply.—SCUDDER, *Eclectic Medical Journal*, 1869.

### GOOD MEDICINES.

This editorial announces the beginning of Specific Medicines, tells why they were necessary, and why the labels were copyrighted. In order to aid physicians in obtaining good products Dr. Scudder stood sponsor for the integrity and genuineness of these medicines, and specifically declares that he had no pecuniary interest in them. The labels were copyrighted to insure honest medicines and prevent fraud.—Ed. Gleaner.

GOOD MEDICINES.—I have been discouraged with the ordinary drug trade as a source of physician's supplies. Medicines are made and sold without any regard to their efficiency, but for the money that can be made out of them. As the result of this the practice of medicine is uncertain, and the physician's supplies cost him treble what they should.

When I recommend a remedy for a certain purpose I am



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speaking of a good preparation; the reader purchases it in the general market, and because it is inferior or worthless he fails to obtain the effect named—and the result is a want of confidence.

One-half of the fluid extracts in the market are almost wholly worthless, and but a small proportion of the other half comes up to the standard, weight for weight. A fluid extract is prepared with heat, when heat destroys the medicinal properties; or it is prepared from the *oldest* crude stock in the house, that has lost its medicinal value; or it is prepared from the dried article, when it should be prepared from the fresh.

It has been for this reason that I have recommended our physicians to purchase their medicines at first hands of our manufacturers in this city. These houses have a well deserved reputation among Eclectics, which I by no means wish to lessen by the introduction of this new class.

To furnish uniformly good remedies to those who desire to employ them for their specific use we are now revising the process of manufacture of some fifty articles. We propose that these important remedies shall be manufactured with extra care, from fresh and carefully selected stock, without heat, from the fresh article when required, and of a uniform strength of *weight for weight*, and at a reasonable price.

These remedies will be designated by a particular label, *copyrighted* so that it can not be counterfeited, and will have the guarantee of the house manufacturing it.

I have no personal interest in the drug trade, and have other business to engage my capital and time, but the houses that will put remedies up in this style are reliable; they will have samples in my office that can be inspected at any time, and I will give a personal guarantee to any remedy bearing the label.—SCUDDER, *Eclectic Medical Journal*, 1869.

### EXPERIENCES.

If for no other reason than to make the physician familiar with good medicinal preparations and to know the tools with which he worked Dr. Scudder advocated a simple form of Office Pharmacy. His experience with concentrations and other valueless medicines is recounted herein, and he tells of his crude but simple devices and office-made medicines.

To one familiar with Eclectic drug history it need scarcely be told that concentrations or resinoids was one of the rocks upon which

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early Eclecticism came near perishing. To those not familiar with this interesting chapter of our history we would commend a reading of Bulletin No. 12, Pharmacy Series No. 2 of the Lloyd Library, titled "The Eclectic Alkaloids, Resins, Resinoids, Oleoresins, and Concentrated Principles," by J. U. & C. G. Lloyd, 1910.—Ed. *Gleaner*.

SOME EXPERIENCES IN THE PRACTICE OF MEDICINE.—One who has practiced medicine for fifteen years, commencing at the bottom and by hard work gaining the top, will have had experiences that may benefit others who have not passed over the entire road. It is well for us once in a while to review, that we may compare our present with our past, and determine how far we have advanced.

In 1855 much of Eclectic Medicine was an unmitigated humbug. It was the day of the so-called *concentrated medicines*, and any thing having a termination in "in" was lauded to the skies. It was claimed that these resinoids were the active principles of the plants, and as they would replace the old *drugging* with crude remedies and teas, they must prove a great boon. But they did not give success, and finally, after trying them for a while, the practitioner would go back to the crude articles and old syrups and teas with success; or he would settle down to podophyllin catharsis and quinia.

I finished my collegiate course with faith in my teachers, but as month by month passed, and the concentrated remedies proved worthless, it became less and less, until finally I was forced to make a radical change in my methods. There is one safe rule to follow in all such cases, where a preparation fails, or in other words, where manufactured articles disappoint you, purchase the crude articles and prepare them yourselves.

Money is a scarce commodity with the young practitioner, and I soon found that drug bills, with resinoids at sixty cents to two dollars per ounce, were eating up all the ready money. There were then two reasons that caused me to turn my attention to office pharmacy—want of good medicines, and scarcity of money.

I can recollect, as well as if it was yesterday, the calculation of expenses to make a commencement, and as the stock of ready money was but a few dollars the estimate had to be made upon a small basis. I had settled in my own mind that alcohol was the best solvent, and that a tincture prepared by percolation was the best preparation. Going to the nearest grocery where earthenware



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was kept, six one gallon jugs were selected, which showed by tapping on them a thin bottom. A few careful blows with the hatchet knocked out the bottom, making a hole sufficiently large to introduce the hand. Taking an inch board and fixing it firmly as a shelf some two feet from the cellar floor, and boring six two-inch auger holes through it for the necks of the jugs—the pharmacy was on end, and in running order.

The process of percolation was very simple. The jug was cleansed and corked; a wisp of dried wire-grass was placed in the neck, and the bruised or ground article was packed in rather tightly, then the menstruum (common whisky at twenty cents per gallon) was poured on. After standing twenty-four hours the cork was drawn, and the percolation would progress without much attention.

There was a real satisfaction in doing it. The remedies came out nice and fresh, they were cheap, and their medicinal value was far greater than those purchased in a drugstore. I prepared tinctures of everything medicinal that grew in the neighborhood, of course in small quantities, but sufficient for office wants.

I determined very early in my practice that finely powdered and fresh *Hydrastis Canadensis*, at twenty-five cents per pound, was fully equal to *Hydrastine*, at two dollars per ounce. That *Podophyllum*, either in fine powder, in infusion, or in tincture with *whisky*, was a much kindlier and better medicine than *Podophyllin*. That Carbonate of Iron, at twenty-five cents per pound, was fully equal to any of the costly preparations, if given in small doses. That an infusion of *Alnus*, *Rumex*, and *Scrophularia* in very moderate quantity, or a tincture prepared from these with *whisky*, was worth more as an alterative than all the Compound Syrup of *Stillingia* of the shops. That Acetate of Potash, at seventy-five cents per pound, was the equal, both in scrofula and syphilis, to Iodide of Potassium, at four dollars.

All of this had to be learned by experience, for I had received *Materia Medica* from the modern Cleaveland, and not from the old-fashioned Professor Jones. My professor of *Materia Medica*, like many others who profess to teach Eclecticisim, was trained in the old-school, and knew little of our practice. If I had received the present teaching it would have saved me much trouble. . . .

The teaching of *special sedatives* commenced in 1859, and was rendered prominent when I took the chair of Practice, and it, with

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the Acetate of Potash, were frequent subjects of jokes, as Dr. Scudder's Hobbies. They have remained hobbies ever since, and have safely carried the writer and some thousands of others. So it has been with other direct remedies. When introduced they are gladly taken hold of, and soon number their hundreds of supporters.

If any one will take the trouble to prepare, or have prepared for him, tinctures of the recent indigenous articles of his section of the country, he will find much satisfaction in their use. It gives a man a love for investigation, which grows as he pursues the subject, and will finally give much valuable experience.—SCUDDER, *Eclectic Medical Journal*, 1870.

### HOW DO SPECIFIC REMEDIES ACT?

In reply to this question Dr. Scudder gives it as his opinion that medicines act chemically, physically, and vitally, and recommends a close observation of the relationship of drug action and critical diagnosis.—Ed. Gleaner.

How Do SPECIFIC REMEDIES ACT?—We have had a dozen or more of letters asking this question, and whether or not such remedies are purely empirical. Do we use them because some one has employed them before in similar cases, and found them beneficial; or can their action be explained in a rational manner?

It will be observed that these questions can not be answered directly, because they deal with the mystery of life, which we can not unravel. They can not receive a satisfactory solution to every one, because their action is silent and slow.

Knowledge is from two sources: from perception, and from the action of the mind. The one comes through the senses, and is the result of observation; the other comes from the use of reason, and deduces knowledge by analogy, sometimes working from known facts, sometimes through hypothesis and theory.

Thus in therapeutics we have, first, the empirical knowledge of remedies. A number of observers find that a certain effect always follows the administration of a certain drug, and we conclude from this that the drug is the cause, and the effect will always follow its administration. But the curative effect only follows when there is a definite condition of the system, or a definite disease, so that there is an element of definiteness introduced into the problem, which now resolves itself into this—“*The exact*



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*condition of the person being determined, a remedy will always have the same effect."*

We not only require that observers shall have recorded the action of drugs, but that this be premised by a careful analysis and record of the conditions of disease. This gives us a rational empiricism, which, as it is reported with accuracy from time to time, so as to associate the drug and its action as cause and effect, gives us a true science of therapeutics. For science is but the knowledge and classification of facts.

The difficulty in medicine heretofore has been that the empiricism was very crude. It did not think it necessary to have an exact knowledge of the body acted upon, as it did not believe it possible to have an exact knowledge of the body acting. In our time, however, much attention has been paid to critical diagnosis, and thus the exact condition precedent to the administration of a drug being known, its influence could be accurately determined.

Remedies may be said to act in three ways—chemically, physically, and vitally, but many times it is impossible to distinguish between them and determine in which way a medicine acts. If we administer a salt of Soda when a patient has a pallid white tongue, or an acid when the tongue is a deep-red or dusky, the action is evidently chemical. So it is when we administer the Alkaline Sulphites, the Chlorates, and Permanganates. This action can be extensively traced, and its careful study must greatly advance scientific medicine.

The use of common salt as an emetic, of the cathartic salts to act upon the bowels, of water as a diluent, of baths, heat, etc., are examples of the physical action. This influence may be greatly extended, and will undoubtedly repay careful study. Nearly all the advantages of the water cure, and of the Swedish movement cure, are to be ascribed to a correct understanding of physical laws, and their application to living bodies.

The vital action of remedies is not so easily examined, and we are forced to draw conclusions from comparisons of known facts and from analogy. The majority of the remedies we think specific act in this way. They act in small doses, and imperceptibly to our senses. We give the medicine and the effect follows with certainty, but without any of that vital functional disturbance that made the action of medicine so prominent in the olden time. Some of these act directly upon the blood, and hence upon functional

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activity and upon structure—examples will suggest themselves to the reader. Some of these act upon the process of waste, increasing it, and, passing out through the excretory organs, stimulate them to activity. Others, and the largest number, influence vital processes through the nervous system.

A few of these influence vital processes through the brain. Opium may be taken as an example of these. Others, through the spinal centers, of which Nux Vomica and Strychnia, Hydrocyanic Acid, and Ergot, may serve as examples. A still larger class influence the strictly vegetative functions through the sympathetic nervous system. As examples of these, we may take Veratrum, Aconite, Belladonna, Cactus, etc.

All that we want to make our practice successful is a rational empiricism, as was first described. If we know that a certain remedy will produce a definite effect in a given condition, that is the sum of practical knowledge. The only advantage to be derived from the attempt to analyze this action comes from the close study we give it. Let us recollect that there are two elements in a rational or scientific practice, *accurate diagnosis, and an accurate knowledge of the effects of medicine.*—SCUDDER, *Eclectic Medical Journal*, 1870.

### DIAGNOSIS

Specific Diagnosis versus Nosological Diagnosis is one of the cardinal tenets of the practice of Eclectic specific medication. The tendency in American medicine was to place great store on nosological classifications as had been done in the latter part of the eighteenth century by Cullen, who gathered all the published nosologies prior to his time and then presented his own and greatly improved scheme. This was a splendid achievement, but it contributed little to facility in the selection of remedies, for no relationship between conditions of disease and drug force could be derived from such studies. Dr. Scudder maintained that there was a definite relationship between known drug action and known conditions of disease as manifested by symptoms, and upon this theory based his justly famed Specific Diagnosis.—Ed. Gleaser.

DIAGNOSIS.—Any one who expects to succeed well with direct or specific medicines will have to restudy diagnosis. As we have had occasion to say, time and again, remedies are specific to pathological conditions, and not to *names* of disease. It requires that we discard *nosology*, in so far as these names are supposed to in-



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dictate methods of treatment, for under one *name* we will have grouped the most diverse pathological conditions.

If the reader will think for a moment, or refer to the older works on practice, he will see that the principal object has been to give a *name* to disease, and chiefly in a nosological plan. The therapeutics that followed was with reference to this name, and was composed of certain empirical formulæ that had been thought beneficial in such cases.

The Homœopath takes different grounds; he cares very little about a nosological classification, and just as little about the pathology of a disease. His therapeutics are wholly governed by symptoms, *at which* he prescribes, so that the treatment of a disease will depend wholly upon its symptoms, and will be most diverse in different cases of the same disease. In so far as symptoms indicate conditions, he may prescribe judiciously, but just so far as he ignores physical signs of disease, his practice is imperfect. This is conceding that he uses remedies in efficient doses, which in the higher potencies we deny.

To get a clear idea of disease, that is, departure from health in function and structure in all parts of the body, it is essential that we have clearly before our minds a *standard of health*; to obtain this I regard the most important study of the physician. It is not knowledge from books, telling us that normal life is thus and so, but it is the perception of this life through our own senses—something that we have determined by our own touch, sight, or hearing, and repeated so often that we have educated our organs of sense to a definite standard—which we call health.

Coming in contact with physicians, as I do every day, I am surprised at the want of knowledge in this direction. Their attention has been wholly directed to disease, and very many have so far lost the perception of health that they would hardly recognize it when met with. But more frequently the perception of a healthy standard is so feeble that it is constantly fluctuating, and there is no fixed point to measure disease from.

The young practitioner, especially, should commence anew the study of what health is, and what it is based upon. When we think of the circulation we want to grasp the entire idea of the influence of the heart, the arteries, the tissues, the veins, the governing nerves from the *sympathetic*, and the indirect innervation from the spinal system. When we think of respiration, of digestion, of secretion,

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of nutrition, or of any functional activity, we desire to grasp the entire function in the same way. It is thus by educating the senses to perceive, and the mind to grasp the sum of perceptions and draw conclusions from them, that we are able to accurately determine deviations from the normal standard.

The *rule* by which we measure pathological changes is very simple and easily applied. Every deviation from health may be classified as an *excess, defect, or perversion*—taking the normal standard, it is *above, below, or from*.

A disease, according to our present nosology, is made of several functional or structural derangements; some of these may be excess, others defects, others perversions. If we have not thoroughly analyzed it we may regard it as a whole in excess, as a whole in defect, as a whole in perversion.

It will be noticed that as soon as we have made this analysis of disease, a rational treatment is at once suggested. An excess calls for such remedies as will reduce it to the normal standard. A defect, for such remedies as will bring it up to the normal standard. A perversion, for such remedies as will change it back to the normal standard. We do not measure the sum of vital power in these cases, for in disease it is always below the state of health. Neither do we claim that excess of functional activity is evidence of excess of power, for it sometimes springs from debility, and always entails loss of power. Thus this view of the pathology of disease does not militate against our cardinal principle, "*that disease is an impairment of vitality.*"

But going back to our former subject, the necessity of grasping the entire evidences of a lesion at once, in order to get an accurate knowledge of it, let us make an example of the circulation of the blood. We feel the pulse to determine the condition of the circulation, but if we only get an idea of *time* we can not make a rational prescription for the lesion. We require to grasp the idea of *time, of force* from the heart, of *volume, and of freedom* of circulation. We may have an excess in time, but a defect in force, in freedom, and in volume. Or we may have an excess in force with defect in freedom, or an excess in volume with defect in freedom.

Let us see what the therapeutics would be in these cases. If we have an excess of time and force we give *Veratrum*. If we have an excess of time, but defect of force and freedom, we give



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*Aconite*. If the defect of force was very marked we would give *Lobelia* or *Digitalis*. If there was evidence of an enfeebled capacity in the blood vessels, giving congestion, we would give *Belladonna*. And if the defect was in the muscular power of the heart and arteries, with defective spinal innervation, we would give *Nux Vomica*. Now, though some of these remedies have been regarded as the antipodes of each other, they are all *special sedatives*, if we have the condition for their action. That is, they all diminish the frequency of the pulse, and influence a normal circulation of blood, with regard to time, force, volume, freedom, and we may add, *equality* in all parts of the body.

Now, it is possible to analyze every function in the same way, and if we do not thus analyze it we run great risk of being led into error. It does not do to say that "*the tongue is coated*," and expect the hearer to get an idea of the condition of the digestive apparatus or of disease. True, with many, it only means that the patient is to be purged. We want to know a great many other things when we look at the tongue. For instance, its form:—is it *broad* and *thick*, it is evidence of deficient innervation from the sympathetic—elongated and pointed, it tells us of irritation of stomach and bowels. Its color:—is it *pallid*, wanting color, we have the evidence of a deficiency of the alkaline salts of the blood—is it deeper in color (*dusky*), it is evidence of an excess of the alkaline salts of the blood. Its coating:—is it *clear white*, seeming a part of the mucous membrane, it indicates an inflammatory condition—is it a *pasty-white fur*, the use of alkalies and antiseptics, as Sulphite of Soda—is it brownish or dark colored, the use of acids with antiseptics, indicating sepsis of the blood. This is but a portion of the analysis, but sufficient for an example of the necessity of grasping the whole of the indications of disease.

If we have functional disease of the skin, of the kidneys, of the bowels, we must make the same critical analysis to determine the real condition upon which such deficiencies depend. If we have a lesion of digestion and blood-making, it may be composed of quite as many parts, and will require the same close examination and analysis. So it is with every functional lesion, and if we had space to give examples we would find it so with every structural lesion as well.

Now, as we did not give *Veratrum* whenever we found an increased frequency of the pulse, neither would we give *Podophyllin*

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whenever we had constipation of the bowels, or Acetate of Potash whenever he had diminution of urine. The remedy *must* be selected with reference to the condition as determined by the whole evidences of disease.—SCUDDER, *Eclectic Medical Journal*, 1870.

### PLEASANT MEDICINES.

Professor Scudder once said that he would be satisfied to rest his claims to remembrance on the fact that he tried to make medicines pleasant, especially for children. Nasty mixtures, infusions and decoctions, nauseous syrups and spirituous potions he would wholly discard. The pleasantest and most effective and most readily assimilated medicines, he maintained, were the percolated tinctures administered in small and potent doses in water. The custom is now almost uniformly adopted by Eclectic physicians.—Ed. Gleaner.

PLEASANT MEDICINES.—The great desideratum in the practice of medicine is pleasant remedies. In the olden times, and with many now, medicine adds to the sufferings of the sick, and they dread more the unpleasantness of the doctor's prescriptions than they do the disease.

In looking over our *Materia Medicas* and *Dispensatories*, it would seem that our object has been to make the concoctions as nauseous as possible. In extemporaneous prescriptions it is the same, the combination of remedies, and the vehicle, combine to make the mixture unpleasant.

It has been thought that sugar or syrup would cover up the unpleasantness of medicine, and hence it is most commonly used. The fact is, however, that with the majority of the sick the sweet is unpleasant, and nothing could be more objectionable than a nauseous sweet. The doctor don't take his own medicines, and hence he does not know how objectionable they are, and he continues giving these unpleasant mixtures year after year, to the detriment of his patient, and his own pocket.

Let us first get rid of the idea that medicine should be and can be *disguised*. It never had one atom of truth in it, and a very little experimentation will determine its falsity. Take anything that is unpleasant, and the more you disguise it the worse it is. Some medicines are very objectionable in their taste, but they are less disgusting to the patient alone, than when mixed with syrup or other vehicle.

The *best* form of vegetable remedies is a simple tincture by percolation: the best form for all remedies, if possible, is the fluid



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form. It is not only the best as regards the medicinal action of the remedy, but is also the pleasantest as well.

The *best* vehicle for the administration of a remedy is water, and it also is the pleasantest. But few remedies are intended to exert a local influence upon the mucous coat of the stomach. All others must first gain entrance to the circulation before their curative action can be obtained. To get into the blood by osmose, it is necessary that the agent be in solution, and of less specific gravity than the blood. If you do not have your remedy in solution before its administration, its getting into the circulation will depend upon the stomach supplying the necessary amount of fluid and effecting the solution.

To the sick there are but few of our remedies objectionable, if they are properly prepared with alcohol and given with water. The dose of properly prepared remedies is quite small, so that, added to fresh water in such proportion that the dose will be a teaspoonful, it is much diluted. Even if the taste is objectionable, there is evidence of cleanliness, and nothing to disgust. . . .

But it is in the treatment of children that unpleasant medicine is most objectionable. It is not pleasant to see the little ones start with distrust when the doctor makes his appearance, nor to be obliged to force medicine upon a child. We get along much better if we have the confidence of the children, and it is certainly much pleasanter.

I always prepare the medicine before my little patients. They see the water is fresh, their medicine looks clean and nice, whilst its quantity is small, and the mixture does not look objectionable. They taste it when asked, taking the first dose from the doctor, and give their opinion decidedly that it is good, (or at least not bad), and after this they take it kindly as the hour comes around.  
—SCUDDER, *Eclectic Medical Journal*, 1871.

### SINS WHICH DOTHSO EASILY BESET US.

Barnacles and deadwood are obstacles to progress in medicine as in other fields, and Dr. Scudder used his pen freely and frequently to clear the profession of undesirable practitioners and methods. Many of these came to us in the beginning, some by choice, others for refuge, when it was not easy to reconstruct them. Happily the school is now old enough that we see little of such men and methods, and when so met they are justly considered out of joint with the times. We say, as did Dr. Scudder, let us have only clean and honest Eclecti-

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cism, which seeks to avoid the impossible and the unprofessional. Heaping maledictions upon the rival schools was never a practice with the gentlemanly Scudder, nor should it be ours to-day. To defend our rights and teach better ways is our duty and privilege; to abuse, never.—Ed. Gleaner.

WHEREFORE, LAYING ASIDE EVERY WEIGHT, AND THE SINS WHICH DOTH SO EASILY BESET US, LET US RUN WITH PATIENCE THE RACE SET BEFORE US.—I am an admirer of Paul; setting aside the religious character of his teachings, the wondrous insight which he had into the motives of men, make them valuable in every pursuit in life. I use this language with all due reverence, and I use it because it so well expresses a truth that we would do well to consider.

A moment's thought will show that the field for sermonizing is very extensive. There is no pursuit in life in which it does not point the way to success. To the young man commencing the practice of medicine it is peculiarly applicable. We all carry weights, in the form of prejudices, ignorance, passions uncontrolled, etc., that prevent the attainment of that success which we may anticipate. If we can lay aside these weights, and the sins which so easily beset us, we will find our progress more rapid and our lot in life much pleasanter.

But we desire to apply Paul's teaching to Eclecticism as a school of medicine. Though we have made rapid progress in numbers and influence, and are stronger to-day than we have ever been before, we have not accomplished as much as we ought, and there have been times when the movement has retrograded. Why? We have carried dead weights, and we have had certain besetting sins which were unpleasant. Let us examine some of them:

Thomsonianism, or the idea that a doctor could be grown from a \$25 patented book, and a few herbs, without education, has been a persistent incubus. There is no use for Medical Colleges, or an extended curriculum of study—read our books, we tell it so plainly that the wayfaring man can understand—put it in practice, with much cursing of the Old-School, and success is yours.

"Give a dog a bad name," etc., is an old saw that has a great deal of meaning. Steam doctor! Botanic! Root and herb doctor! etc., etc., have been dead weights that we were obliged to carry—in part because we affiliated with Botanic, but principally from their continued application by our competitors.

Success brought its usual crowd of parasites. As Eclecticism



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became popular, Jones, Brown and Simpkins, who had gathered all they knew of medicine from Thomson's book or Beach's Family Practice, became Eclectics, and we had to stand god-father to their ignorance and malpractice. The thought of some of these dead-weights, and their miserable and ridiculous errors, is enough to make one sick of his profession.

The demand for Eclectic physicians outrunning its supply, brought, as we might expect, considerable imperfect material, but we could congratulate ourselves that it was not worse than our *regular* opponents. But the whims or private interests of those conducting our Medical Colleges put down the fees, and opened the doors to promiscuous graduation. Honorary degrees were issued to those who could n't come; they were called honorary, but with a few exceptions they were dishonorable to all parties concerned.

Medical Colleges sprang up in the larger cities, which was well enough; but of the Faculties, the less said the better. They taught crudely; and their students failed in that primary training so essential to true success. But in one thing they did not fail—to give the pupil an exaggerated idea of the resources of Eclecticism—and its adaptation to the treatment of *chronic disease*. Such colleges, such Professors, such teachings, have been constant dead-weights, and if it had not been for the miserable practice of our opponents, and a few good men who furnished our text-books, it would have wrecked us long since.

The treatment of *chronic disease* has been one of our besetting sins. The first card the beginner would issue, would have on it, "Special attention given to the treatment of chronic disease, and diseases of women." The business of the young man is to establish a creditable reputation as a general practitioner, in which by study and experience he may fit himself for the treatment of these affections after some years' service. Not that the young physician may not treat chronic disease from the first, but it must not be the first object.

Curing cancer has been one of our besetting sins, and *cancer doctor* one of the dead weights we have had to carry. Now, Eclectics as a rule make no professions of curing cancer—they treat it as they treat other diseases, and in some of its forms with success; but they are ready to acknowledge that in the main the treatment thus far is not a success.

Cursing the Old-School; heaping maledictions on bleeding, mer-

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cury, antimony, arsenic, etc., is peculiarly Eclectic. So much so, indeed, that some of our physicians and even some Professors have deemed it the very essence of Eclecticism, and claim that so soon as one quits cussing in this way he should no longer be recognized.

Now cussing, to be allowed as a business, needs be profitable; if it does not advance your interests, "cuss not at all." Let Falstaff speak for us—"Well, 't is no matter; cursing pricks me on. Yea, but how if cursing pricks me off when I come on? how then? Can cursing set a leg? No. Or an arm? No. Or take away the grief of a wound! No. Cursing has no skill in surgery then? No." And though we have parodied Shakespeare, yet we find, in fact, that this kind of cursing is not usually associated with skill in medicine or surgery.

We might enumerate other weights and sins that we carry along with us, and which obstruct our progress, but we have said enough to call attention to some salient points, and the reader can make the application further.

But one asks, Had these things not better be covered up? Are you not giving our Old-School friends a whip to scourge us? My dear sir, our Old-School neighbors have enough to do to take care of their own household, as have our Homœopathic friends, and if we wait until they have purged themselves we need fear no annoyance for years to come.

But is it not best for us to slough off these dead-weights and the sins which so easily beset us, and with patience run the race set before us—the attainment of a rational practice of medicine? —SCUDDER, *Eclectic Medical Journal*, 1871.

### WHY DO WE USE THE TERM SPECIFIC?

Why we adopted the term Specific is well stated in the editorial by Dr. Scudder. Others have sought to substitute the word Direct for Specific, but time has decided in favor of the original, for we seldom now hear the term "direct medication." See also editorial titled "Specific."—Ed. *Gleaner*.

WHY DO WE USE THE TERM SPECIFIC?—A correspondent writes: "I think the selection of the word 'specific' was very impolitic to say the least; for the profession is prejudiced against it, and it is a cardinal doctrine that—'there are no specifics.'"

Another writes: "I know why you took the term specific—it appeals to popular prejudice, the people believe in and want specifics. It is sharp practice."



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Here are two distinct opinions; which is correct? One does not want people to believe that he has not the capacity to take the better way—be polite, any more than he wants them to believe that he is guilty of sharp practice.

There were two reasons influencing the writer in adopting the word *specific*, to express what he believes to be a rational practice of medicine. The one is, that the ordinary signification of the word conveys the ideas of definiteness and certainty, and there is no word that expresses it so certainly and that is so universally understood. The single word tells the entire story, and there can be no misunderstandings if we discard the common nosology, and restrict its application to pathological processes—or conditions of disease.

The popular conception of the province of medicine is the true one. The people know that remedies should be *specific*, if they are not; and if they appreciated the professional axiom—"there are no specifics," they would think less of physicians than they do. But their popular idea could not have been a motive, for we reach the profession, not the people.

The second reason is found in the quotation from our first correspondent—the profession are prejudiced *against* specifics. If now we present a new doctrine, which has to overcome popular prejudice, it will be thoroughly examined, carefully tested, and adopted only if proven true. And this is what we desire for everything that is presented in these pages. Surely we can have no object in foisting error on our readers, or in doing that which will necessarily be undone. Men make neither reputation nor fortune in this way. Therefore we prefer to have prejudice arrayed against the new doctrine, as its reception will be evidence of its truth.—SCUDDER, *Eclectic Medical Journal*, 1872.

### MONGRELISM.

Dr. Scudder sometimes played with his adversary before dispatching him. Abused and ridiculed by the dominant party he frequently made playful capital out of the epithets maliciously bestowed upon him and his school. This editorial shows how pleasantly he could deal with an antagonist who would belittle himself in the attempt to besmirch honest rivalry in the field of medicine.—Ed. Gleaner.

MONGRELISM.—"We are all poor miserable sinners" at best, and we are always ready to exclaim *mea culpa! mea culpa!!* And thus, as those who had ought to know, say we are "mongrels," we

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confess the sin, if sin it is; surely they must know! and we would not set our face against authority; for of our few virtues, *meekness* has always been prominent.

But as we confess our sin, we want the readers of the *Journal* to know the full extent of our transgression, and accordingly we will get a definition of the word from Worcester: "MONGREL, of a mixed breed; hybrid." That is just what's the matter with us—we are of a mixed breed, hybrids—neither Allopaths, Botanics, or Homœopaths.

Have you ever read any of the recent works on "Natural Selection," or the "hybridization of plants?" If you have, you have learned that this is nature's method of development or evolution, and the highest effort of man, in the development of plant or animal, is in the same direction.

Our best varieties of animals are hybrids—a union of two species, though the associate term, "mongrel," is applicable to those which are not so well bred. Our finest vegetable productions are hybrids, our finest flowers are hybrids. "That's just what's the matter with us."

But we profess to be Eclectic. Can we be Eclectic and still mongrel? let us see: Worcester defines Eclecticism thus—"The habit or the principle of selecting from different sources." The saints be praised, the two things, mongrel and Eclectic, are so nearly alike that we may be either or both. Very surely we are in the right *rut*, for our enemies say we are "mongrels," and our friends Eclectics. Let us sacrifice a cock, and give thanks—"that it is as well with us as it is."—SCUDDER, *Eclectic Medical Journal*, 1873.

### PETERMAN AND ACUPUNCTURE.

This editorial is selected to show that Eclectic teaching has ever been opposed to secret preparations. Clear, open methods, "that he who runs may read," has been a policy of the school from the beginning, and Dr. Scudder hesitated not to fearlessly harpoon even the whales in medicine when guilty of secret practices or the advocacy of secret medicines.—Ed. *Gleaner*.

PETERMAN AND ACUPUNCTURE.—I am inclined to believe that Peterman is a "cheap John," though I have seen the time when such advice in improvising cheap means would be very gladly received. We have not objected to the price of an acupuncture instrument, whether the cost be three dollars or twelve dollars, and



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advise every one who believes in counter-irritation to buy one that looks like business, whether it is the old-fashioned "Lebenswhacker," Baunscheidt, or Brown's.

We confess our dislike to counter-irritation as a means of cure when it can be avoided, and believe that we will require it less and less, as we study our *Materia Medica* more and more. I can say for myself that I have not used counter-irritation in any form, except Chloroform, for two years past, and have had better success than in the olden time. If I know the proper internal remedy I do n't care a snap for external applications.

But what we object to most is *secret* preparations. We will not use, or advise others to use, any compound of which the exact formula is not given. We use no man's Compound Syrup of *Stillingia*, or compound of anything else, unless it is presented in such form that every one can make it.—SCUDDER, *Eclectic Medical Journal*, 1873.

### "IF A BODY KISS A BODY."

The neglected wife, the hungry heart, the forlorn waif, and the miserably downcast in spirit were not neglected in the humane policy of a better practice as taught by Prof. Scudder. He taught kindness, gentleness, and the touch of human love—the spirit at least of love and kisses. This editorial points its own moral.—Ed. *Gleaner*.

"IF A BODY KISS A BODY."—Kissing might be studied as a fine art, or as a lady remarked to me a few days since—"one of the lost arts"—but I prefer to study it as a remedy of the class restorative. You shake your head, "It will never do!" "I could n't practice medicine in that way—have n't even kissed my own wife and babies for months or years, and in my latitude it would n't be healthy for a doctor to kiss his neighbors, unless they were of the male persuasion."

Some crusty curmudgeon raises his eyebrows and exclaims, "*kissing*, faugh!—my gorge rises—save that for commencement exercises." My friend, you do n't like kissing? you do n't believe it does anybody any good? you do n't believe it's a good medicine—"specific" to a heart diseased? You want to know why you do n't believe?—just tap your head over the *sella turcica*, and you will find your soul is sapless—it rattles in your cranium like a pea in a gourd. If you ever expect to go to heaven, cultivate the spirit of kissing.

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We do n't advise that you kiss the pretty girls of the neighborhood, or all your good looking patients, but we do advise that you carry within you that loving, helpful spirit that has its true expression in this way. Especially is this a good thing in treating children. You may imagine they do n't know or do n't care, but you will find that they do know and they do care a very great deal. The little heart warms to the gentle touch or caress of the doctor, and the sufferer gains comfort and hope in his presence. The mind has much to do with disease, both in its causation and cure; the hopeful, trusting spirit is a true restorative.

I recollect, many years since, a poor street waif who had his foot crushed by a wagon, entailing excruciating suffering for weeks. No medicine or lotion gave such relief to the sufferer as the loving kiss of a neighboring lady who visited him daily—and what was best, it seemed to work a moral as well as a physical cure. Ask the soldiers who suffered in our hospitals during the recent war, and were so fortunate as to have women visitors, if the loving heart, and peradventure the “kiss him for his mother,” were not medicine.

Try it on some of your patients in this way. You have in your acquaintance, or on your list of patients, a married couple, the wife sickly, and her listless, pinched appearance shows an hungered soul. Evidently something out of joint in this household—the spirit of kissing is not there. Persuade the husband that this will be good medicine, and watch the result—you will find that kisses are better than Quinine.

There are hungry hearts, as there are hungry stomachs; hungry for sympathy, love, and the friendly feeling that gives zest to life. A recent story in *Harper's Weekly*, entitled, “Bread and Cheese and Kisses,” was an excellent illustration. Bread and cheese are good, so are kisses.—SCUDDER, *Eclectic Medical Journal*, 1873.

### EFFECTUAL PRAYER.

Wishing and praying alone will not elevate the standard of medicine or any other form of education. Faith without works availeth not. Dr. Scudder taught that work, work, everlasting work, was the way to medical salvation. This may well be considered by those who do little, but say much. Prayer alone will do little; but work may yield an answer to prayer. There are many who hope for things, who pray for them, who are ready to give advice (wise, they think) how to conduct a college or how to promote Eclecticism, yet never work



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for the things advocated. Sometimes they talk themselves into trouble. They are in the relation of the whale and Jonah, to whose biographies have been added the following anecdote. When Jonah was comfortably seated in the whale's belly and had time to reflect he turned to his host and said, "Your big mouth got me into this."—Ed. Gleaner.

EFFECTUAL PRAYER.—And probably the reader will want to know if we propose to teach theology as well as medicine, and if so, why? As Bret Harte would put it, "we do n't go very much on theology," but we do know something of "effectual prayer," especially in its relation to medicine. Ye editor is not likely to die of piety, and he belongs to a queer persuasion, all of which must be taken into account.

But our Church believes that all men "pray without ceasing," both wicked and good, for what is prayer but the desire of the heart. And they go further than this and believe that all prayers are answered—for as is the desire of the heart, so will the man be eventually. It is just as true in the affairs of this world as it is in the next, just as applicable to the practice of medicine as the practice of theology.

If we as individuals and as a body of physicians desire to have a better and more certain practice of medicine—we will have it. If we desire to occupy a better position in public estimation, and work for it—we will get it. If we want to *elevate the standard*, and put our hands to the work—it will be elevated.

As a body of physicians, and as individual men, we hold the future in our hands. If we are satisfied with the polypharmacy and crudities of the past, polypharmacy and crudities will be our recompense. If we want specific diagnosis and positive medication, we will get them.

I supplement this short exhortation by a paragraph from a sermon on my desk:

"And the same law is as uniform and unvarying in its operation upon the understanding, or intellectual faculties, as it is upon the will, or affections. 'For he that seeketh findeth.' Every intellectual faculty of the mind is developed by exercise, is strengthened by use. And this use is seeking and finding. Men do not always find the outward thing for which they seek, and if they did it would form no portion of their permanent possessions, for it could not become a part of themselves. But they do find, in the very act of seeking, that which is of infinitely more importance to them, which is the increase and strengthening of the faculties

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employed in the search. And this is a permanent possession because it is a part of themselves, and does not pass away at death as all external things necessarily do. We know that all the faculties, whether of the body or of the mind, not only increase with exercise, but diminish and die if not exercised at all. Or perhaps it would be more exactly correct to say that the powers of the faculties unused become absorbed into those that are used most actively. Thus the blind are at least partially compensated by the exquisite delicacy of the senses of touch and sound, into which the powers of the faculty of seeing seem to be measurably absorbed. If the eyes were never used at all, their powers of seeing would become extinct, but other faculties called into greater activity would increase, to supply in a measure the deficiency. And the same is true of all the faculties and organs of the body and mind alike."

Some of our readers may doubt our piety, and think that "the prayers of the wicked avail little." But we beg to remind them that "all men pray without ceasing," the wicked as well as the good, and they are very sure to get what they earnestly *work* for. In medicine, at least, ours have had an abundant and tangible answer.—SCUDDER, *Eclectic Medical Journal*, 1873.

### THE STORY OF THE FOXES.

In the parable of the foxes Dr. Scudder takes a turn at credulity and points a moral. The shotgun prescription was frequently a target for his rifle shots. Such mixtures he considered as unscientific and unnecessary as he regarded the Oriental tale lacking in all but figurative truth.—Ed. Gleaner.

THE STORY OF THE FOXES.—"And Samson went and caught three hundred foxes, and took fire-brands, and turned tail to tail, and put a fire-brand in the midst between two tails. And when he had set the brands on fire, he let them go into the standing corn of the Philistines, and burnt up both the shocks and also the standing corn, with the vineyards and olives."

The *parable* of the foxes—and I trust our readers will see that it is a "parable"—for though Judea might have been a good country for foxes, and Samson a strong man and a good hunter, the catching of three hundred alive, tying their tails together, a fire-brand between each pair of tails, and their running, partakes a little too strongly of the marvellous for actual fact—was intended doubtless to point a moral in medicine, and we therefore desire to call attention to it.



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That men have believed it to be a simple record of fact only proves that men will believe anything, if they give general credence to the book it is in. We have many stories in medical books like the story of the foxes, and men believe them and offer them in testimony to this day.

But it not only shows the credulity of men, and their disposition to take the most absurd statements for the truth, but their indisposition to reason for themselves. Go over the story again, having the natural history of a fox before you, and the more you think the stronger the absurdity will seem. (Do n't understand me to say that in the symbolical language of the East it does not convey a *spiritual* truth, if in fact it is a fiction.)

But the literal story of the foxes well illustrates the shot-gun practice of the day. No fox is more mischievous than the common drug, and the physicians have three hundred with which they purpose to afflict the "Philistines." They tie them tail to tail. Try this operation with a couple of dogs and see how they want to run in contrary directions, and do n't run at all if of well proportioned strength. Just so in ordinary practice—many times medicines are tied tail to tail, and—you can imagine the rest.

And they do go in and destroy not only the shocks (diseases) "but also the standing corn, and the vineyards and olives."

In the same Scripture we read—"and she fastened it with a pin"—the reader will oblige by sticking a pin here:

"The fox's head is small an' trim  
An' he is lithe an' long an' slim,  
An' quick of motion an' nimble of limb,  
An' ef you 'll be  
Advised by me,  
Keep wide awake when ye're ketchin him!"

—SCUDDER, *Eclectic Medical Journal*, 1874.

### CLEANLINESS NEXT TO GODLINESS.

Dr. Scudder was an enemy to dirt. One of the last efforts of his life was to preside at a meeting at which was read a symposium on medicine prepared under his direction, which was directed against dirt as a causative factor in disease. He abhorred dirt in any form, as he abhorred dirty practitioners, dirty methods, and dirty medicines. This editorial was much more needed in his day than now, when sanitation has been enforced by statutes and ordinances. Dr. Scudder, in ad-

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vance of his time, was a pioneer in the crusade for municipal and rural cleanliness, as well as for clean medication.—Ed. Gleaner.

CLEANLINESS NEXT TO GODLINESS.—If the apostle places cleanliness next to godliness in religion, it should hold a first place in medicine. Dirt, disease, death, have a very close relationship; indeed, in many cases we regard them in the order of cause, operation, result, and it is because this relationship is ignored that I desire to call attention to it.

Dirt is a very common cause of disease, and of its more unpleasant forms, yet the subject has not received the attention that it deserves. The illness of the Prince of Wales attracted public attention to *dirty* air from defective sewers as a cause of disease, and was the occasion of rectifying similar wrongs in hundreds of households. The large number of cases of cholera, and its marked fatality in certain localities where the people used well water, called attention to their foul condition, and to the discharge into them from cesspools and sewers, and they were abandoned. The remarkable prevalence of *typh*-fever in the vicinity of open sewers called attention to this, and the employment of sewer-traps to obviate the difficulty. The prevalence of low grades of fever in some large prisons (jail fever) called attention to dirt—in the building, in the atmosphere, of the person, and regulations were made to enforce cleanliness. Having found a low fever that was evidently dependant upon the milk supply, an examination proved that milk would absorb some of the most unpleasant forms of animal dirt, and afterwards the milk was properly cared for.

I name these as familiar examples in medical literature, but do n't think that they are exceptional cases—dirt is the rule, cleanliness the exception. Men eat dirt, drink dirt, bathe in dirt, breathe dirt, and are dirty; and whilst but the few suffer from the acute poisoning that will produce a typhoid fever or a dysentery, the majority are slowly poisoned, and have their lives shortened by it. Hence the apostle's truism—“cleanliness is next to godliness”—cleanliness as much a necessity for this world as godliness is for the next.

Do n't imagine that your neighborhood, or your family, or yourself are exempt. Inspect your village, your own surroundings, and you will find the evidences that people are wronged by dirt. Look at the kitchen drainage,—in nine out of ten cases the dirt is not removed, or but a short distance, and the ground becomes



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supersaturated with this offal. Possibly it has found the road into the well, into the cellar, or under the house, and people are continually taking it into the system by way of the lungs or mouth. I have known several instances in which you could thus put your finger on the causes of grave disease affecting an entire family. Look at your *privy*—built on the surface, with an excavation two or three feet in depth, and the well but a stone's throw, supplied by *surface* water. Two-thirds of the wells in this country are shallow and have a surface supply; and two-thirds of the water used is surface water, contaminated by all the offal and excreta of the house and family.

Investigate the cellar. The moment the door is opened the nose is offended by a compound smell of dampness, decay, and dirt. Here are decomposing vegetables, there rotting boards, barrels, and straw; here a leak from the outside, there a checked drain—add the flavor of a spoiled rat, and you have it in a very common form. Sometimes the entire house is pervaded by the nastiness, and shaded windows, the absence of sunlight and fresh air intensifies the trouble.

These conditions of houses are to some extent conditions of villages, and the result is a most unnatural amount of disease and death. As we had occasion to remark before, this is the physician's business, and he illy does his duty who neglects to warn the people of their danger.

But there is a want of cleanliness that more nearly concerns us, and this we find in the surroundings of the sick. As we open the door of the sick room, our senses warn us of danger. The atmosphere is loaded with fever emanations, indeed it is sometimes so heavy that, to use a common expression, it seems "you could cut it with a knife." The air is not only dirty, but it seems to have lost some of its life-giving properties. You glance at the windows, and they are closed and darkened, the beds in the wrong places, the carpets are foul, under the bed is especially foul, and the receptacle of nastiness, the chamber utensils are foul, the table or stand cluttered with unpleasant looking medicines, drinks, slops, and food. The bed-clothing is soiled, the patient's clothes dirty and offensive, his hands and face grimy, and his hair unkempt.

You may not have all this. You may not have it in its most aggravated forms, but you will have it unless you resist dirt as

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the Christian is taught to resist the devil. Show me the doctor that enforces cleanliness, of air, of surroundings, of drink, of food, of medicines, of bedding, of clothes, of person, and I will show you a man that has more than ordinary success.

And here we may learn a lesson from Homœopathy. (By the by, we are not afraid to talk of Homœopathy, or learn any lesson that it can teach us.) If there is nothing good in little pellets, there is wondrous virtue in cleanliness, as it does give most excellent results, and your Homœopath is cleanly himself and enforces cleanliness in his patrons—it is not the practice of the “great unwashed.”

Eclecticism owes more than half its success to the alkaline bath, and when I say more than half, I am estimating Podophyllin, Leptandrin, Lobelia, and all the other “indigenous,” and mean one-half full. It was personal cleanliness *vs.* personal dirt, and cleanliness won the day. And if we had found personal cleanliness of so much advantage, why not carry it a little farther and make it embrace the clothing, the air, the room, the food, the medicine, and even the surroundings of a man's house? Why not?—SCUDDER, *Eclectic Medical Journal*, 1874.

### A PERSONAL APPLICATION.

It should not offend one to have pernicious habits uncovered, but unfortunately it too often does so. It has always been a source of wonder to us why doctors, who teach hygiene and cleanliness to others, should go to the sick—who are already over-sensitive—reeking with the fumes of whisky and the nastiness of the pipe.—Ed. Gleaner.

A PERSONAL APPLICATION.—I wonder if it would offend us to make a personal application of the text, “cleanliness is next to godliness.” It strikes me that it is not out of place, and that the doctor should set a good example. Let me illustrate:

A lady from a neighboring village applied for treatment, and I remarked to her that Dr. A. in her neighborhood was an excellent physician, and she had better have his advice as the case progressed. The answer was clear and explicit: “He is so uncouth and dirty, he chews tobacco, smokes, drinks whisky, and carries about him such offensive odors, that his presence makes me sick.” Unfortunately it was too true, and I had nothing to say in reply.

The Hindoos have the following maxims: “It was *most unlucky* to summon a doctor away from his dinner, bed, the church,



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or the theater—*most ill-omened*: an extraordinary and truthful fact which ought to be impressed on the minds of modern patients. To gain the confidence of families, the physician, clean and neat, should carry an umbrella, have an agreeable voice, a small tongue, strait eyes and nose, thin lips, short teeth, and thick bushy hair, which retains its vigor; should have a knowledge of books, and be kind to his pupils.”

The physician is (or should be) a gentleman. A gentleman is cleanly in his person and in his habits; neat in his dress, and pleasant in address; and free from grossness. He is (or should be) an educated man, and a cultivated man, well read in literature and science. Just in proportion as he is all of these, he will be successful in all that constitutes true success in life.—SCUDDER, *Eclectic Medical Journal*, 1874.

### THE PRAYING BAND.

Though not a political Prohibitionist, Dr. Scudder was always an advocate of temperance in all things, and especially in the use of alcohol. The evil that men do when under the influence of alcohol and the mischief done by the bibulous doctor often furnished topics for his pen. All forms of vice found in him a merciless antagonist. The methods of accomplishing reforms he left to the reformers, provided they were clean methods. To the efforts of the praying crusaders, though he might have proceeded differently, he utters a hearty Amen. The epidemic referred to was the Woman's Temperance Crusade inaugurated at Hillsboro, Ohio, near Christmas time in 1873, by a body of women inspired by a lecture by Dr. Dio Lewis, delivered in Music Hall of that town. The history of this unique movement, which spread to other towns, is well told by Henry Howe in his *History of Ohio*, Vol. I, pp. 914-917.—Ed. Gleaner.

THE PRAYING BAND.—We are having a new epidemic, and it is well to briefly notice some of its prominent features; though we may be able to properly classify it, we may not want to give it treatment. It is an epidemic of prayer, and has for its object the abatement of the evil of liquor selling in this country.

We do not care now to analyze the psychology of this epidemic, but simply to study the relation of our profession to it. The first thing we notice is, that whilst ostensibly the prayers are to God, they are personally applied to the sinner. The women “put them where they will do the most good,” in the drinking saloon, or at its door, and to the whisky seller and drinker. And like the God

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they serve these women are no "respectors of persons," and they pray for the well-clothed, respectable druggist or physician as well as for the debased "rum-seller." And to all this we say, Amen.

The evil is one of no ordinary magnitude, and involves the entire fabric of society. No good ever came of intoxicating drink, no good ever will or can come from it. It not only destroys its victim body and soul, ruins his family, and wrongs the community, but it is the cause of very much of the wrong-doing, and gives constant employment to the law. If this evil can be removed by prayer—let the women pray.

In our profession the vice assumes alarming features. One would think that the physician, of all other men, knowing as he does that intoxicating liquors are always injurious, and seeing as he must see the untold suffering that follows their use, would himself abstain, and set a good example to the community. But we find our best men yielding to the habit of tipping, and gradually going the downward road to poverty, disgrace, and death. The evil is so widespread that we have occasion to be alarmed, for no man is safe. We see the pleasant, companionable man, of good business and with bright prospects, gradually yielding to his appetite—at first occasional drinks, then regularly two or three times a day, then constantly until he is "unco fou and very happy" from the time he rises in the morning until he goes to bed at night.

Let the women pray for the physicians, none need it more.

But there is a view of the subject that brings it still nearer home to us. Whilst we may have the right to destroy ourselves, we have no right to injure our neighbor, and especially no right to steal away his liberty, or his ability to control his appetites. The doctor is guilty of much of the evil of intemperance. He prescribes liquor in pleasant forms—bitters, elixirs, etc., and thus cultivates the taste for stimulants. We have had a twenty-five years' epidemic of stimulant medication, and God only knows how great a wrong we have thus perpetrated on humanity. Nineteen out of twenty opium eaters can trace their disease and ruin to the physician. How many victims of intemperance can trace their ruin to the same source?

For many years I have refused to use alcoholic stimulants in general practice. No alcohol in "bitters," no "elixirs" that are but liquor disguised. It is possible to get along without running the risk of cultivating this appetite; indeed, I have found that it is



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far better to dispense with alcoholic liquors in the preparation of tonics and stimulants. In this matter I apply the golden rule, "and whatever ye would that men should do unto you, do ye even so unto them." I should not want you to come into my house and cultivate an appetite for stimulants in my boys, or my husband, or my wife, that may lead them to drunkenness, disgrace, and death, and I *will not* do it to you.

I *know* that alcoholic liquors as commonly used in medicine do no good, but great harm, and that even in the exceptional cases of low grades of fever, and in old age, we can get along without them. Let us then to-day set our faces toward Jerusalem, whether we believe in prayer or not, and say from this day forward, I will not put the cup to my neighbor's lips, and I will not set the community a bad example by drinking myself.—SCUDDER, *Eclectic Medical Journal*, 1874.

### THE DOSE OF MEDICINE.

Again does Prof. Scudder make a plea for smaller and more definite dosage. See also previous editorial on "The Dose of Medicine."—Ed. Gleaner.

THE DOSE OF MEDICINE.—The question of dose is one of very great importance to the physician, and it is well for each one to give it careful consideration. We find that most drugs vary in action according to the size of the dose, and with many the action of the small dose is directly the reverse of the large. It is upon this fact, to a considerable extent, that the Homœopathic practice is based. But it will not do to say that for each drug there is a large and a small dose, and two effects which are the opposite of each other, for this is not true of all, and is but a portion of the truth with regard to any. The facts are that many effects may be obtained from a single drug by simple variation of the dose.

The *large* dose is common to the Old-School and Eclectic branches of the profession, and the effects obtained are gross and unpleasant. It may be said with truth that the large dose is always poisonous, in that it produces effects contrary to the conditions of normal life. We get a better idea of this from giving the drugs to a healthy man. For instance, I give you half a grain of Podophyllin every three hours, and you are not long in finding out that its action is not conducive to health and comfort. It makes your bowels sick. If I give you freely of Comp. Powder

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of Lobelia, or of Jalap, you undergo a similar experience. Suppose we take the ordinary diaphoretics and diuretics instead; they are much milder, yet you find that even these cause disease. We change our program and give you Quinine, or even Hydrastis, and yet these tonics render you sick as well. Suppose we try Veratrum, Gelsemium, Aconite, etc., and still you get sick on the medicine, in place of increasing your health. We say that all medicines, used in large doses, will make you sick.

What answer will you make? That we cure disease by producing disease? Possibly not, though it is a well-known fact that diseases thus artificially produced will replace natural ones, and after a time, these subsiding, the patient will recover.

But I desire to call attention to the fact that most drugs used in large dose must of necessity do a wrong to some function or part, or to the entire life, and the effect is necessarily unpleasant. The sufferings from this gross drugging are fearful to think of, and in all probability will exceed the natural suffering from disease, and will many times exceed any other suffering to which civilized man is liable. If you are not able to realize this by looking at the sick, refer to some such sickness in your own person, and to your knowledge of the action of drugs upon your own body.

I do not wish to be understood as saying that this gross drugging will not cure disease, or that in some cases it is not the very best means at our command; but I do wish to say that in large dose drugs should be used with a great deal of care, and only when the effect is clearly known.

It will be noticed further that the statement made was, "that *most* drugs used in large dose must of necessity do a wrong to life." The exceptions are not very many, yet it is well to notice them. For instance, in certain affections the drug is antagonized by the disease, and even the large dose produces no unpleasant symptoms. Thus, in certain cases of periodic fever, a patient may take ten, fifteen, twenty, thirty grains, or even a larger quantity of quinine, without a single cerebral symptom. There are cases in which Tinc. Gelsemium may be given in half-teaspoonful or teaspoonful doses, and in cases of tetanus I have thus repeated it for days without unpleasant effects. In a case of angina pectoris, a patient will take without unpleasantness doses of Tinct Lobelia that under other conditions would not be tolerated. There is a condition of disease in which Opium or Morphia may be used in



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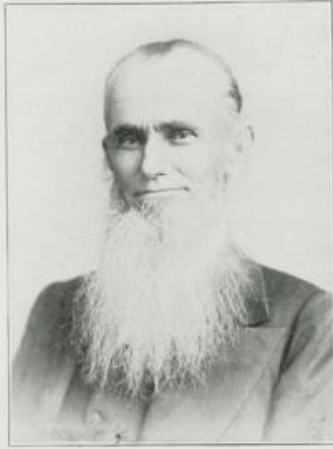
large dose without the slightest tendency to narcotism. The reader will have noticed these cases, and may have come to the conclusion from them that large doses are not injurious. Yet any one taking a second thought will see that it is only when the drug and the disease oppose one another accurately that this is the case.

Small doses influence the life as well as large ones, though of course the action is not so gross and decided. Even in small doses drugs will impair the life, though of course to a more limited extent. Thus in the use of the small dose there is less danger of doing the patient an injury rather than a good. Small doses of drugs, if curative, must be selected with care, having reference to the location and kind of disease. That drugs are curative in small doses, is certified by thousands of the most accurate observers, and I conclude that the evidence is sufficient to satisfy the most incredulous.

The small dose is pleasant in form, and does no wrong to the sense of taste or smell, or to the stomach through which it must be absorbed. It does not increase the unpleasantness of disease, but on the contrary, being selected for its opposition to, it relieves the unpleasantness of sickness.

The small dose must act directly and specifically, if it acts at all. Any good from counter-irritation, revulsion, or the production of medicinal disease, is not possible. Indeed, the remedy is so opposed to the disease that the influence is wholly lost in its amelioration.

What is the small dose that I am speaking of? Let us say in gross, and with reference to a large majority of the strong tinctures of our vegetable materia medica, that it will be gtt. v. to gtt. x. to water  $\zeta$ iv.; dose a teaspoonful. In acute disease we usually direct frequent repetitions of the medicine; in chronic disease it is not given so frequently. To unbelievers in this small dose, I advise some experimentation—not on the sick, but on yourselves. Add of Tinc. Aconite (root) gtt. v. to water  $\zeta$ iv., and take a teaspoonful every hour for a day, and see whether at the end you would like it stronger. Try Rhus Toxicodendron in the same dose, and see at the end of two or three days if more Rhus poisoning would be desirable. Try Tinct. of Nux in same small dose, and see if you would want any addition to the old-fashioned *belly ache* that grows from it. Try Tincture of Podophyllin, continued for ten days, and see if you would want it stronger. There is nothing

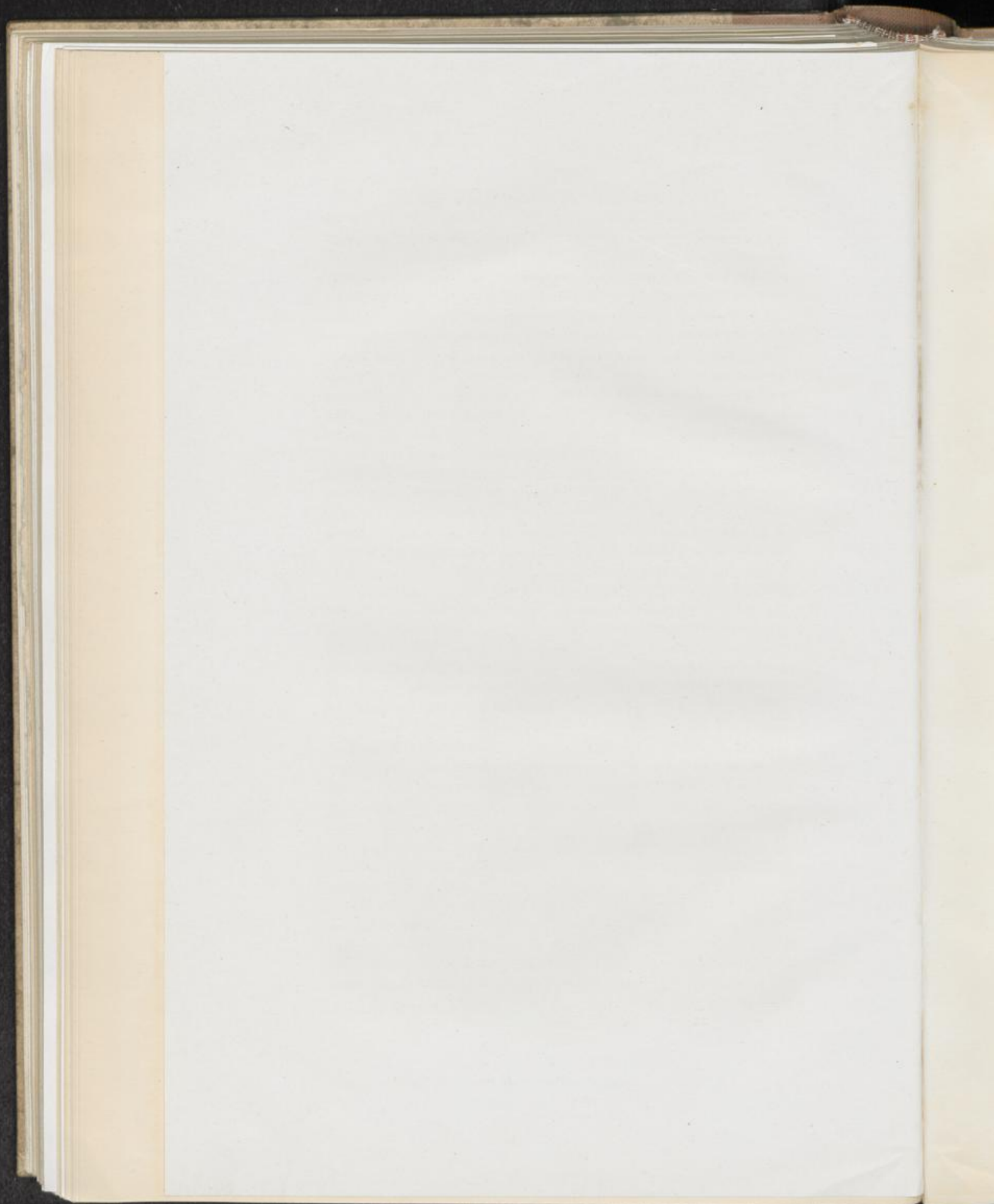


DR. MILTON L. THOMAS,  
Professor Scudder's Preceptor.



DR. JOHN M. SCUDDER,  
First published portrait, 1865.





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like a personal experience in these things, to prove that our small dose is quite large enough.

But what shall we say of the infinitesimal dose of the Homœopathist? It is best to say nothing more than that we believe *our* small dose will give better satisfaction than the Homœopathic dose. It is not the part of wisdom to say that it has no curative action, for the testimony in its favor, both in character and numbers, is quite as good as our own. It is quite easy to say, "You lie, you rascal, you lie!" But there is no argument in it, and your opponent may retort with equal justice, "*You* lie, you ignoramus, you lie!"

"There are many things in nature not accounted for in my philosophy," but my experience in the practice of medicine for eighteen years proves to me that the dose of medicine should be the smallest possible quantity that will cure disease, and that it should be pleasant in form, direct in action, and as little capable of harm as is possible. If I were giving advice to the physician, it would be in Scriptural language—"Be ye therefore wise as servants, and *harmless* as doves."—SCUDDER, *Eclectic Medical Journal*, 1874.

BEER.

No greater truth was ever penned than the last words of this editorial wherein the editor says of beer, "That there is no body or brain that can successfully resist its intemperate use." Sanction of the use of beer or the prescribing of beer often leads patients into confirmed intemperance. Dr. Scudder took such opportunities as were presented by the quoted article to refute fallacious teachings regarding the harmlessness of beer and other intoxicants.—Ed. Gleaner.

BEER.—It does seem strange that men should willfully pervert facts to palliate the indulgence of their own appetites. If a man drinks whisky, we hear of it as "*the* stimulant most readily appropriated by the body;" if he drinks brandy, we hear of its "pleasant aroma," and the benefit of "volatile oils;" if he takes wine, he lectures on temperance, showing that in wine-drinking countries drunkenness is rare; if he drinks beer, it is the nectar of the (Dutch) Gods, both food and drink for the laborer. Each and all are good, and they would persuade us there is no danger in their use.

In a recent number of the *Cincinnati Medical Advance* (Homœopathic) I read: "Among all the modern beverages, beer is



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indisputably the most harmless. Besides a small percentage of alcohol, it contains the hop bitter, which agreeably stimulates the digestion; furthermore it contains sugar and dextrin, both of which render the mixture in the stomach more nourishing."

This of course refers to *the beer—lager*, and it has about the same relationship to truth as the infinitesimal has to the full dose of a poison. We concede that a small portion of beer (we do not restrict you to the 10c. Fincke) may do no harm, even if repeated from day to day, but there is an intemperate use of it that is just as bad as the intemperate use of any other alcoholic beverage, and an appetite for it may be grown that is quite as uncontrollable as the appetite for other stimulants.

We concede further that there is something in the German race by which beer is better borne, and a love of *gelt* by which excess is restrained, but in the American the habit of beer-drinking is one of the surest roads to the devil. Speaking as a business man, I would not employ or trust an American who was an habitual beer-drinker.

I have given this subject considerable study, and I am prepared to say that of all the stimulants consumed in this country beer does the most harm. From my office door I can see the professional beer-guzzler, with his hanging, sodden, expressionless face, eyes watery and half closed, all traces of a higher humanity effaced. There are three of them putting in an occasional appearance, neither thirty-five years old, and not one will live to see forty. Within a stone's throw is a saloon where beer is sold, which has had two owners in six years, and both died of—beer. I have watched the habitues of our over-the-Rhine beer-gardens, and I find that intemperance in the use of beer almost invariably impairs nutrition, and debases both body and mind.

The use of beer ("the most harmless,") is one of the surest roads to intemperance, and to an early grave, to our American youth, and nothing would induce me to say—"drink beer;" and it would be an exceptional case where I would prescribe it.

Talk as they please about the "harmless" character of the popular beverage, *lager*, there is something in it deleterious to the human economy. Whether they season it with *Cocculus Indicus*, as reported, or not, there is no mistaking its slow, poisonous influence, and there is no body or brain that can successfully resist its intemperate use.—SCUDDER, *Eclectic Medical Journal*, 1874.

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### THE INDICATIONS FOR ALCOHOLIC STIMULANTS.

While advocating temperance, not teetotalism, Dr. Scudder sets forth the sharp indications for the use of alcohol as a medicine. In this editorial we believe most thoughtful physicians will concur. It must be remembered that this was written at a time when alcoholics were widely used in treatment; therefore his discrimination was all the more timely and has been largely endorsed in the practice of to-day.—Ed. Gleaner.

THE INDICATIONS FOR ALCOHOLIC STIMULANTS.—That no one may plead ignorance in extenuation of the promiscuous prescription of *alcoholic* stimulants, let me give in few words the symptoms calling for their use:

*If in acute disease there is great exhaustion, with a soft or open pulse, cool extremities, and a tongue inclined to be moist, alcoholic stimulants may be used with benefit.*

I desire to lay stress on the word *exhaustion*, for that is the object of their use. The conditions named are those which will permit the exhibition, and allow the liquor to be kindly received and appropriated.

It is a very gross mistake to suppose that the benefit comes from stimulation of the cerebro-spinal centers. In these cases alcohol is food—calorific or heat producing—and its good effects come from its burning, and from the force thus generated.

If we wish a nerve stimulant, we would take Quinine, Strychnia, Phosphorus, Ammonia, or remedies of this kind.

The ordinary prescription of alcoholic liquors to persons suffering from chronic disease, and who are on their feet, or to persons who are over-working themselves, to enable them to further expend the capital of life, is a serious evil, and can not be too strongly reprobated.

I care not whose corns I may be treading upon here, this is the truth, and I supplement it with the additional statement—that the physician who persistently prescribes alcoholic stimulants is usually a lover of them himself, and will in many cases become a drunkard.—SCUDDER, *Eclectic Medical Journal*, 1874.

“It is a law of the universe ‘that like causes always produce like effects,’ or to reverse it, ‘that like effects always flow from like causes.’”—*Specific Medication*, p. 9.



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### DO YOUR OWN THINKING.

This editorial shows Dr. Scudder's method of thinking along the lines of specific treatment of disease. A thinking physician is not very apt to be led away by so-called authority. His method of investigating materia medica is a good one—equally as good to-day as in 1875.—Ed. Gleaner.

Do YOUR OWN THINKING.—Yes, sir, you must do your own thinking, if you are to be a successful practitioner of medicine. You may obtain helps to right thinking from lectures, books, and journals, but you might as well expect to be nourished by letting some other person eat your meals for you, as to expect success by letting other people do your thinking.

It is well to recollect that the ability to think does not come by nature; it is the result of education. Just in proportion as the mind is trained to right thought, will be the ability to think right. It is possible that you may have the opinion that all action of the mind is thought. It is a very great mistake, for with many the severe labor of the brain is as barren of result as it would be in a confirmed case of insanity. There is a common English word that expresses the condition—"it wabbles."

I find in teaching that students are inclined to let the mind "wabble." When I ask them about one thing, they tell me of another. If the question directs the mind to the skin, the answer refers to the bowels; if to an internal remedy, they talk of a local application; if of the nervous system, they talk of the circulation—there is a singular perversity of the human mind to think of everything else but the special thing in hand.

Let us have in illustration a few examples of right thinking in diagnosis, and then we will complement them with some others in therapeutics. When, for instance, we examine a patient, it is well to have a clearly-defined method—the mind works methodically. What do we wish to determine first? Is it whether his "bowels are constipated," or he makes wind up or down, or whether he passes urine, or the long tedious history of his getting sick? Possibly we wish to know something of all this.

But we do want to know whether the disease is *general* or *local*. Now we propose to think—a general disease involves the entire body—is the entirety of the man affected? The general elements of life are found in its conditions, heat, formative force, electricity, in the circulation of the blood, and in the innervation—

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are these impaired? It might be that we desire to know first, whether the man is sick or well—what would be the process of thought? The healthy man is able to do a man's work, and do it pleurably; the diseased man can not do a man's work, and suffers. How is it with this man?

What is the method of thought with reference to local disease—a part, when healthy, is able to do its work, and do it pleurably; a part diseased does not perform its function well, and suffers—how is it with the various organs of this patient as we pass them under inspection? Let us think first of the sensations experienced in a part diseased—they are always more or less unpleasant; corollary, if a part gives unpleasant sensations it is sick. Thus if a person complains of pain in the eyes, pain or uneasiness in the nose, in the throat, in the stomach, in the lungs, in the bladder, in the bowels, we feel confident there is disease of these parts. There is one exception to this rule, and that is where a part is sympathetically affected, as in the case of gastric suffering and vomiting in pregnancy or uterine disease.

We have already learned that the body expresses pain, and that the suffering of individual parts is shown clearly in expressions that may be recognized by the educated senses, so that we are not forced to depend wholly upon the statements of the patient.

Now when the mind is directed to a part as the seat of disease, it at once thinks of the function, and makes the inquiry—is the function changed or impaired? Is it eyes, function sight, impaired or painful?—disease. Is it the respiratory apparatus—function respiration, impaired, difficult, or painful?—disease. Is it stomach—function digestion, impaired, painful?—disease. Is it urinary apparatus—function secretion and removal of urine,—impaired, difficult, painful?—disease. Is it brain—function sensibility, reason, emotion, volition—impaired, perverted, painful?—disease. When the mind is turned directly to the subject, it receives clear impressions, and reaches correct conclusions.

Then we recall the fact that many parts show disease by an effort to expel the cause of irritation, and we make examinations to detect this. Is it eyes?—there is the flow of tears to wash it away, and the continuous desire to remove it by rubbing. Is it nose?—there is the effort at removal by snuffing and blowing. Is it throat?—there is the effort at removal by hawking and short cough. Is it the bronchial tubes or lungs?—there is the effort at



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removal by cough. Is it stomach?—there is the sense of nausea, disgust, and effort of removal by vomiting. Is it of the bowels?—there is the effort at removal by diarrhœa and dysentery. Is it the urinary apparatus?—there is the effort at removal in urination. Even in parts where there is no anatomical arrangement for the removal of anything, and no physiological use requiring such removal, there is still the sense of need, and the feeling in the part that it would like to expel the cause of offense.

I name these expressions of disease as examples, rather than an examination of the physical condition of parts and organs, that we may have new studies. We have already recognized the value of an examination by our senses, and have studied the best methods of educating them for the work.

Now let us think for a moment of the object of this examination and this thought. It is hardly for our own gratification, the gratification of friends, or the satisfaction of the patient, or the absurd and wicked motive that theologians attribute to the Lord—“He doeth all things for His own glory.” Evidently the object is to select the remedy or remedies which will cure the disease, *i. e.*, restore health.

If a disease is general, we think of—what?—general remedies. If its chief factor is a wrong of the circulation—we think of remedies that exert a special influence upon the circulation. If of the blood—we think of remedies that specially influence the blood. If of the nervous system—we think of remedies that specially influence the nervous system. If of the temperature, excretion, or nutrition, we think of remedies that specially influence these. It is necessary that we hold this organ of thought in close subjection by the will to the work, for it is inclined to do everything else than the thing in hand, and to reach conclusions by the most absurd and devious ways.

If a disease is local, we think of—what?—local remedies—agents that have a special action upon the part affected. The reader will notice that this is logical, the method of common sense. If your watch is out of repair, you do not overhaul your wheelbarrow; if your cow wants milking, you do not accomplish the object by digging potatoes or reading a psalm. When the cart had stuck, Hercules advised the driver to put his shoulder to *the wheel*, and not to the nearest fence corner, or what was of about the same moment—mouth prayers to his deity. There are a good

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many lessons here besides the lesson of therapeutics which we desire to learn.

With this view of the subject, if we have localized disease of the eyes, we think of remedies that specially influence these. If we have localized the disease in the throat we think of remedies which exert a special influence here. If we have localized it in the bronchial tubes and lungs, we want remedies that exert a special influence upon bronchial tubes and lungs. If we have localized it in the stomach, small intestines or associate viscera, we want remedies that show an elective affinity for these parts. If we have localized it in the uterus or ovaries, we of course require remedies that influence specially the reproductive function and organs. Does not this seem more logical than—if my dog is sick I'll physic your cat.

The reader will notice that a good study of the *Materia Medica*, and a wise provision for the future, can be made by arranging the agents we employ in groups according to their local action. Do not take it for granted that everything must be done for you, that your mental food must be chewed and digested, leaving nothing but the work of the anus for you—that is not a very good position for a man. Take your note book, and King's Dispensatory, and go over the agents from A Z, and see what you know or can find out about each, and make *your* own groups. Do n't tell me you have no time. I do more work than the majority, and have abundance of time for this and everything else.

What else may we think of? We may next attempt to classify our diseases by *kind*, and our remedies by *kind of action*. A very simple and yet a very valuable classification is to divide diseases into those with super-excitation, and those with want of excitation. We say, here is the normal standard of life that we measure from. Are the manifestations of life above or below this standard? The classification of remedies immediately follows: if the manifestations of life are above the normal standard we want remedies that are sedative—that remove irritation; if below the normal standard we want remedies that are stimulant—that increase the innervation and circulation of the part.

I flatter myself that I have shown the advantage of logical thought, whether I have shown the necessity of it or not. I concede that men may practice medicine without thinking, and that they may practice it with the most absurd thinking—this is con-



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tinuously done. But every one should desire something better and higher, and it will only come by right observation and right thought.—SCUDDER, *Eclectic Medical Journal*, 1875.

### LINE UPON LINE.

As the steady dropping of water upon a stone gradually wears it away, so Dr. Scudder believed in reiteration of facts and teachings. He would hammer away at a certain subject, teaching it in different forms until he felt that the reader had fully grasped the lesson intended. In this way his specific medication doctrine became firmly intrenched. The method is commendable and effective.—Ed. Gleaner.

“LINE UPON LINE, PRECEPT UPON PRECEPT, HERE A LITTLE AND THERE A LITTLE.”—I think I hear some of my readers say, “I wish Dr. Scudder would quit sermonizing;” “I’m tired of the old tune” (?) And so am I tired of it, and would rather do anything else than turn the crank. But what says the prophet, as above?—we *must* obey the Scriptures. I find in teaching medicine that continued repetition is necessary to fix facts in the mind; “it is the constant dropping that wears away the stone.” The first statement slips off of the mind and makes but little impression—is evanescent. The fact is stated in a different way, then in different associations, and then with different illustrations, until finally the mind of the hearer or reader is forced to take hold of it.

If the reader notices outlandish, vulgar, or quaint expressions in these pages, he will understand that the object is to impress an important thought. The mind is a singular instrument, and is reached in many different ways; some men will be impressed by a funereal statement, and others by one that suggests a laugh. I confess that I belong to the laughing variety. To me the ordinary practice of medicine, as I see it, is a huge joke—funereal in character it is true, but none the less a joke; and thoughts about the *dignity* of this *learned* profession always bring a smile.

But we have something to teach, which we believe to be very much better than the ordinary practice, and we purpose teaching it in every way in which it may be impressed upon our readers. We are very much in earnest, and if every one does not learn something of “Specific Medication,” it will not be from want of effort and patient perseverance on our part.—SCUDDER, *Eclectic Medical Journal*, 1875.

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### WHAT IS THE DIFFERENCE.

Prof. Scudder did not scatter. He taught that indications should be few and direct. A lesson could be taken from him at the present time when the tendency to add many irrelevant symptoms as specific indications has gained force, whereas fewer and more direct symptoms showing decided pathologic conditions only should figure in indications. Herein he shows one difference from Homeopathy which multiplies symptoms, while both Homeopathy and Eclecticism agree that "there is a direct relationship between disease expression and drug action." Restorative medication was not a part of pure Homeopathy, but now some Homeopaths approach this form of medication in the administration of the tissue remedies.—Ed. Gleaner.

WHAT IS THE DIFFERENCE.—Speaking of Homœopathy, it may be well to note some points of similarity and difference. The common idea with uninformed persons is, that my dose is Homœopathic, but the fact is that but few Homœopaths use tinctures; they employ dilutions from the 3d to the 30th, of even up to hundreds and thousands. My ten drops to four ounces would furnish a Homœopath medicine for a year—there is some similarity, but the difference is still very great. I do not agree that the law of *similia similibus* is the only law of cure, and claim that remedies cure because their action is *opposed* to the condition of disease—which they are inclined to admit as a truism.

Take up a work on Homœopathy, and you will be astonished at the multitude of symptoms given with each remedy. Thus in Allen's new work we find that Aconite is credited with 1,640, Belladonna with 2,540, and other remedies in like proportion. Now my Homœopathic friend and I will agree "that there is a direct relation between disease expression and drug action," and that if this is rightly determined once, it is determined for all time and all cases. He says the symptoms produced by a drug in health, will be cured by the same drug if found in disease. According to this theory, the drug Aconite will be curative to each of the 1,640 Aconite symptoms, and the Belladonna to each of the 2,540 symptoms. But this is too much even for a Homœopath, and he employs the drug that covers the most symptoms, or he prescribes from one or more characteristic symptoms which he calls a "key-note." Whilst in theory there is a very great difference between Homœopathy and Specific Medication, there is much less difference in practice.

I believe that we have greater certainty if we associate our remedy with one, or at farthest three or four symptoms. Thus for



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Aconite I should say, a *frequent, small* pulse, having strength, with (in the majority of cases) increased temperature. For Belladonna I should say, *dullness of intellect, somnolence, and tendency to coma*, or capillary congestion, as shown by the redness of the skin, which effaced by pressure returns slowly. Whilst the Homœopathic symptomatology is wonderfully profuse, and is being added to every year, I prefer mine very brief, and diminished yearly, until we have but one or two characteristic symptoms calling for the remedy.

I believe firmly in restorative medication, the Homœopath does not. Commencing with foods, I employ everything that enters into the composition of the human body, and I use it to add a lacking material. We find many persons sick from want of food, or want of proper food; we supply the want and they get well. We find persons sick from want of Iron, Phosphorus, Sulphur, a bitter principle, Soda, Potash, Lime, or an acid; we give them and they get well. In this we are surely outside of the Homœopathic law of cure, for beefsteak and bread and butter will not produce defective nutrition or marasmus, cod-liver oil will not cause low albuminoid deposits, iron will not destroy the red globules, an acid will not give the tongue a deep red color, nor an alkali blanch it.

These are but a few of the differences, and I name them that the reader may think them over, and probably secure some Homœopathic works and read up. I am not afraid of investigation, and I advise every one to read and think for himself. If we fail to present you a practice of medicine, that for simplicity and success will compare favorably with Homœopathy or any other *pathy*, the sooner you are converted and leave us the better. But do not go back to the old and dull routine of cathartics, emetics, diaphoretics, and alteratives, with a shake down of Quinine and Morphine *a la regular*.—SCUDDER, *Eclectic Medical Journal*, 1875.

### MEDICINES ARE POISONS.

Care not to over-use medicines is the lesson inculcated in this editorial. Even water in excessive quantities may approach the poisonous in effect. To be able to discover the proper balance in the use of drugs is one of the marks of the discriminating physician, and the expert in this line ranks among the most successful of prescribers.—Ed. Gleaner.

MEDICINES AND POISONS.—One of the first lessons that should be impressed upon the mind of the student is—that medicines *are*

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poisons. Not that one or two, or a group of a dozen are poisons—*mercury, arsenic, antimony*, etc., but every article of our as well as other people's *Materia Medica*. I think it is probable that many practitioners have also the same lesson to learn, and the sooner they learn it the better it will be for their patients.

I assert, that to the healthy man all medicines, without an exception, are poisons. That every one, without an exception, will cause a departure from the healthy standard, either in function or in structure, if given in the ordinary medicinal dose, if continued in the usual way.

It is true that the human body is so constructed as to resist causes of disease, whether in the usual form, or in the form of medicine, but it yields more readily to the medicinal poison than it does to the others. Very many persons can not take the mildest and simplest drug without being unpleasantly affected—I number myself as one of this class; some will resist the unpleasant influence for a considerable time, but eventually yield.

Of course we recognize the fact that medicines vary very greatly in their unpleasant influence, some being very virulent and speedy, others mild and slow. It is a singular fact that, as a rule, the most active, speedy, and virulent of these poisons make the best remedies. Many will object to this, and yet if they think of *Aconite, Veratrum, Gelsemium, Nux, Belladonna, Rhus*, and others, they will see that it is true. Some of the mild remedies have a very decided action in disease, but we could not afford to dispense with the others.

It is so essential to realize the poisonous character of medicines that I would advise every reader to prove it on his own person. One may admit a fact, and yet not realize it in his senses and continually forget it in the treatment of others. Try a half-grain of *Podophyllin*, repeated two or three times, drop doses of *Aconite, Veratrum, Rhus, Nux*, or ten-drop doses of *Lobelia, Sanguinaria, Stillingia*, or even the simpler remedies, *Macrotys, Asclepias, Hydrastis*, or a medium dose of *Quinine* repeated. Try anything you have in the office, and I think you will prove the truth of the proposition—that to the healthy all medicines are poisons.

If it is the fact that all medicines are poisons to the healthy, how is it that they are not poisons to the sick? I answer the question decidedly, that they are poisons to the sick, unless there



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is something in the disease to antagonize the medicine. Will a given case of disease antagonize all medicines? No, it will not; usually not but a few. If there is no relationship between the medicine and the disease it will just as surely do harm as it would do harm to the healthy person. To put it in a plainer form, we say, unless the medicine be indicated as a remedy it will always make the patient worse. There is no middle ground with medicines, they either do good or harm. Good if they are selected with reference to their relationship to the present disease, harm if they are not so selected.

It seems to be a common opinion, if we may judge from the common practice, that medicines are wholly innocuous for harm. String them together in groups, and get them into the sick person, and some one or more will find its way to the sickness and remove it. It would seem that physicians have counted the chances of getting the right remedy, and have grouped a dozen or a score together in the hopes that some one would fit the disease, or that the compound would fit more diseases, and with greater certainty than a single agent.

As above stated, I do not believe any lesson can be more profitable than the lesson that is taught by proving one or more of our more common remedies. We not only learn that the medicine has a decided influence upon the body, that in the common form and dose it is quite unpleasant, but we also learn the quality of this action, and that medicines have an elective affinity for certain parts to the exclusion of others. If we prove this of only one medicine, we have good grounds to believe it of all; if we prove it of but half a dozen, we establish the facts in our minds beyond all peradventure.

But we do not want to lose sight of the text—all medicines are poisons; are poisons to the sick as well as the healthy, unless they are antagonized by and antagonize disease. This being the case we propose to handle drugs with care, assuring ourselves of the curative relation of the drug to the disease before we administer it. I always enjoin upon my students "not to give medicine unless they can see clearly that *the* medicine is likely to aid in removing the disease."—SCUDDER, *Eclectic Medical Journal*, 1875.

"As a rule, it is best to effect changes insensibly or without shock to any organ or to the entire body."—*Specific Medication*, p. 26.

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### THE ACTION OF REMEDIES.

The strong point of this editorial is that medicines do act and that the specific medicationist may know when to prescribe them to get a definite result. How they act was of less importance to Dr. Scudder, and is to others, than the fact that, when properly prescribed, they will cure. His study through life, chiefly by means of rational empiricism, to determine conditions in which they could be prescribed with assurance of curative or palliative results, was one of the greatest contributions to modern medicine. See also previous editorial titled "How Do Specific Remedies Act?"—Ed. Gleaner.

THE ACTION OF REMEDIES.—Some persons seem to think that we should be able to explain *how* remedies act in the cure of disease, and the question is frequently asked about some of the new remedies, "How do they act?" The same thing is shown in a different form by non-believers in small doses, by the exclamation, "I do n't see *how* they act;" assuming that they do see *how* the large doses of the common medicines act.

Now I confess that I can not explain *how* remedies act in the cure of disease, and I do not think it necessary that we should know. Sufficient for us if we know the fact that they have a definite and certain action in definite and certain conditions of disease. If we are able, on examination of the sick and our knowledge of drugs, to determine a definite relation between the disease and the remedy, we should be satisfied.

To illustrate, we may first take the well-known animal poisons, the virus of the rattlesnake, the virus of the mad dog, and the virus of smallpox. They are all protein bodies, containing the very same elements as the food we take for dinner, or the tissues that cover our bones; and give them the same fluidity, neither your chemist nor your microscopist could detect a difference in them. Yet the first destroys the life of the blood in a brief period of time; the second expends its influence upon the nerve centers, and surely though slowly destroys; whilst the third develops a similar poison, and is expelled by the pustular eruption upon the skin. We know the simple facts by observation, can we tell *how*?

Let us take the two alkaloids, Morphia and Quinia, as an example. Our chemist will tell us that they are formed of the same inorganic elements, in very nearly the same proportions (Morphia  $C_{17}, H_{19}, NO_3$ ; Quinia  $C_{20}, H_{24}, N_2 O_2$ ). Can any one by looking at the constituents tell why or how the one in-



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fluences the brain to produce sleep, and the other to give strength, and to antidote the malarial poison? We know the simple facts by observation, that they do act in this way, and by care we may determine the disease in which they will cure, but the *how* and *why* is just as far beyond us as it was the first day they were employed in medicine.

Supposing we take Podophyllin of the class cathartic, Eupatorium of the class diuretic, Asclepias of the class diaphoretic, and Ipecac of the class emetic, can you tell why or how these act on the special parts, and in these special ways? You can not, though you have witnessed this action for years, and have learned when it will prove curative. All that we know is that these drugs have an elective affinity for these parts or organs, and that they act in a definite manner.

You say then (possibly) that there can be no science of medicine, as we can not even tell how the simplest remedy acts. (?) Let us see about this. We have a science of Botany which is deemed quite perfect, and worthy the name. What does it consist of? Of nothing but a series of observations which has determined a relation between plants, and has classified them in genera and species, according to the structure of leaves and flowers. But no man pretends to know how or why the materials of which the plants are composed group themselves in these forms. We know the fact of plant life, but the *how* we never shall know. We have a science of Astronomy, and it has attained a perfection that would have astonished the wise men of the olden time. The astronomer calculates the orbits of sun, planets, satellites, stars, determines their magnitude, their distance, their density, weighs them, and gives you the number of pounds; and the chemist will, by the aid of the spectroscope, give you the elements that enter into their composition. But he will not tell you whence they came, how they came, or why they came.

There is a point beyond which human observation and human thought can not go, and this point in medicine is reached when we have faithfully observed the phenomena of disease, the action of remedies, and determined the relation between the one and the other. *How* the remedies act to cure disease we do not know and can not know, and it is of far less importance to us than the simple fact that they will cure.

I could not give a plausible guess why a few doses of triturated

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charcoal, not a grain in all, should check a severe hemorrhage. And yet I know the fact as well as I know that the sun rose this morning. As an example—Thomas French, a man weighing over two hundred pounds, stout and full blooded, came to me complaining that he was having repeated hemorrhages from the nose that was rapidly exhausting him. It had been going on for some days, and the means employed had utterly failed. His face was pallid, the pulse soft and weak, extremities cold. I gave him ten grains of triturated charcoal to be taken in grain doses every three hours. There were three ineffectual efforts at hemorrhage after commencing the powders, but it was effectually stopped the second day. Now if this was but a single case we would think but little of it, but I have repeated it scores of times with the same result.

Can you tell me how or why Belladonna relieves congestion of the brain? I know the fact that it does cause contraction of capillary blood-vessels because I have seen it as Brown-Sequard did, in the field of the microscope, and I have seen it as he did not, hundreds of times in the relief of the unpleasant symptoms showing congestion in disease. I know the fact, but I do not know how or why.

I know that Rhus in very small doses will cure most serious diseases, and that it will give relief in a very short time. I can point out the cases, and can tell another how he may know them, but I do not know how it acts, and never expect to.

I know the fact that the most minute dose of Graphites will restore the reproductive function in women, and act as a "blood-maker" so rapidly that her cheeks will have a rosy flush in a few days, and her strength will be so increased as to enable her to take active exercise, when she has been hardly able to get from room to room. All that she has taken of the medicine you could put in your eye without endangering the sight. I can point you out the case in which the remedy will prove curative, but I can not tell you *how* it acts.

Now let me ask a question. Which is the most profitable to you, to theorize on *how* a drug acts, or to describe to you the symptoms of disease which show where it will cure?—SCUDDER, *Eclectic Medical Journal*, 1876.

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"As a rule, it is best to employ remedies singly, or in simple combinations of remedies acting in the same way."—*Specific Medication*, p. 27.



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### THE STUDY OF DISEASE.

This is one of the many papers written from time to time by Dr. Scudder indicating methods of study of disease. The mental training he sought to encourage was by no means of minor significance. Besides this the facts acquired by such methods make the physician ready in specific diagnosis and a ready and accurate prescriber.—Ed. Gleaner.

THE STUDY OF DISEASE.—In our last issue we had a brief article "On the Study of the Materia Medica;" this month we propose to think of how we may best study disease. I know very well that there are many who think their days of study are over, at least they do not care to go back to the beginning and bring their studies up afresh; yet there are others who will be glad to do it if a wrong is pointed out, and a sufficient incentive to study given. I have a very firm belief that nothing short of continuous study will insure high attainments in medicine.

There are two methods of study—by *synthesis*, and by *analysis*—and each of these will be found valuable mental exercises. It is well known that the diseases we meet with and are called to treat are composed of several elements, each of which may be studied in detail. The first study of disease we make is to take up each of these several elements, see its causes, its progress, its influence over other processes of life, and its entire subsidence. The study of the manifestations of life in health we call physiology; the study of the manifestations of life in disease we call pathology. We study these manifestations of life in health to have a standard of comparison by which we may determine conditions of disease, and we study the diseased manifestations of life in detail that we may be able to determine the value of each when found in combination with others.

Every one, when he commences to think of the elements of disease, will probably commence with the pulse, and with this will think of the capillary and venous circulations. Following this, he will think of the temperature, of the condition of the nervous system, of the processes of waste, of excretion of skin, kidneys, and bowels, of digestion and blood making, of the constituents of the blood, and of certain zymotic processes which may be set up and go on in the body.

It is a most excellent mental exercise (study) for the reader to take a sheet of paper, and pencil, and note down all that he can

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recall of these elements of disease. What he can recall from observation is of more importance to us than what he can recall from reading, yet both may go together. We ask the questions: What do I know about the wrongs of the circulation, arterial, capillary, venous, and how do I determine these wrongs? What do I know about temperature as an element of disease, increased, diminished, unequal? What do I know about the wrongs of innervation, pain, unpleasantness, feelings of weight, fullness, dragging, loss of sensation, nervousness, etc? What do I know about the lesions of the processes of waste and retrograde metamorphosis, and how will I recognize them? What do I know about lesions of secretion, from the skin, the kidneys, and the bowels, arrested, scanty, too free, changed in character? What do I know about the lesions of digestion, and of blood making? What do I know about the lesions of the glands associated with the intestinal canal? What do I know of the zymotic causes of disease, and their influence upon the body?

As you read this over, the old injunction, "know thyself," comes out in vivid characters, and has a double meaning. You are estimating your stock of knowledge, and the worth of your brain as an organ of thought, and the majority of us will find that we have overestimated both. Still there is this advantage—we recall things that we had forgotten, and we assure ourselves that if we will but continue this exercise of the mind we can make it extremely useful.

When we have the elements of disease fairly in hand, we may make studies by synthesis, combining them in various proportions to form diseases like we see in ordinary practice. We do not wish to build imaginary diseases, and carry these fictions with us to the sick chamber to replace observation, but we do it as a study to train the brain to mind for its work in the sick chamber. We commence with the most simple elements and combinations, put them together, note the symptoms, estimate the results, and think of the value of drugs in such cases. It is well to build our cases as nearly like the diseases we meet as possible, and we might head our paper with:

Wanted: a Rheumatic Fever. Circulation increased, pulse frequent, (110), hard, surface flushed bright; temperature increased ( $104^{\circ}$ ), yet skin is soft and inclined to be moist in parts; urine is scanty, reddish; bowels constipated; complains of wan-



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dering pains, but especially of some particular part, which is flushed, slightly swollen and sensitive for a time, then changes its position. Such a case is not uncommon, and as we place the prominent symptoms together we get a better idea of the disease than we could from reading a treatise on rheumatism.

Then continuing the subject, we might think of the disease as it showed a dry, harsh skin; a frequent, small, hard pulse; contracted or pinched features; extreme restlessness; exquisite pain; nausea or vomiting; a broad, white tongue; a tongue red and contracted, etc. I do not think it possible that this synthetic study of medicine can be made without great profit. It brings up all we know of disease; it trains the mind to orderly thought; and it stimulates to close observation and to profitable reading.

The physician complains of want of time to study, especially if he is doing a country business and has long rides. But this is no excuse; every one has abundance of time, and these long rides are the very opportunities that need improving. One can soon attain a habit of thinking whilst making the daily rounds, and these mental processes can go on in the buggy or on horseback as well as in the office. I can testify from personal experience that it lightens the tediousness of daily work.

The process of analysis is just the opposite of that we have been considering. Now we take up some treatise on medicine which describes the diseases of the nosology, and we proceed to divide them into their component parts. In the practice of medicine we give every case a complete analysis, never or rarely prescribing for it as a whole. Every case, therefore, that comes into our hands is a new subject for study, and a visit to one patient furnishes food for thought whilst going to the next. Having the case clearly before us, we separate it into its component parts, and see the wrong of each; then we take these parts and put them together to see that we have made no mistakes. We weigh the value of each part and its relation to the whole, and then estimate the value of drugs to each separate part and to the whole.

We can make somewhat the same kind of classification of disease that we make of remedies, commencing with the more simple and natural divisions. Thus disease is general or local; what will give us general and what local disease? What functions and structures are common to the entire body?—the blood, its formation, circulation, and depuration; the nervous system and

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its influence through brain, spinal cord, and sympathetic—here we must find the lesions that give general disease. What are the elements of local disease? Let each one estimate them in the same way—the circulation, the innervation, the nutrition, and the functional activity of the part. Each one will find that he can make his analysis and study better than any other can do it for him.

This, in brief, is about the method I would recommend to every one who wishes to continue the study of medicine. As I have said so often, the practice of medicine requires thought, if it is to be raised above the ordinary routine of empiricism, which is about on a par with patent medicines. This thought is needed from every physician, and should not be restricted to the writer on or teacher of medicine, and the easier and better we think, the easier and better we will find the practice of medicine.—SCUDDER, *Eclectic Medical Journal*, 1876.

### MEDICAL EDUCATION.

Dr. Scudder believed in the verification of book knowledge by observation and the use of the senses. He attached but little value to authority unless that authority would stand the scrutiny of observation and reasoning. Only that learning which gave a clear perception of truth could be called education. Medical education, he thought, could be best wholly acquired in college, where the student could be guided to search out facts for himself. There he could be made to work systematically, and in medicine, as in all else, he knew "no royal road to learning." He believed also in systematic courses of study for the physician. For the acquisition of anatomy and physiology, comparatively considered, he advised the dissection of animals and the examination of life processes upon the living creature. There was this, however, to distinguish his methods from that of the professional vivisectionist: he would have the animal thoroughly anesthetized, and then after objectively learning the action of heart and lungs have the animal killed before it came out of its anesthetic state. Thus no suffering was endured by the subject, and the method was entirely humane.—Ed. Gleaner.

MEDICAL EDUCATION.—Readers of the *Journal* are well aware that I do not believe that memorizing facts from books constitutes an education in anything, much less in medicine. Two things we must do in addition—we must train the senses to correct observation, and the mind to correct reasoning, and then we must prove by this the truth of the facts we gather from books and other sources.



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No learning is useless to the student of medicine if it gives him clearer perception of truth, and ability to reason rightly. All learning is useless that closes the mind to truth from observation, and compels the mind to work according to authority. We have had something to say before with reference to the "learned fool," and his want of success in the practice of medicine, and have stated the fact that "common sense" was decidedly the best capital for a doctor. But we want both knowledge and common sense, and they may just as well go together.

There is no "royal road to learning." It requires individual application—time, patience, and perseverance. The good mechanic serves an apprenticeship of from three to five years in the simplest mechanic arts. The successful merchant is "raised" to his business, as is the successful farmer. The lawyer and the theologian have first a classical education—they are trained to study and to reason, and then they have their three or four years of professional study. But the young man of very superficial education and an untrained mind expects to make a good physician with three years' loafing about a physician's office and in a country village, spending more time smoking cigars and gossip than in reading, and *two* four months' courses of lectures in a medical college.

Office reading is a good thing if the physician has time and ability to point the way, and the student has industry to follow it. But it would be very much better if the student should devote seven months of each of these three years to the study of medicine in the college; the four or five months of the summer are sufficient for the office and the village.

Looking at the subject in this way, we have prepared a graded course of three years, six sessions, for those who can afford the extra expense of board only. In this course we hope to train the student to observe, compare, and reason rightly. He will have time to thoroughly learn human anatomy, and to some extent, comparative anatomy, physiology, pathology, chemistry—even a laboratory course in the university, if the student is fitted for it—and in the last year he can make extra attainments in practice, obstetrics, and surgery.

But I do not wish it understood that this higher education should be confined to those who take this course. Every man can have it, graduate or student, who wills to have it. All that is

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necessary is to commence THIS DAY a course of study, and keep it up month after month, year after year.

I hear men say, "I have not learned anatomy or physiology because I have not had the opportunities," and I answer, the opportunities are all around you, you do not require a dissecting room, physiological laboratory, or costly apparatus. Any butcher will furnish you lungs, trachea, larynx, heart, liver, kidneys, etc., and any hog a digestive apparatus. Any dog that you can pick up on the road or street will furnish you a subject; chloroform him and examine the action of the respiratory apparatus, and the action of the heart; kill him and he offers an excellent subject for dissection of muscles and blood vessels. The "rooster" that wakes you too early in the morning is a most excellent subject. Take him in for rent, and having dissected him, prepare his skeleton for the office—he makes a fine specimen. Two or three years ago I stimulated our class to make dissections of dogs, and it was wonderful how they gathered them in off the streets, and still more surprising how much they learned of anatomy and physiology in this way.

But why give additional examples? The man who sits down and waits for opportunities to come to him will surely fail; a *man* makes his opportunities.—SCUDDER, *Eclectic Medical Journal*, 1877.

### BE KIND TO THE SICK.

No matter how kindly the attending physician felt toward the sick, Prof. Scudder still regarded him as unkind if he used harsh medicines where mild and pleasant medication would suffice. In no way would he embitter the illness of a child or drug-torture the incurable if there was a possible mild method of treatment to be used. His ministrations were ever a beatitude to the sick and the suffering.—Ed. Gleaner.

BE KIND TO THE SICK.—I have seen so much unkindness to the sick, and so much suffering from medicine, that I feel justified in frequently reminding my readers that the sick need "kindness," and that medicines should be pleasant to the taste, pleasant in the stomach, and kindly in their effects on the economy. I hear the reply, "O, I am as kind as a doctor can be; I am employed to cure people, and not to give sugar pills." Good! Let us weigh you in your own balances. We will let you take your own medicines for a week or two—your podophyllin, or "compound cathartic pills;" your emetics, nauseants, diaphoretics, diuretics, fomenta-



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tions, poultices, blisters, irritating plasters, etc., with quinine enough to keep your ears ringing. When you are through you may decide upon the "kindness" of the medicines. We will compare your success with the smallest of "sugar pills," in the range of disease you meet in a year, and then we can determine whether your unpleasant medication "cures the sick."

I shall be answered again with the old adage, "the surgeon's knife is merciful." So it is when rightly used, but how much it has been abused! We congratulate ourselves now upon the success of surgical treatment, and the abandonment of the knife where it was thought to be necessary.

I have had quite a long and large experience, and I have fought disease with the old and harsh medicines, and with the new and kindly medicines, and I *know* that the last are the best, even when we take into consideration the saving of life, shortening the duration of disease, and relief of present suffering. I look back on the old methods of drugging, and some people's present methods of drugging, with the same feelings of disgust and horror that I look back upon the thumb-screw, the cat, the rack, and other instruments of torture.

I have had it tried upon my own body, and I can recall the exquisite tortures of old-fashioned purgation, of irritant remedies that gave rise to a thirst equalling that of Dives, of blisters that seemed to be eating into my vitals, and of that deathly sickness that prayed for death as a boon. I have seen others suffer all this, even within the past year, and I know that years will pass before the practice entirely disappears.

We flatter ourselves that as a school we are pretty free from the sin of drugging, and I believe that to a considerable extent we are, and yet I know that we have much to get rid of yet. Many physicians never think of treating a patient without irritant cathartics; very many drug their patients with quinine until every nerve is in a state of tension; very many make every prescription nauseous, as if nastiness was a good quality in medicine.

I recall the old practice in diseases of children as being especially unpleasant; and the little fellows were unpleasantly prejudiced against the doctor. It was almost as good as a whipping to threaten a child with the doctor or with medicine. Now the physician is the child's favorite (the small dose physician), and it is a pleasure to see them gather around one when he visits the

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house. It is also a pleasure to treat the little ones. The remedies are nice and clean, tasteless, and their effects are pleasant and certain. I should be willing to rest my claim to kindly consideration when I finish my work, upon the little I have done to make the practice of medicine pleasant for children.

We treat many incurable diseases, and here especially we should be kind to the sick. These cases should be carefully diagnosed, and we may determine without any shadow of doubt that harsh and unpleasant means never have and never will give relief. It always comes from the gentler and kindly action of remedies. It is a most unpleasant thought that we have embittered the last days or weeks of life of some friend or relative by drugging, and every patient should stand in this relation to the physician. Let us make a motto of that familiar couplet—

“ That mercy I to others show,  
That mercy show to me.”

—SCUDDER, *Eclectic Medical Journal*, 1877.

### SHOT-GUN PRESCRIPTIONS.

The single remedy for direct effect was a strong point in the therapeutic philosophy of Prof. Scudder. He persistently and consistently opposed the admixture of medicines, and the following editorial shows one of his methods of attacking the custom.—Ed. Gleaner.

SHOT-GUN PRESCRIPTIONS.—Associated with “invariable prescriptions,” we have those singular compounds of drugs which have been designated “shot-gun prescriptions.” They are put up on the theory of chance—all drugs are uncertain, but twenty “having been found useful” in a given affection, it is much safer to combine the twenty, and give them all together, than to take the single chance of selecting the right remedy. The theory is a beautiful one, but unfortunately it does not work well in practice. One drug neutralizes another, and the combination results in a nastiness.

It has been said by quite a prominent Eclectic, that the physician may be compared to the hunter. When he goes after birds he takes a shot-gun with a handful of shot, in place of the rifle with its single ball, for with the first he may kill half the covey, whilst with the latter he would hit but a single bird. The simile is good so far as hitting the patient is concerned; the shot-gun prescription does wound the patient in many places. If in the



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jungles of India a man hunts a tiger, he uses a rifle, for with the single ball he has safety, the shot-gun would be death.—SCUDDER, *Eclectic Medical Journal*, 1877.

### SPECIFIC MEDICINES.

The dearth of reliable medicines impelled Dr. Scudder to advocate office pharmacy. In the beginning of specific medication this was an absolute necessity. As time rolled on it was evident that while some could and would make a good medicine, others, by neglect or otherwise, would not. Hence the necessity of having them made by skilled pharmacists, and of having his labels copyrighted to protect against fraud. As an earnest of good faith he stood ready as sponsor for the integrity of such preparations, and thus came into use the Specific Medicines. See also editorial on "Good Medicines."—Ed. Gleaner.

SPECIFIC MEDICINES.—When I had determined that the time had fully come for the advocacy of "specific medication," I felt that the want of reliable medicines in the drug market would be the most serious obstacle I had to contend with. The drug trade had become so utterly demoralized, that it was difficult to find a good article or one not adulterated in the market, unless it was quinine or some chemical bearing the label of Powers & Weightman, and we could determine that the seal had not been tampered with.

A class of remedies peculiarly American, and peculiarly bad, called *fluid extracts*, had been introduced to take the place of the officinal tinctures that had served an honest purpose for hundreds of years. Thinking of the nastiness and the worthlessness of the fluid extracts of the olden time, we could safely indulge in a little old-fashioned cursing; and much of the fluid extracts of the market at the present time would bear it safely, and I think it would be no sin to "cuss" them freely.

The indigenous remedies which we take so much pride in were and are prepared in this manner, if there is any manner or method in their preparation. Made from old and imperfect stock, carried by drug-brokers, gathered at all seasons and at all places, and without reference to the character or quality of the article, we may expect to find every grade of worthlessness in these products of modern pharmacy.

I concede that here and there one will make a good "fluid extract," which is really a tincture prepared by percolation. There

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are houses which take a certain amount of pains in getting in good stock—full as much as they can afford for the price they obtain for their products. But what can you expect when from the published prices sent to you they discount 50, 60, and even 70 per cent to country drugstores? Inferior quality is guaranteed by the price. A cheap article can not be good.

If we are to have a certainty in the action of remedies, we must have certainty in their quality. With all or nearly all vegetable remedies it is necessary that they be gathered in the right season, in the right locality, and at once prepared as tinctures with the proper strength of alcohol. Some of these are prepared *fresh*, others may be partially or wholly dried, but always carefully handled. Of many the tinctures *must* be made at the time of gathering, and the medicine can only be kept in stock in this form. This necessitates a fair price for the article, and must of necessity prevent competition with the ordinary fluid extracts in the market.

To secure such a class of remedies I prepared a series of labels and copyrighted them, and offered them to any pharmacists who would conform to the above requirements. I asked that the crude article should be gathered at the right season, and the tinctures be prepared from the fresh article, the strength of the tincture being one troy ounce of drug to one fluid ounce of tincture.

But I did not propose to trust the pharmacist and druggist. The work on Specific Medication says distinctly that every physician should prepare some of the remedies of his neighborhood himself, and all the formulas of the book are for this office pharmacy. The reasons were clear—that if a physician interested himself to this extent, he would cultivate an interest in the subject; he would learn the physical properties of a *good* remedy, and he would not be nearly so liable to be swindled by the poor stuff of the market.

I take nothing back, and I say to-day, as I have said for a dozen years, "Keep your eyes open." Buy nothing, if you can avoid it, from the country drugstores; order medicines from the manufacturers; do not buy without a clear understanding that you want the class of agents named above, and with the agreement that if anything is unsatisfactory it may be returned at the seller's cost.

Whilst in office pharmacy eight ounces to the pint is as much as can be worked, a skillful pharmacist may give you double the strength; and as we wish to get our remedies in the smallest compass, because of convenience in carrying, buy the stronger articles.



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As we use them in such small doses there is no reason for *cheapening* them; rather let us keep the price up, if thereby we may secure trustworthy remedies. We have already lowered our drug bills one-half or three-fourths by having better remedies.

Let us say then, that remedies rightly prepared from fresh crude material, in the proper season, may be called "specific medicines," because we may expect certainty in their action. But we do not want the name applied to a fluid extract diluted with alcohol, or to a preparation made from dried and imperfect drugs as usually carried in stock.—SCUDDER, *Eclectic Medical Journal*, 1878.

### THE ACTION OF REMEDIES.

This article should be read in connection with the editorials on "How do Specific Remedies Act?" and another, bearing the same title as this one, "The Action of Remedies."—Ed. *Gleaner*.

THE ACTION OF REMEDIES.—Can any one tell me how or why quinine cures ague, Morphia produces sleep, Atropia dilates the pupil, Lobelia vomits, or Podophyllum purges? Can you tell why or how Aconite and Veratrum slow the pulse and reduce the temperature, Asclepias or Jaborandi produces diaphoresis, or Macrotys relieves rheumatism of the uterus? Can you tell why or how a minute portion of rattlesnake or cobra poison, or the virus of hydrophobia, will produce death? or why small-pox virus or scarlatinal poison will produce those dread diseases? Why is it that nitro-glycerine (glonoin) is such an intense poison, whilst its elements, nitric acid and glycerine, may be used freely? In chemical elements, Quinine, Morphine, Atropia, and Aconitia, are very much the same; why the diversity of action? Why the intense action of Aconitia and Atropia in minute doses, when quinine may be taken by the teaspoonful?

These are knotty problems, but they require an answer before one is ready to say that good can only come from certain drugs and large doses, and can not come from other drugs and small doses.

When a man is ready to tell us why the atoms of carbon are brought together to form that most wonderful and precious of all stones, the diamond, then he will be able to offer an objection when we say that the same atoms will confer on some sick that most precious of all gifts, health. Protein bodies of oxygen, nitro-

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gen, hydrogen, and carbon are our daily food, and renew our tissues, yet the same elements give us the most deadly poisons.

There are many things in this world that we do not know, very many that we can not know. What we know, frequently, is the bare fact that certain causes produce certain results; how or why they are produced, we can not know. When we study the action of remedies we go thus far, no farther. I note a certain condition of disease, give a remedy, and get a result. I try it time and again with the same result, and I associate them as cause and effect. I give the minute dose of graphites, and find that the patient gets well. I repeat it in case after case with the same result, and I associate the getting well with the administration of the remedy. I am not obliged to tell why the minute quantity (a few atoms probably) of carbon influences a body that contains millions of times the quantity, or takes as food daily thousands of times the quantity, or expires the same material; I simply note the fact that it does. Neither am I obliged to tell why stone-coal, charcoal, diamonds, effervescent water, or carbonic acid gas should not be given in place of graphites. You might just as well ask me to tell why I use morphia in one case, atropia in another, and quinine in another, only as experience has shown the result of their administration.

Ten drops of Baptisia to four ounces of water, in teaspoonful doses, has arrested the progress of the most severe zymotic disease. Ten drops of Phytolacca in four ounces of water has been found the remedy in hundreds of cases of diphtheria; the same remedy will arrest inflammation of the mammary gland, or prevent it when threatened. The moderate dose of chlorate of potash will arrest puerperal sepsis, and save our patient from puerperal fever. The hundredth of a grain of mercury in Donovan's Solution controls the syphilitic poison more efficiently than ten-grain doses of calomel. Why and how all this?

I have arrested passive hemorrhage a hundred times by the administration of the second trituration of charcoal, and in some of these cases the entire routine of the ordinary remedies had been used without avail. In a recent case it cured a hemorrhage from the kidneys where a score of remedies had failed.

I do not think that I am over credulous, and I am pretty sure I have fair to ordinary senses, and when I see a thing in the practice of medicine repeat itself from time to time, I am pretty sure



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that I see it; and when I say that I know that a small dose will cure, the reader may be pretty sure that I know it.—SCUDDER, *Eclectic Medical Journal*, 1878.

### KNOWLEDGE OF MATERIA MEDICA.

The value of a thorough knowledge of drugs, even if but few in number, is emphasized in all of Prof. Scudder's teachings. He fully realized the inability to carry in one's head an extensive knowledge of myriads of drugs. A physician who thoroughly knows one hundred drugs ought to be a successful prescriber.—Ed. Gleaner.

#### ONE HEAD NOT LARGE ENOUGH FOR THE MATERIA MEDICA.—

The longer I live the more I realize my want of capacity to know all that a physician might know or should know. There is a great deal of so-called knowledge that doctors value highly, and yet is of no earthly advantage in the treatment of the sick. That which serves our purpose best is a working knowledge of the materia medica, and the ability to see the varying expressions of disease in our patients. That which is of the least value, and that should interest us least, is the theories and vagaries of physicians who write and talk from their inner consciousness.

I find myself at a loss every week in my life for a remedy that will fit some case in hand. I puzzle my brain over it, and call over the stock in trade that my memory has put away; sometimes it will come when called for, sometimes it comes some hours afterwards, when I am not thinking of it, and sometimes months will elapse, and a second or third case will bring it up, and I wonder why I had not thought of it at first. Then again I have never known it, and I find I have something yet to learn.

Possibly I have a good knowledge of fifty remedies, a speaking acquaintance of fifty more, with a still other fifty I remember their being spoken of as "having been used," and then I may know the names of a hundred or so of others. Altogether it seems a very small stock in trade, as compared with my Homœopathic brother who counts his remedies by the hundred, and his symptoms for each by the thousand. But then—my head is small.

If a student can go out with a working knowledge of ten to twenty remedies, he will do well; and even if he can put but five in their right places with certainty, he is not doing badly. Whilst we go over the entire materia medica, we do our best to give a

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working knowledge of a few remedies, and we find that with the majority we are able to do this.

The result is, that our students have more than ordinary success from the first. They are taught—"that it is better to give no medicine unless a distinct indication for it is seen; that remedies which impair the life, or markedly disturb any function of life, should not be used; that remedies should be given in small doses, and in pleasant forms; that remedies should be kind in their influence, relieving the unpleasantness of disease, not adding to it."—SCUDDER, *Eclectic Medical Journal*, 1879.

### MEDICINE AS A BUSINESS.

This article bears some relation to the editorial, "Medicine in a Pecuniary Point of View," and may be profitably read in connection therewith. The advice to make the business of medicine nothing but medicine is sound, and is applicable to those who take up side issues to the detriment of doctor and patients.—Ed. *Gleaner*.

MEDICINE AS A BUSINESS.—The longer I live the better I am satisfied that success comes from attending to *one* business. In my own experience, I have never made a dollar, or gained any reputation, outside of my profession, and I should have been many hundreds of dollars better off if I had never made an effort outside of it. This I think will be the experience of nearly all our readers, and the exceptional instance of the doctor who is a good horse-trader or speculator will hardly prove an exception to this rule.

The practice of medicine requires the whole attention, and if a man gives it the study it requires, he will have no time for other things, even should he have the ability to do them. It is my experience, and my observation of others confirms it, that the practice of medicine repays the time and thought given it. The repayment may come a little slowly, but come it will if we have patience (*patients*, some would read it).

If medicine is a business by which we gain a livelihood, it is well to think of it in this light, and prepare ourselves in a business-like way for its pursuit. Our merchandise is skilled labor (practice you may call it) as much as of any mechanic or artisan in the land. Skilled labor has a higher value than ordinary labor, because it has required time and thought to gain this skill—the time and thought being the capital of which the larger receipts may be re-



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garded as the interest. Just in proportion to the *skill* is the compensation, as a rule. Your half-learned tradesman has difficulty in procuring steady employment, and he has poor wages; your skilled workman does not want business, and gets good pay.

This is the case in the practice of medicine in the main. The exceptional case, where your ignoramus thrives on the brass he carries in his face, and the good business qualifications he has, does not mitigate against the rule. The physician who has diligently studied in the office, who has honestly attended the full complement of lectures required for graduation, and has kept himself read up in the literature of his profession, has succeeded in the past, will succeed in the future, has in himself the elements of success. If in place of two he has attended his three, four or more courses of lectures, or taken a graded course, determining to know all that is taught in medical colleges, he will have a larger capital to work on, and may justly expect a more lucrative business.

These facts can not be too strongly impressed upon medical students, for many seem to think that the only thing to be desired is an early graduation, and commencement of business. Time spent in preparation will pay more than the same time spent in practice.

Business habits are just as essential to success in medicine as in merchandizing, and a physician can not expect to succeed well without them. In addition to a good medical education it is well to add general information, for the physician belongs to a *learned* profession. It is also a gentlemanly calling, and it requires the manners, dress, and address of the gentleman.

A merchant wishing to do business looks for a good location and for nice rooms; so should a physician, for a convenient and comfortable office brings business. The same care should be used in fitting it up, and keeping it in good order, for the care shown in this is taken as a sample of the care that will be given the sick. The difference between a well kept and nice looking office, and an ill kept and disgusting looking place is not so much a difference in money as in a little labor, which costs nothing.

Your unkempt, frousy, ill-clothed, dirty-looking doctor, is a very common and a very cheap article, and not in active demand. Your doctor that rides or drives a horse whose ribs are continually suggesting oats and hay, and who eats the fences where he is hitched, is not one to be trusted in grave cases of disease, or by

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families who pay their bills promptly. The rattle of the doctor's old buggy that can be heard half a mile, is not likely to bring the musical jingle of dollars in the pocket. The unpainted house, with a hat and piece of old carpet instead of window lights, the ill-looking door-yard, and tumble-down fence, are not suggestive of skill, as the wo-begone wife and frousy children are not suggestive of the accomplishments which the majority like in a doctor.—SCUDDER, *Eclectic Medical Journal*, 1879.

### THE AMERICAN FRAUD—FLUID EXTRACTS.

The fluid extracts Dr. Scudder always viewed with distrust, and his caution was founded upon experience. Why he so distrusted them he tells in this article. His early experience with valueless medicines made him extremely careful of the quality of the medicines employed, and he would tolerate nothing but products of genuine worth, strength, and purity. The fluid extracts he regarded as the "American fraud."—Ed. *Gleaner*.

THE AMERICAN FRAUD—FLUID EXTRACTS.—The "fluid extract" is peculiarly an American institution, and one of the least creditable we are blessed with. I assert that a physician may go into the general market to buy "fluid extracts," and eight specimens out of ten will be so nearly worthless that they can not be used with certainty in the practice of medicine. In no other civilized country can this be said of any class of medicinal preparations, but in no other will this class of drugs be found.

If you send a prescription to a retail drugstore, you have no assurance that you will get a decently good medicine, for the reason that the druggist buys his stock where he can buy it the cheapest. It may be news to some of our readers that more than one manufacturer sells his "fluid extracts" to the retailer at 70 per cent discount, and will even take ten per cent off this to make a large sale or get the cash. What can you expect under such circumstances? The price obtained will not pay for the alcohol that *should* be used, much less for a carefully gathered and preserved crude article, and for pharmaceutical skill.

If you will pick up a dose list from some of these houses, you will see that the most of these are given in teaspoonful doses, and some even larger. If nastiness is a virtue, then they have it, but if you use medicine in the small dose for its direct effect, then you do not want it.



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I know that a few manufacturers put a "fluid extract" label on a good tincture, and thus offer an exception to the rule, but the rule is as I have stated it.

We have been cursed with poor medicines, and the readers of the *Journal* can hardly imagine the fight we have been obliged to make against them, and for good articles. It is not to the interest of large manufacturers to concede that anything has been gained, and they will assert to you that this class of medicine has always been good, are still the best remedies in the market, and *theirs* is especially the medicines of all medicines.

They also do a moderate amount of misrepresentation (we used to call it lying) about specific medication and specific medicines, but the only answer needed is to ask the reader to turn to the "books" and see for himself. We recommend a moderate amount of "office pharmacy" to any physician, at least enough that he will know a good remedy when he sees it, and having used a good remedy once, he will never be satisfied with a poor one afterwards. The directions in Specific Medication are for the physician, and there is not a single fluid remedy that he can not prepare if he wishes.

I say to every reader, learn to know a good medicine when you see it, buy of good houses, and have this arrangement, that if a medicine is not satisfactory, it shall be returned.—SCUDDER, *Eclectic Medical Journal*, 1879.

### DEATH.

Unpleasant and uncanny as is the subject of death, yet should the physician be fully conversant with its approaching signs. The doctor must know the well man, the sick man, and the man sick unto death. Whether the dying should be told their real condition has been a much discussed question. Dr. Scudder, it seems to us, has fully and satisfactorily answered the question in this editorial.—Ed. Gleaner.

DEATH.—Have you ever thought on this grave subject—the end of all things earthly? I think it likely, for who that lives could fail to think of the end of that he prizes beyond all else? and especially the physician, who almost lives in the shadow of death.

O, life

Of doubt and danger, and perpetual strife  
With death! And *thou!* worse than this night of woe,  
That comest to all, but O! when none can know.

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Hour singled from all years! why man must bear  
A lot so sad? The tribes of earth and air  
No thoughts of future ill in life molest,  
And when they die sleep on, and take their rest;  
But man in restless dreams spends all his years,  
And shortens life with death's encroaching fears.  
O thou, whose cold hand tears the veil from error,  
Where hollow eye is our delusion's mirror!  
Death, life's chief blessing!—*Petrarch.*

Born to die! Yes, every one. Born to die young! Yes, a host of feeble lives from feeble parents, who must of necessity die in infancy, childhood, or adolescence, because they have not life to last longer. Born to die! Yes, a host of others who might live to do the work of men and women, and even make the span of threescore and ten, if it were not for the continuous violation of the laws of life.

Stricken with death! Yes, in many cases we are called to treat disease, but at the bedside we meet death, for which we have no cure. It is well for the physician if he can recognize the master—we can treat and cure disease, but not death.

The first study in medicine is to know healthy life; the second is to know the varied phases of unhealthy life, which we call disease; a third is to know and recognize this that we call death. Buoyancy of spirit, activity of body, and pleasurable sensations, characterize the first; depression of spirit, inactivity and feebleness of body, and unpleasant or painful sensations, mark the second: whilst loss of spirit, bodily power, and common sensation, mark the third.

It seems to me that a physician should make this third study, so that he might recognize the waning life. It is difficult to write it, but not so difficult to impress the mind with its prominent features as we watch the change in one of our patients. We note the coldness of parts distant from the heart—a peculiar coldness with relaxation which we term death-like. Not only is there coldness, but parts are shrunken and livid, and muscular movements are sluggish. The alæ of the nose move in and out during respiration, the eyelids are less movable, and the eyes are dull and glassy. The respiratory movements are feeble, and when the person feels the want of air, the external inspiratory muscles are called into action. The pulse grows feeble, the impulse of the heart is hardly felt, capillary and venous circulation is impeded. It may



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be sudden or slow, but the loss of feeling and consciousness will be found in both.

The question is asked so frequently, "Will the patient die?"—or still more personal, "Doctor, will I live? will I die?"—that we want to be ready to give an answer. If there is any question of all-absorbing interest, it is this question of life and death, and if a physician has any truth in him, he should not lie to the person who is so gravely interested. I believe that in this, as in all things, honesty is the best policy, and when a case is inevitably fatal, the plain simple *yes* should follow the query, "Is it death?"

Where it is a question of doubt or danger, the answer may well be hopeful, for hope may decide the question in favor of the patient. Yet there are cases where a knowledge of the worst nerves the sufferer to a resistance which wards off death. I can recall more than one case of this kind, where the contraction of the muscles and firm closure of the jaws showed the concentration of the will for life. Hope lulls to sleep, and if safety comes by rest, then it is well. Danger calls into play all that we have of strength and resistance, and with the brave is the most powerful stimulant—the cowardly succumb from shock.

Good judgment is necessary in this as in other things, and we will do that which seems best for our patient, but with a strong sense of our duty to deal honestly and speak truthfully.

Why should this subject be discussed during the holiday season? You remember the story of an Eastern king who had a skeleton present at every feast, and of another who had a grinning skull passed to every guest on a salver—in both cases with the motto, "Thou, too, art mortal." But outside of this the reader will see that it is a subject which deserves his attention, and that he should study.—SCUDDER, *Eclectic Medical Journal*, 1882.

### PROPRIETARY MEDICINES.

Dr. Scudder saw in the advertising of proprietaries in medical journals a close relationship to that condemned by many in the religious and lay periodicals. Quackery medical and quackery religious advertised for a mere pittance, is laid bare in this article. Prof. Scudder kept in the middle of the road, countenancing neither the shortcomings of the doctor with proprietaries to sell nor the journal ready to prostitute by the advertising of humbug medicines. Surely no leader was more truly ethical, even if he did not affiliate with the dominant school.—Ed. Gleaner.

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PROPRIETARY MEDICINES.—Physicians have a good deal to say against patent and proprietary medicines, and the religious papers that advertise them. It is very shocking, very—too bad; but they seem never to think of the professional quackery that runs riot, and the medical journals that eke out a feeble life by doing the advertising.

Dr. Jones or Smith may have his “compound cathartic pills,” or “pectoral cough syrup,” or “liquid physic,” or “balsam,” or what not, and if he keeps his formula to himself, and sells his wisdom in a bottle, it is a good thing for him. Or he may write his favorite prescription for pills, pectoral, or physic, and it will be a good thing for the druggist for many years, and by many people. These are common methods of doing a nostrum business.

Our principal nostrum mongers are pharmacists and druggists, who are always devising things for the benefit of the “busy practitioner.” They make things enticing by bottle, label, or box, talk about “elegant pharmacals,” get numerous certificates—sometimes whole Faculties endorse their stuff—and wheedle physicians or patients out of their hard-earned dollars. Medical journals do the advertising for a pittance, and give their reading pages for nothing, prostituting all that is manly, honorable, or professional, to make their poor sheets live.

Look over this advertising stuff, and then turn to your *Christian Telescope*, *Observer*, or *Purificator*, and see the close resemblance between the quackery medical and the quackery religious. The doctor is supposed to be quite as credulous as the saint, and he is in fact. The saint looks for miracles in the way of cures from the medicines advertised, and the medical sinner expects the most improbable results from the queer things concocted and advertised by the druggist. It would be difficult to determine which is the most credulous.

“Come, let us reason together.” If you will closely examine the advertising you will see there is humbug in it. One advertiser claims to have sold a half million bottles of “vitalized phosphites” the past year. Vitalized fiddlesticks! but quite as much vitalized as the other stuff advertised. We have pretty nearly gotten through with the elixirs, which cultivated intemperance, alteratives are at a discount, phosphites and hypophosphites have nearly had their day, bitters do not take well, and stinking hog’s gizzards and



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pancreas will settle down to a fair article of pepsin rarely administered.—SCUDDER, *Eclectic Medical Journal*, 1882

### “ENOUGH IS AS GOOD AS A FEAST.”

To know when a patient has just enough medicine is an art. If one knows his materia medica he will be the better judge of this question, for the effects of some medicines are transient, that of others lasting. Some are rapid in action and in elimination; others slow. One should not over-medicate and, as the writer puts it, “the good influence of a medicine will persist for some time after its administration is suspended.” “Enough is as good as a feast.”—Ed. Gleaner.

“ENOUGH IS AS GOOD AS A FEAST.”—Will the old proverb apply to medicine? I think it will, with a most excellent and needed lesson. The rule is to continue to give medicine until the disease is cured, or until we are sure it is doing no good, or till the patient refuses to take more of it. If a remedy fails to do the good, we change it, and continue to change so frequently that no man could tell which had been of advantage and which had been injurious.

It is a fact that the good influence of medicine will persist for some time after its administration is suspended. It is a fact that time is frequently an essential feature of the curative action of remedies.

I have seen cases where the good effect of a remedy would be seen within an hour in acute disease. I have seen cases where days and even weeks would be necessary in a chronic case.

I think we should make it a rule in practice to be very careful in the selection of the remedy. But, when selected with care and to the best of our knowledge, then give it ample time for action, unless the patient grows worse.

When a remedy has acted well, a time comes when it should be suspended, and allow the natural recuperative powers of the body fair play. It is not easy to determine just when to suspend the remedy, but if one thinks of it and practices it for a time, he will gain the knowledge as he learns other things.

I think the old proverb will especially apply to such remedies as quinine, iron, arsenic, phosphorus, nux, as it certainly would to mercurials if we used them.—SCUDDER, *Eclectic Medical Journal*, 1888.

“As a rule, the dose of medicine should be the smallest quantity that will produce the desired result.”—*Specific Medication*, p. 30.

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### OBSTETRIC HYGIENE.

As cleanliness was a large part of Prof. Scudder's creed, it is not surprising to find him expressing himself as he does in this editorial. It must be remembered that twenty years ago the management of an obstetrical case was far different from that in the practice of to-day. As meddling midwifery is bad, so is dirty midwifery, and asepsis should be rigidly practiced to insure freedom from infection. Dr. Scudder was quick to see the value of the teachings of Crede and others in this line, and was one of the pioneers in favor of a less officious obstetrics.—Ed. *Gleaner*.

OBSTETRIC HYGIENE.—One would suppose that everything has been said that could be profitable in the practice of obstetrics. Years ago I thought so, but now I believe that there are many lessons the practitioner should learn.

We have been taught the evil of "meddling midwifery," and yet the lesson has not been fully learned. I doubt if the majority appreciate the ills that come from the *uneasy* doctor. Too frequent examinations is a very common failing, and some physicians sit with their fingers in the vagina, uneasily feeling for the presenting part for hours.

The rule should be, make a first satisfactory examination, determining the presentation and the stage of labor. This any one can do, and if he determines the position, so much the better. If it is the first stage no further examination should be made until the second stage is announced by a change in the character of the pains. It is not policy in the first stage of labor to have the patient in bed, much less "bearing down to assist her pains."

It is not usually thought necessary for the physician to wash his hands *before* an examination, and yet if there is any one thing that I should insist upon, it is that the hands be thoroughly washed in hot water with soap, and the nails cleaned. It is not only the removal of dirt, which is reason enough, but the hands are much softer.

As the woman has freedom of movement and change of position, she does not suffer so much, and comes to the second stage fresh and in good spirits. There is no necessity of bed until the head is pressing on the perineum. If the physician is uneasy, or it is necessary to satisfy the patient, a very satisfactory way to determine the progress of the labor is to hold the hand on the perineum during a pain. If it is carried out by the head, the evidence is better than by a finger in the vagina. Toward the



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end of the labor the hand at the perineum is in the right place to give any help that may be needed, and to receive the child. Let me say that frequent examinations is "meddlesome midwifery."

"Among many German obstetricians absolute non-interference is the rule in the third stage of labor. The command, 'hands off,' is absolute. The teachings of Crede are tending towards the entire letting alone of the genitals during labor, and the days succeeding it. This distinguished obstetrician, unless some abnormality present, does not make a vaginal examination at all. He makes his diagnosis entirely by external palpation and manipulation. He teaches that one should, for eight or nine days after labor, neither examine, wash out, nor do anything to the genitals, unless there are positive indications therefor."

I endorse the teachings of Crede in this respect wholly and fully, but one must not go to the other extreme, and allow the woman to lie in the dirt of the vaginal discharges, and stink. It should be a rule that all soiled clothing, and such material as protected the bed, should be removed, and the perineum sponged with warm (hot) water, to which a small amount of borax or chlorate of potash has been added. Such sponging every day will be grateful to the patient, and by the removal of the dirt must be beneficial.—SCUDDER, *Eclectic Medical Journal*, 1888.

### SYMPTOMS.

Symptoms are sign boards pointing to diseased conditions, and he who does not recognize them as disease expressions having a definite relation to drug force has little right to practice medicine. Dr. Scudder was discriminating as to symptoms, basing his specific indications upon prominent and unvarying symptoms as expressing definite pathologic wrongs.—Ed. Gleaner.

SYMPTOMS.—I am frequently met by the half interrogatory, "O, you prescribe for symptoms, do you?" Sometimes this is supplemented by, "I thought the science of medicine had so far advanced that physicians should prescribe for definite pathological conditions." I answer that I prescribe *by* symptoms; or if the inquirer is persistent, I will confess that I prescribe *at* symptoms, and that without "symptoms" I am nothing.

What so-called *scientific* physicians prescribe *by* or *at* the Lord only knows. It is probable that the minority in these latter days (who lay claim to be scientific) are prescribing at microbes. The

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majority are using the same old shot-gun pointed at the name of the disease, and hitting the patient quite frequently. All claim to be guided by *standard authority*, and want to be protected by the State against irregulars, who seem to be getting more than their proportion of the practice.

Confessing that I prescribe *by* or *at* symptoms, we will get at the matter better by having a definition of the word. Thomas defines *symptom* as, "a concurring circumstance happening simultaneously with the disease, and serving to *point out its nature, character, and seat.*" He does not seem to be a doubting Thomas in this matter, and I should n't wonder if he also prescribed *by* symptoms.

Let us try Worcester, and see what educated men, other than doctors, think of the word: "A perceptible change in the body or its functions, which indicates disease. A sign or token: that which indicates the existence of something else.

How do we *know* things? Through our senses—sight, smell, hearing, touch, taste. Can we know them in any other way? No; absolutely no. Symptoms then are the evidence of our senses. They are what we see, smell, hear, touch, taste, of disease. Deprive a doctor of these senses, and he is as absolutely worthless and knowledgeable as the chair he sits on. We understand that the senses may be educated, and that this education is the chief object of life. This is so in all pursuits; it is especially so in medicine. The man of educated sense is a good carpenter, shoemaker, farmer; the ones who have not this cultivation are wood-butchers, cobblers, and poverty breeders. The physician of well trained senses is likely to be a good doctor; the one of no training is likely to be a politician, and a suppliant for boards of health.

You ask me then, Can we see disease? Can we hear disease? Can we smell disease? Can we taste disease? I answer, yea, verily, we can, and that is the way we know it. No man can claim that there is anything new or abstruse in this, or that it strikes a person suddenly like conversion, or that it requires a prophet. Our senses are the resultant of the use of all the people who have preceded us, plus the training that we have given them ourselves. I have great faith in being born well, and would rather have the heritage from an ancestry who have succeeded in mechanics and the industrial pursuits of the world, than from the most aristocratic blood of Europe. If we have the heritage of reasonably good



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senses we can so train them by use that we can recognize through them.

What can we see? We get the form, the color, some changes of structure, and to some extent a knowledge of the muscular capacity of the body. We get the form, color, and a knowledge of the adventitious material that makes the coatings of the tongue and mouth.

What can we smell? Stinks. Stinks that indicate disease of the blood, the stomach, the lungs, the bowels, the uterus. Stinks that talk to us of death.

What can we hear? Enough to tell us of many diseases of the respiratory apparatus, of diseases of the heart, of some diseases of the stomach and bowels; and lastly we can hear the patient's story, supplemented by the history given by the nurse.

Can we touch disease? There is no one but what has heard of the evidence of the *educated touch*. We practice obstetrics by the touch. We diagnose many diseases of women by the touch. It tells us the condition of the tissues, and is the most reliable sense in the practice of surgery.

Can we taste disease? This sense is rather a personal one. We can taste our own disease—more rarely our neighbor's.

Symptoms! Yes, symptoms. I should like to know how we could get along without symptoms. The closer observer is likely to be the best doctor.—SCUDDER, *Eclectic Medical Journal*, 1888.

### DISPENSE YOUR OWN MEDICINES.

Dr. Scudder's teaching was largely responsible for the prevailing custom among Eclectic physicians of dispensing their own medicines. The small dose of representative medicines made this practice feasible and he contended that the workman (doctor) should be familiar with his tools (medicines). The greater safety, the insured quality, the saving of time and trouble, and the lessened cost to the sick were further arguments in its favor. It absolutely prevented substitution and kept the control of the case of sickness wholly in the hands of the attending physician, who alone should be responsible for the kind and quality of medicines administered to his patient.—Ed. Gleaner.

DISPENSE YOUR OWN MEDICINES.—In this connection I can not resist the inclination to repeat the old advice, "Dispense your own medicines." It is not only a personal satisfaction in knowing that the sick get what we wish, but it is a very great satisfaction to patient and family.

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You have never felt the inconvenience of a prescription? The walk of two or three squares to a half mile, the slow waiting for the prescription to be filled, the tedious walk back before the sick could have relief? I recall a case of this kind, where a mother was obliged to leave her sick child to get medicine, and came back to find her child in convulsions and dying. I should have thought that that doctor would never have written another prescription, but he did not seem to mind it—it was not his child.

I have always carried my medicines, and it has been a continuous satisfaction. I have heard the expression from the sick time and again, "Doctor, I am so glad you carry your own medicine. I feel safer when you prepare it yourself."

It is so easy to prepare the medicine. A glass half full of water, five or ten drops of the tincture, a teaspoonful every hour. The patient is not nauseated by the thought of a nauseous mixture or powder. The child takes its medicine without objection, and learns to look upon the doctor as a friend, and not as the household devil used to frighten him when he is bad.—SCUDDER, *Eclectic Medical Journal*, 1888.

### SELECTION OF THE REMEDY.

No medicine, rather than one not indicated, was the teaching of the apostle of specific medication. So great was his faith in the definite action of medicines that he believed only in administering that drug for which direct indications were known. He was extremely cautious in the recommendation or use of new medicines until by long experience their exact place in his definite system of prescribing had been found. Rash prescribing he considered one of the greatest of medical evils.—Ed. Gleaner.

SELECTION OF THE REMEDY.—As I grow older I want more evidence that the *right* remedy is being given, and I have a greater distrust of the *wrong* medicine. Medicine works good or ill. It is rarely that innocent thing that does neither, however simple it may be. It is well to have a medical conscience, like the old "theological conscience" that is ever alert to tell of wrong-doing. It may not be pleasant for the doctor, but it is certainly good for the sick. As these are camp-meeting times, I might phrase it in this way: "Oh for a medical conscience that would smite the careless, those who run in old ruts who do not think; let them be smitten hip and thigh like the Amalekites."



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I want to be reasonably certain of my remedy. Once in a while it will do to know "that it has proven serviceable in this disease" heretofore. It is well to know that others "have used it with advantage." I want to know of myself "that there are symptoms in the case pointing to this individual remedy." These should be satisfactory, but at once the mind takes up the physiological problem, and will have it explained why the remedy will prove curative.

I can no more stop this mental process than I could stop Niagara; the reasoning goes on whether I will or no. The process may be bad, the facts incomplete, knowledge imperfect, but nevertheless I will be influenced by the result. I suspect others have a like experience, either under this influence of the will or unconsciously.

With reference to *new* remedies I find this reasoning as to the "why they should be of use to the sick and why dangerous, so certain and so imperative that I can not resist the conclusion, and do not try the drugs. Take the case of arsenite of copper, of which we have recently had such strong recommendation. I do not give it. Many of the coal-tar products come in the same list, and in the doses and for the purposes named, I can not give them. The use of bichloride of mercury as an antiseptic, and especially its use as an intra-uterine injection, was forbidden by my medical conscience.

I think the physician should keep his mental apparatus well under the influence of his will, yet still not neglect the results of its automatic action. In the selection of the remedy I want to know if the symptoms point to it, in other words, if it is the "indicated remedy." I want next to know if the action of the remedy is opposed to the diseased action, and looks towards healthy function—if the tendency is to strengthen life rather than the reverse. Of course this supposes a knowledge of the pathological condition, the morbid activities, and nature's method of restoration to health. If now we have the additional knowledge that it has been successfully used in such cases, our medical conscience can be fairly well satisfied.—SCUDDER, *Eclectic Medical Journal*, 1890.

"In disease there is always impairment of life, therefore remedies should always conserve the life and increase the patient's power to resist disease and regain his normal condition."—Scudder's *Materia Medica*, p. 34.

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### REASONS FOR EXISTENCE.

Dr. Scudder was an advocate of the broadest liberty so long as the rights of all were conserved. This article is a timely one for the present when medical cliques would assume the right to dictate who or who should not practice the art of medicine. A sound medical education should be the only legal requirement for that right. Rival sects in medicine, like competition in business, act as incentives to more perfect preparation for the great work of the physician.—Ed. Gleaner.

REASONS FOR EXISTENCE.—If every man had to give good reasons why he should live, there would be a wonderful decrease in population. If every man had to give reasons why he should pursue his special line of business, there would be much trouble in the land. If every one of the hundred sects in religion were required to give reasons for their existence, we should be nearly deafened by the outcry of those on their special road to heaven. And yet one of the leading schools of medicine, which numbers over twelve thousand practitioners, is asked to give reasons why it should live.

In these United States has not a man "the right to life, liberty, and the pursuit of happiness" in his own way? I have been taught that he has? Do we interfere with our neighboring physicians? Only in taking the patients by honest competition. They offer the community medical service; we offer them a different quality of medical service. Have the people not the right to take ours in preference to theirs?

If the people have learned that regular drugging is not a good thing, and that the sick get along better with small doses of pleasant remedies given for direct action, is it not their right to take what they think best? Do you claim that they should be forced to take your nasty potions and your poisons?

Have you not taught the people through long years of trial that mercury, antimony, arsenic, and blood-letting were to be avoided? Have you not shown them that the antiphlogistic treatment was a failure and a curse? True, you did not intend to teach them, but we came on the stage to point the lessons and draw the moral.

Have you not said time and again, when you were in an honest mood, that medicine was uncertain, and that no man could tell when he gave a drug just what the result would be?—"that if



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all the drugs were at the bottom of the sea it would be better for mankind, though it might be worse for the fishes?"

Have you not made it impossible for physicians to work with you, if they said a word against mercury, antimony, or bleeding? Did you ever permit free speech, a free press, or even free thought? Never? Could I live with you and work with you for the good of medicine? No. You would turn me out of your local, your State, your National societies within the year. You would burn my books at the stake, and it would only be the strong arm of the law that would prevent your roasting me with them.

When you talk about *one practice of medicine* by taking the *best of our school* into yours, and letting the remainder go to the "demnition bow-wows," you can chew some of these problems and get the result without much experimentation.

The difference between the schools is so wide that it can not be bridged. We believe in the *certainty* of remedies; you hold that drugs are *uncertain*. We believe that there are symptoms in disease pointing to the remedy; you do not. We treat the varying conditions of morbid life as manifested by symptoms; you treat names of disease. Our diagnosis of disease is especially for the selection of the remedy or remedies; you to give a correct name, or to determine the pathological changes.

You have a great many men in your ranks that think much as I do; we have quite a considerable number who would make very good old-school physicians. But these prefer their present affiliation, and we believe in the largest liberty. In so far as education is considered, we will compare our Cincinnati college with the best you have. In regard to journals and books—circulation and number bought being the standard of measurement—we will compare with you at any time.

When the millennium dawns, and you are ready for perfect medical liberty, under the law which punishes malpractice, then we will take you by the hand and say there shall be but one practice of medicine.—SCUDDER, *Eclectic Medical Journal*, 1890.

### HONESTY IS THE BEST POLICY.

The student who enters college and wastes his time, thereby failing to prepare himself in the best manner possible for his chosen life work, is not honest. Human life hangs upon the knowledge and efforts of the doctor, and if he has failed to do his best in preparing himself to care for that life he is dishonest. From his first to his last editorial Dr. Scudder enforces the lesson of honesty in all things,

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and this is one of the greatest heritages he has left to the medical world at large.—Ed. Gleaner.

HONESTY IS THE BEST POLICY.—I have been charged with sermonizing, and some of our subscribers have thought that this should be left to the ministers.(?) But bless your hearts, they are impractical folk, living up in the wind, trying to find angels, and shaping the earthly life by hopes of heaven or the fear of hell. To all of this I do not object, and bid them God-speed. But in medicine I prefer my experience, and I give it in the head-line—"Honesty is the best policy." It is not in the Scripture, but it should be.

Honesty is a sterling quality, and applies to every act of this life, and probably of every other. For as we see it, everything in the universe has this quality, from our sun and moon to the last sun and planet in the universe, and only fails when we come to creatures that have wills of their own, and an ability to do for themselves. Policy is a low motive, but one of man's chief possessions, and the one that guides him in most actions. It is the individual well being that is continually looked after. Honesty does not consist in keeping your hands off your neighbor's property, keeping inside the law, and paying your debts, but applies to every act of life; and policy equally concerns all that a man does, and is, as well as getting his share of this world's goods.

Having defined the terms and cleared the way for the argument, we will see how "honesty is the best policy" in medicine.

To the student about to commence the study of medicine, I have said, and now repeat, "If you can make up your mind that honesty is the best policy in medicine, you will succeed. If you can not, you will be a fraud or a failure, and had better give your attention to something else."

A man commencing the study of medicine should realize that he proposes to deal with life and health, man's chief possessions. Honesty requires that he should fit himself to give the best service to his patrons; anything less than the best he can attain is dishonesty. I should rather a man would steal my money, fail to pay his debts to me, or do almost anything regarded as dishonest, rather than that he should take charge of my life and health with but the pretense of a good preparation for the work.

This is straight preaching, and every one can understand it. The student agrees to do this preparatory work; his study of anatomy is "honesty," so is that of physiology, chemistry, materia



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medica, practice, surgery, and obstetrics. He is under bond, as it were, to his parents, his preceptor, the college, and his future patrons, to do the work well. Here our text gives the reward—"The best policy"—the good things of the profession—come to those who do honest work.

Both students and physicians are under similar bond that they will be educated gentlemen, and leading men in the community for all good work, whether it be sanitary, educational, or moral. Here honesty is by far the best policy.

Coming now to the doctor in his work, our maxim applies itself continually. One promises to give good and faithful service. One promises that the sick shall have the *best* medicines, the *best* care, the *best* food, the *best* of everything looking to health. As the doctor redeems these promises comes success, credit, and a larger and better patronage. One tactily promises that he will be a free man, without prejudice against others, examining all things, and holding fast that which is good. I believe that here, also, "honesty is the best policy," even though the narrow and hide-bound sometimes have success.

In pharmacy the current opinion seems to have been that our text is a fraud and deception. Medicines have been made to sell, and the less value the larger the profit. Worthless stuff palmed off for good, inefficient medicines for those of value, secret and proprietary medicines for open and good pharmacy. I do not see what kind of instruction these people could have had, but I can assure them that "honesty is the best policy."—SCUDDER, *Eclectic Medical Journal*, 1891.

### A MERRY HEART.

During all but the earliest part of Dr. Scudder's editorial career the December Journal contained a holiday greeting, "A Merry Christmas" and a "Happy New Year," and very often the January number was headed, "Ring out the old, ring in the new." These greetings were the kindly expressions of the editor's happy nature, for out from his heart went the spirit of kindness and uplift to every creature. His was a merry heart and he wanted others to carry a merry heart. In one place he classifies himself as one of the laughing varieties of human beings. Joy, mirth, and the spirit of helpfulness made for him a blessed trinity.—Ed. Gleaner.

A MERRY HEART.—I hear you say, "It is not professional," but I reply that it is, for the remainder of the proverb reads, "It doeth

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good like a medicine." At the close of the year and the beginning of a new one, we have reached the period when we should "take our medicine," and be merry.

It is a "merry Christmas and a happy New Year" to all my readers, and before this reaches you I hope it will have been merry to you, and will continue happy until the merry comes round again.

I do not know that there is anything very exhilarating about the practice of medicine. There is too much suffering, too much sadness, too many deaths, for a merry occupation, and yet it has its compensations. We get through the routine of the day, the month, the year better if we carry a merry heart. It does not cause a man to be a mountebank, or do things unprofessional, but the hopeful, joyous spirit is the "merry heart that doeth good like a medicine."

As we look over the past, we have reason to rejoice and have a merry heart. The unpleasantness of the olden time has almost passed away. Medicine is no longer a punishment to threaten children and grown people with, but rather a relief from pain and unpleasantness. We do not torture the sick to make them well. We do not deprive them of water whilst they are burning and parched with thirst; we do not deprive them of food; we do not make a temporary *sheol* with blisters and their like. The time is coming when it may be said of physicians, "And all their ways are pleasantness, and their paths peace." As we approach this time, we have reason for having a merry heart, and it is good medicine.

I do not know how you feel about it, but I had rather take a "merry heart" for my medicine than a dose of podophyllin. On the whole I think I had rather give it. It may be that the world is not as joyous and merry at sixty as it was at ten or twenty, but it does fairly well, and the quiet smile takes the place of the hearty laugh.—SCUDDER, *Eclectic Medical Journal*, 1892.

### THE WORK FOR THE YEAR.

The gospel of work again. He hopes for work, enjoyable work in doing good. "But it must be in the line of relieving human suffering, shortening the duration of disease, and saving life." Surely a noble gospel of work.—Ed. *Gleaner*.

THE WORK FOR THE YEAR.—It has just commenced, and I hope we all feel more comfortable that there is a full year's work



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before us. There are some persons, doubtless, who feel like resting, but our JOURNAL readers are not of the group. We have work, good work, and plenty of it, and we enjoy it. Just exactly what it may be we do not know, but this time next year we will be able to sum it up. But it must be in the line of relieving human suffering, shortening the duration of disease, and saving life. We propose to do it well, and at the close of the year be better prepared for the work of the year to follow.—SCUDDER, *Eclectic Medical Journal*, 1892.

### A THIRD STUDY OF SPECIFIC MEDICATION.

During the closing years Prof. Scudder began the elaboration of a third study of specific medication looking to the action and uses of remedies having a selective affinity for special organs. Several of these papers appeared, and while they do not compare in utility with his other two phases of the subject they are very suggestive and valuable articles. This editorial is a part of the introduction to that series. In it he tells how he came to take up the study which culminated in his theory and art of specific medication.—Ed. Gleaner.

A THIRD STUDY OF SPECIFIC MEDICATION.—In study it is well—yes, necessary—to view the subject from every point of vantage. I am not one of those who rest satisfied with a single view; I want to see the shield on both sides, and I shall not argue or fight that it is silver or golden until I have seen.

There are many things in this world that we know; there are still more that are unknown to the wisest of men. I am thankful that we have the mechanism that will get knowledge—the senses that receive impressions, the nerves that carry them to the brain, that wonderful organism which receives impressions and brings them into order, and *thinks*; and above all, that *ego*, that personality which holds thought in subjection, and makes it reach out toward the infinite. However much a man may know, he should want to know more, and if he exercises the powers he has he will know more.

I need hardly say that I have never been satisfied with medicine, that I do not believe it a science, or even a decent art. It may be quite as far advanced as theology, hardly as far as law, and far inferior to many of the mechanic arts. This, of course, is said of medicine as the majority write it, study it, and practice it. Whilst my opinion is not in accord with those who think they

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know it all, and brag of medical attainments, many of my readers will think very much as I do.

When still a youth in medicine, I believed that something better might be had, if one would work for it. There were the elements of something better scattered through medical writings, and I determined to gather them up, and make such provings of them as I could, and present them to physicians in as good a form as I was capable of. Possibly if I had not been a teacher and a journalist I should not have done it, for it required the constant stimulus of a daily and monthly demand.

The matter seemed to take three forms in those earlier years: 1st, remedies influencing functions; 2d, remedies indicated by special symptoms; 3d, organ remedies. To the first I was prompted by a study of *Williams' Principles of Medicine*; the second came through a study of homœopathy; and the third through reading Rademacher and his followers.

I believe the first study was a good one, at least I have been fairly well satisfied with it. It took the form of *The Principles of Medicine*, which is to-day the very foundation of our practice. There the human body was studied in health and disease; disease was analyzed, its component parts studied, and remedies pointed out for each. It was the reverse of the ordinary method, which takes the component parts, adds them together, fixes a name to them, and at that name prescribes drugs. I do not know how you think or study, but I take up the book and read with as much interest as if it were a novel, and think the old problems out as if the subject were new; and new thoughts almost always come. Very early in my practice I was impressed by the fact that there were symptoms *pointing* to individual remedies which would relieve or cure. My vision was not as clear as some, but when I saw the indicating symptoms, and followed them, I had success. I need not say that every source of this knowledge was looked after, and thousands of experiments or trials made, and the results you have in the companion volumes of *Specific Medication* and *Specific Diagnosis*.

Whilst the most of the work has been done in these two parts, so far as I am able, it may be of advantage to some to take up the original idea and give the third part, *organ remedies*. I could wish that my ability was greater, that my experience had been larger, and especially that I had good health and youth. But as these are beyond remedy, I must needs do the best I can.



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It is a fact of my experience, of your experience, of all experience, that remedies influence certain portions of the body in an especial manner. I need not argue that remedies influence the body, for it is a matter of common experience. It is not profitable to discuss whether they act upon the body or the body acts upon them; each reader may solve the problem to his own liking. We will all concede that medicines contain a force, and when remedies, this force is exerted towards health. Many would go further than this, and say they are not neutral in any case; they are either helpful or harmful.

Let us get the matter in different words. Medicines exert an action upon special organs or parts. They act in a somewhat definite manner. One may know when they are given where they will go and what they will do, and we may draw fairly reliable conclusions whether or to what extent they will benefit the sick.

My experience, your experience, all recorded experience, shows the facts as above stated, and also that it is possible to classify remedies as they may influence individual organs directly, and study the doses in which they act, determine how they act, and the result of this action.—SCUDDER, *Eclectic Medical Journal*, 1892.

### SLEEP.

Dr. Scudder was an inveterate reader and well grounded in the best of English literature. His knowledge of the classics was broad, and while more given to Scriptural passages as a text for some lesson in medicine, he frequently courted the great thoughts of great authors for inspiration. His adaptations of Shakespeare's lines to his purpose in this paper reveals the fullness of his analytic understanding, which he applied to every work in hand. His views on the use of hypnotics are suggestions for thought, from which many of the present generation may derive profit.—Ed. Gleaner.

#### SLEEP.—

“Sleep that knits up the raveled sleeve of care,  
The death of each day's life, sore labor's bath,  
Balm of hurt minds, great nature's second course,  
Chief nourisher in life's feast.”

Shakespeare was a most wonderful observer, and an unrivaled reader of facts. He puts paragraphs in a word or line, pages in a couplet, sometimes an entire treatise in a very brief space, as in the few lines which I have used as a heading to this article. Another consideration of the value of sleep, of the neces-

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sity for sleep, of the doctor's bounden duty to see that his patient has sleep and rest, may seem useless to many, but my experience proves that we can not learn these lessons too often. Within the month I have seen two cases where the lesson renewed might have saved life. The physicians knew it once, knew it then, but the lessons had lapsed, gone to sleep, as so many things received do.

What a striking expression this is—"the raveled sleeve of care." It is the history of many lives—"the carking care that wears the life away." Men and women in every condition, in every employment—you, I, our patrons, all—meet the "raveled sleeve of care" at every turn, and it is a prime factor in many diseases. What is it that gives relief? Sleep—"sleep that knits up the raveled sleeve of care."

"The death of each day's life, sore labor's bath." Can you see the wonderful power of the line—"the death of each day's life?" The day must die, as all days must die in sleep, or other days could not live. It is the prime necessity of life, quite as much as food, more than clothing or shelter. "Sore labor's bath" tells the histories of laboring men and women from the beginning of time. It removes the burden and gives strength for the coming struggle. Like the bath it rests and freshens the body.

"Balm of hurt minds" brings a weird conception of the struggle of life, which is not only "sore labor," but causes "hurt minds," which is many times the heavier of the two. One may work, be obliged to work to the extreme limit of the strength, and go on for many years, even a lifetime if the mind is free from care or trouble; but the "hurt mind" wears strength and life away rapidly. But the good God has furnished the remedy in sleep—"balm of hurt minds."

Truly it is the "chief nourisher in life's feast," and one to be regarded always and at all times by those who look after people's health. Shakespeare is speaking of such people, and it is our business to teach them lessons which keep people well, and I do not think the physician should lose any opportunity of impressing the lesson of these four lines.

But in the treatment of disease the necessity of this "chief nourisher in life's feast" is still greater, and we can not expect the best success unless we look to it. I have called attention many times to the necessity of seeing that patients have sleep in every form of disease. Not by the use of narcotics. O, no! Narcotism



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is not the sleep that "knits up the raveled sleeve," or is "sore labor's bath," or "balm of hurt minds," any more than whisky is gold and silver, even though it makes men feel rich for a few hours. There are other and better means of procuring the sleep which is so necessary.

We all appreciate the well made bed, the comfortable position, the hush and quiet of night, the darkness, when we want to sleep. The sick require the same conditions for restful sleep. They may need more, as the sponging of the face and hands, or the entire body, heat to the feet, something pleasant in the stomach in the shape of drink or liquid food. The fussing which many people misname nursing, the continuous taking of medicine which is misnamed treatment, do not favor sleep.

I do not believe I will be saying anything new to you when I recommend the *right remedy* as a sleep producer. How often have you seen aconite and veratrum pave the way to sleep by lessening vascular excitement and bringing down the temperature. Have you not seen sleep, natural sleep, that came with the kind action of gelsemium and rhus? or from the antiseptics, from quinine when indicated, even from a cathartic or lobelia emetic?

I tell you I do not believe there is the necessity for the use of opium, morphine, chloral, or sulfonal, that the books teach or many people believe. If we think of these things, and put them in practice early, we will find the necessity for narcotics growing less and less, until after a time we will hardly use them at all. They have a place, but we want to know, in every case, that they are just in the right place, and we do not want to feel responsibility for present injury, or for the growth of a future intemperance of use.—SCUDDER, *Eclectic Medical Journal*, 1892.

### QUININE.

When Dr. Scudder wrote upon the action and uses of a drug there could never be any misunderstanding as to his meaning. He knew the indications and he knew how to express them so clearly that none could mistake them. His indications for powerful medicines are so decided, clear, and true that they might well stand as therapeutic classics. Aconite, veratrum, gelsemium, belladonna; who does not admire the distinctness with which he puts their indications? This editorial is a sample of his way of teaching the uses of a drug. Compare it with the hit or miss policy prevalent among those who prescribe for diseases rather than conditions.—Ed. *Gleaner*.

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QUININE.—If there is any medicine that might rival morphine in its mis-uses and abuse that agent is quinine. Not only do physicians mis-use it, but the laity buy it, and use it for all manner of ills.

Again, if it will be remembered that quinine has one specific and certain action, it will not take long to learn to use it with that certainty with which we profess to practice medicine.

We give quinine to cure diseases of a periodic nature, the *periodicity* being the keynote and the specific indication for its use.

There is, however, one more point to be remembered, if you would prescribe it with certainty: The stomach must be in fair condition to receive it, *soft, open pulse, skin moist, and no irritation of the nervous system.*

Under these conditions, quinine acts with certainty, will cure ague and periodic fevers, and, taken at night with whisky, will abort a cold.

Given when the opposite conditions present, harsh, dry skin, irritation of nervous system, the patient will be made worse, disagreeable head symptoms will present, and the irritation of the nervous system will be increased.

Given then a case where distinct periodicity indicates the use of quinine, and there is a bad stomach, dry skin, and irritation of nervous system, give other remedies until these contra-indications are removed, then you may give full doses of quinine with great satisfaction.—SCUDDER, *Eclectic Medical Journal*, 1893.

### TABLETS.

The days of the resinoids and the "old nastiness," as he terms it, were not forgotten by Dr. Scudder, who for over thirty years had led the fight for representative medicines, when tablets came into the field. These he opposed as being no better at best than the old dried extracts, and he could see no value, as there is none, in evaporated tinctures put up in candy form. Permanent materials are not objectionable in tablet form, if soluble; but physicians soon found that no reliance could be placed upon remedies whose best constituents are evanescent or volatile when put into the lozenge form. Discrimination in the use of tablets had to be learned by bitter experience by many, while men well versed in the properties of good medicines saw early the failure that was sure to ensue from the use of tablets.—Ed. Gleaner.

TABLETS.—Druggists are "on the move," like other people, and they like to work *new* things on the profession, and make



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them for a little extra money. Thus we have our table loaded with sample medicines, and clever gentlemen bring them around, talk learnedly of their virtues, and give them away. One might suspect that manufacturers are the most self-sacrificing men, typical Good Samaritans, and are doing all this for the benefit of the hard-worked doctors and their suffering patients. Do you believe it?

Among the many fictions of the year is the presentation of *tablets*, and the assurance that they are quite as good as fluids, much easier to carry and dispense, and far pleasanter to take.

What is a tablet? If made well, it is powdered sugar and gluten, moistened with a good tincture, and dried. Of course the alcohol has evaporated, and only what it held in suspense, as resin, resinoid, alkaloid, etc., left behind. It does not represent the fluid medicine only as a dried extract might represent it. You remember the days of resins, resinoids, neutral principles, and powdered stuff, in which our indigenous medicines were served to us twenty-five years ago. Whilst some were good, there was a mass of worthless stuff, which almost swamped our school of medicine. Is it possible that "the sow is to return to her wallowing in the mire, and the dog to his vomit?" Not so long as I am able to talk against it.

Twenty-five years of hard work to get rid of the old nastiness, and get reasonably honest medicines, are not forgotten. Nor will our readers forget the advantage they have had from using good medicines. It has lessened their drug bills seventy or eighty per cent; it has given success in curing disease; and it has made the practice of medicine pleasant to both patient and physician.

A good specific medicine is good enough for any one. It contains the remedial qualities of the drug in the best form for preserving and dispensing. Time does not change it, and it will be as good in one or two years as is it to-day. It gives us the small dose, of certain strength, and in the familiar "half glass of water," the pleasantest form for administration. Take my advice, and stick to specific medicines; do not let traveling men persuade you that there is anything better. We do not want anything better.

I have used homœopathic pellets, and some triturates, and occasionally one may vary the monotony of the water, glass, and spoon, by buying the pellets and medicating them; but when it comes to a wrestle with disease, I always want the fluid medicine of the best manufacture.—SCUDDER, *Eclectic Medical Journal*, 1893.

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### HOWE.

The work of a life time in connection with congenial colleagues is bound to leave an aching void when that association is broken by death. The gentle spirit of John King had passed on and the great Howe had followed. Prof. Scudder, ever thoughtful, seems to live over again the days when the trio worked hand in hand. It suggests memory-days—anniversaries marking the passing of those who have justly won recognition to be remembered by those they have labored with and taught. Perhaps he, too, recalled the story he once told of the Eastern king who had a skeleton at every feast and of the one who, at each banquet, passed to each guest a skull on a salver, upon which was the motto, "Thou, too, are mortal." Who knows but that he, too, may have realized that he was soon to pass on. Scarcely had the ink dried on this editorial than his own spirit went to meet those of beloved colleagues, and the three great leaders of Eclecticism had joined "the innumerable caravan."—Ed. Gleaner.

Howe.—The months roll round, and this February we have the second anniversary of the death of Professor Howe. He is buried near where he was born, at Paxton, Mass., and a granite shaft marks his last resting place. I had thought it well to again name the fact, for there are some who, going East, would go out of their way to make a pilgrimage to the spot "where they have laid him."

We do not forget the kind feeling he had to all men, but more especially to those of his own medical faith. Many will not forget his kind sympathy with their work, and the ever ready brain and hand to give assistance when it was needed.

In Cincinnati we live where everything recalls him, and we can almost hear his footsteps, his cheering voice and laugh, and the firm, earnest words supporting his opinions. A man was the better for knowing him, and his associates have many pleasant memories of the time when Professor Howe was a power in medicine and surgery.

It is well, I think, to have an anniversary of death and re-birth, when the day recalls to memory the incidents of an honorable life, that by thinking of them we may become better and stronger men. So we will have the 16th day of January as a memorial day for Professor Howe.—SCUDDER, *Eclectic Medical Journal*, 1894.



JOHN MILTON SCHUBNER M.D.

1897

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**Historical Sketch of the Eclectic Medical Institute, Cincinnati,**

Known now as

**The Eclectic Medical College,  
1845-1911.**

*By*

**Harvey Wickes Felter, M. D.,**

Editor of

**The Eclectic Medical Gleaner,**

A

Serial Publication of

**The Lloyd Library,**

Cincinnati, Ohio.



Historical Sketch of the Eclectic School  
of Medicine

The Eclectic Medical College  
of the State of Ohio

Henry Walter Peck, M. D.

The Eclectic Medical College  
of the State of Ohio

The Eclectic Library

HISTORICAL SKETCH OF

## AN HISTORICAL SKETCH OF THE ECLECTIC MEDICAL COLLEGE, 1845-1911.<sup>1</sup>

In the closing year of the first quarter of the nineteenth century, there loomed up conspicuously, in the City of New York, a man whose purpose in life was to reform and better existing forms of medical practice. So well did he succeed that he is now revered as the pathfinder and founder of American Eclecticism in Medicine. Wooster Beach was born in Connecticut. He read Medicine in an unorthodox fashion by placing himself under the instruction of a successful but unlicensed country doctor living in a secluded part of the State of New Jersey. From this preceptor he acquired uncommon facts concerning treatment, and then, going to the metropolis, became regularly educated in Medicine in one of the great medical universities and obtained his parchment.

The regular course was taken for two purposes: to allow him the right to practice unmolested, and, as he declared, that he might the more clearly "detect errors of the modern practice." Armed with the certificate of right to practice and of good moral character, he set out to follow his chosen art, but not in the regular way. He leaned strongly toward the use of vegetable medicines as against what were then termed mineral medicines. In order to pursue his calling and also to spread abroad his views and practice, he opened a clinical school known as the *United States Infirmary* (1827). Previous to this he had privately instructed pupils at his home as early as 1825. In 1829 this school was enlarged and denominated the *Reformed Medical Academy*. The next year it bore the more pretentious title of *Reformed Medical College of the City of New York*.

<sup>1</sup>The following article was prepared, by request, for publication in the "Skull," the first annual publication of the student-body of the Eclectic Medical College, 1911. The frequent demand for a brief historic sketch of the college on part of graduates is the reason for reproducing it herein, for in this way it can come into the hands of a greater number who may desire the data briefly contained in the article.—Ed. Gleaner.



## HISTORICAL SKETCH OF

From this school have sprung indirectly all of the Eclectic Medical Colleges of the United States. Out from this institution went Doctors John J. Steele (who soon proved defective), Thomas Vaughan Morrow, and Ichabod Gibson Jones, to do missionary work, for at a meeting of the first *National Medical Society* organized in this country—*The Reformed Medical Society of the United States*<sup>3</sup>—a resolution had been passed, "That this Society deem it expedient to establish an additional school in some town on the Ohio River, or some of its navigable tributaries, in order that people of the West may avail themselves of the advantages resulting from a scientific knowledge of Botanic Medicine."

An offer was made the Society to establish the proposed school in the then young and aspiring village of Worthington, Ohio. A strong effort was being made to constitute that town the Capital City of Ohio, but its near neighbor Columbus won out. In Worthington there had been established in 1808 a literary and scientific school known as the *Worthington Academy*. This was successfully conducted until 1819, when a new charter was granted it, with title *Worthington College*. One of Dr. Beach's appeals (for the Society) for a college site having reached Worthington College, the trustees, at the instance of Colonel James Kilbourne, offered the protection of the charter and the use of the college building for the proposed "Medical School in the West."

The train of emigration was rapidly moving westward in 1830; prospects for expansion were bright, and the offer was thankfully accepted. Doctor Steele came on to examine the place and approved of it. *The Reformed Medical College of Ohio*, better known as the *Medical Department of Worthington College*, was instituted, and Doctor Steele was made President. The latter proved wanting and was asked to vacate, when a stalwart young Kentuckian,<sup>4</sup> full of vigor, resource, and ability, and fresh from the New York Institution, was installed at the head of the venture.

Under his presidency the school grew rapidly and proved immensely successful for a few years, when it was killed by the defection of some of its men and the machinations of its enemies of the regular school. That which has wrecked so many medical colleges, of whatever creed—jealousy—and particularly a "resurrection war," proved the fatal strokes to this new and unprotected

<sup>3</sup> New York City, 1820. Dr. Wooster Beach was its President.—*Wilder's Hist. of Med.*, p. 481.

<sup>4</sup> Dr. Thomas Vaughan Morrow.



WOOSTER BEACH.



T. V. MORROW.

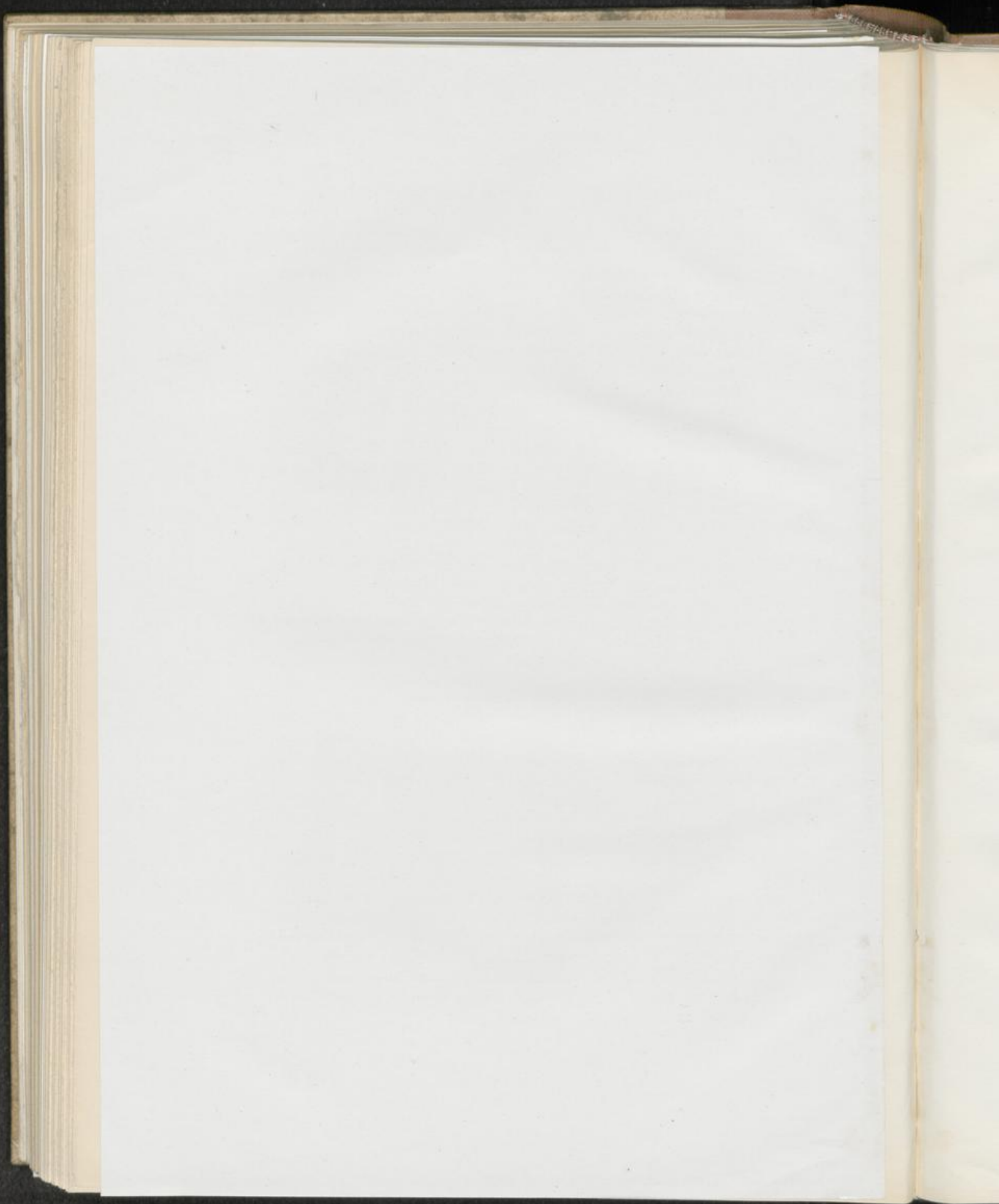


I. G. JONES.



R. S. NEWTON.





## THE ECLECTIC MEDICAL INSTITUTE.

school. The institution was closed and subsequently moved to Cincinnati, where it was to struggle for a year or two and then have a renewal of life such as is seldom experienced by a new and once crushed institution.

Nothing daunted by the failure of the college at Worthington, Professor Morrow decided to carry on the work of medical reform in a more auspicious locality. Cincinnati was determined upon for the center of operations, and accordingly, in the winter of 1842-3, limited accommodations were secured in the old Hay Scales House, corner of Sixth and Vine Streets, and a series of lectures was given to a small class.

In this venture Doctor Morrow was assisted by a Worthington graduate (of 1832), Professor Alexander H. Baldrige, and by a Professor — Carr. In 1843 came Doctor Lorenzo E. Jones to assist in the work. He brought both zeal and business qualifications that made him a valuable acquisition. Lastly, Doctor James Kilbourne, Jr., son of Colonel Kilbourne, the staunch friend of Doctor Morrow and medical reform, was added to the faculty, in 1843. He had scarcely completed his first course of lectures, however, before consumption claimed him, and what promised a useful and brilliant career was brought to an abrupt close.

The school thus reorganized, was known as the "REFORMED MEDICAL SCHOOL OF CINCINNATI" and was the nucleus around which gathered the forces that ultimately established the Eclectic Medical Institute. The next removal was from the Hay Scales House to a house on Third Street. In 1845 "the large and spacious lecture room" known as the Fourth Street Hall, with adjoining rooms, was secured and accommodations were thus provided for from two hundred to three hundred students. The *Western Medical Reformer* (1845, Vol. V, p. 15) announced that "in the course of the ensuing spring and summer the Institute will most probably have ample college buildings of its own."

The school as then constituted was not yet a college in the sense of a legally chartered institution, that part of the charter of the Worthington college permitting the conferring of the Medical Degree having been annulled when the college at Worthington was forced to close. Therefore, in 1843, efforts were made to secure a charter giving the Cincinnati school the dignity and privileges of a medical college. Petitions were circulated among the people, in 1845, asking their signatures to a memorial to the Legislature.



## HISTORICAL SKETCH OF

This was signed by eleven hundred (1100) of the foremost citizens of Cincinnati, including the mayor and members of the City Council. In this movement Dr. T. V. Morrow took the lead, and was ably assisted by Doctors L. E. Jones, A. H. Baldrige, B. L. Hill, John White, and others. The petition went to Columbus, but it did not go alone. Some sixty odd physicians of the allopathic branch of the profession, "conceiving a dreadful antipathy to the establishment of such a school as the competitor of the Ohio Medical College," sent in a counter-petition. Doctor O'Ferrall, of Piqua, Ohio, chairman of the Committee on Medical Colleges and Societies, voiced the views of the opposition in the extravagant statement "that the medical profession had reached the summit—the very acme of medical science—and that medicine does not need, nor is it susceptible of further improvement or reform." The reform petitioners were represented by Senator Ephraim Eckley, chairman of the Committee on Corporations, who in a masterly, if less grandiloquent, report than that of the Senator-Doctor from Piqua, recommended the passage of the measure.

On March 10, 1845, the bill incorporating THE ECLECTIC MEDICAL INSTITUTE was passed. The intolerant and illiberal spirit of medical monopoly was most signally rebuked. Colonel Kilbourne, who had been the friend of the School at Worthington, was the leader in this matter, and to his watchful interest was due the passage of the act. For him and for the new school and its faculty it was the hour of triumph, and it was appropriately celebrated.

Medical Reform was now fairly launched. Announcing the good news, the *Western Medical Reformer* issued the following manifesto:—"Our college will be strictly what its name indicates—*Eclectic*—excluding all such medicines and such remedies as, under ordinary circumstances of their judicious use, are liable to produce evil consequences or endanger the future health of the patient."

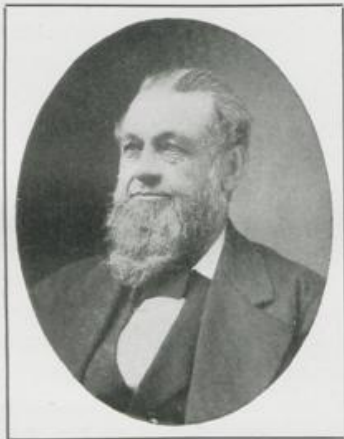
A faculty was organized—the first under the charter—constituted as follows: On Anatomy, Benjamin Lord Hill, M. D.; on Physiology, Pathology, Theory, and Practice of Medicine, Thomas Vaughan Morrow, M. D., Dean; on Surgery and Medical Jurisprudence, Hiram Cox, M. D.; on Materia Medica, Therapeutics, and Botany, Lorenzo Elbridge Jones, M. D.; on Chemistry and Pharmacy, James Harvey Oliver, M. D.; on Obstetrics and Diseases of Women and Children, Alexander Holmes Baldrige, M. D., Lectures on Clinical Medicine and Surgery, by Doctors Morrow and



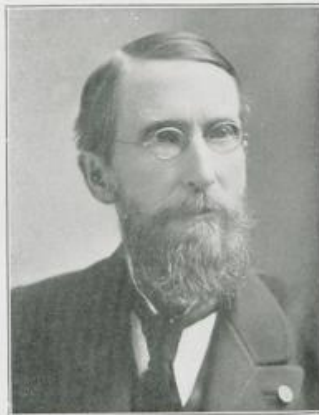
STORM ROSA.



Z. FREEMAN.



JOHN KING.



E. FREEMAN.





## THE ECLECTIC MEDICAL INSTITUTE.

Cox. A session was immediately begun, and continued until July 1st. The fees were \$5 per course for each professor.

The provisions of the charter making it obligatory upon the corporation "to possess property in its own right to the fair value of ten thousand dollars (\$10,000)" before diplomas could be granted, enforced the providing of a building and thus the corporation was spurred to redoubled activity. Among others, Doctors L. E. Jones, Morrow, Baldrige, and Hill, but especially Doctor Jones, contributed liberally, and a college building was erected on a lot 90 x 46½ feet, on the northwest corner of Court and Plum Streets.

The edifice was completed in 1846, and first occupied November 7th, by the faculty and graduating class of 1847. Doctor Wooster Beach, the founder of Medical Reform, and now well along in years, came on from the East to take charge of the "clinique" and his text-book—"*The American Practice*"—was the only book on reformed medicine then available. Text-books of the regular school were still used, but the lectures on practice were carefully revised and presented according to the views of the reformed physicians. The new school was prosperous and had, in its first year, 81 students and 22 graduates; and in the following year, 127 students and 31 graduates.

The first year of the embryo institution passed off successfully, having had a good enrollment and a fair sized graduating class. Thus far Doctor Morrow had kept his hand on the helm. Being broad, tolerant, and liberal-minded, however, he was tempted, by the desire to spread reform and enlarge the school, to recognize and aid homeopathy—unwisely for the peace and prosperity of the new college.

He with others looked favorably upon the efforts of the homeopaths to gain a foothold, and inclined strongly toward the establishment of a chair of homeopathy in the Institute—a purpose duly announced in the college journal. This innovation, to be referred to hereafter, proved to be one of the first disturbing procedures in the progress of the infant school. Another was the addition to the faculty of one who for the next decade provoked continual uneasiness among the corps of teachers. On March 25, 1846, there was taken into the faculty a brilliant scholar and lecturer, who, though not deeply versed in medical knowledge, had recognized the justice of the cause of Eclecticism and had cast his lot



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with the reformers. He was a fluent and persuasive speaker, ready with the pen, and could grace the occasion when a convincing orator was needed to appear before the people. It was, therefore, considered a great stroke of policy when Doctor Joseph Rhodes Buchanan was added to the faculty.

Professor Buchanan remained with the school some ten years, and well-meaning though he undoubtedly was, he proved as visionary and unpractical as he was talented and eloquent. So tenacious was he of his favorite subject of cerebral physiology (closely allied to phrenology) and so insistent was he to display it on all occasions, that there soon arose dissensions in the faculty which resulted in the withdrawal of some of the most able professors from the teaching force.

In accordance with the liberal policy previously referred to, an invitation was sent to a body of Homeopathic physicians who had settled in the West and were contemplating the organization of a college of Homeopaths at Cleveland, to select a representative to occupy a chair of Homeopathy in the Institute. At a convention held by the Homeopaths at Cleveland, Professor Hill was present to urge the innovation.

On June 26, 1849, the invitation was accepted and Doctor Storm Rosa, of Painesville, Ohio, was unanimously chosen to fill the position, and Doctor David Sheppard, of Bainbridge, Ohio, was selected as editor of a Homeopathic Department in the *Eclectic Medical Journal*, the successor of the *Western Medical Reformer*.

During the following session of the Institute, Professor Rosa lectured "with dignity upon the principles of Homeopathy" as was declared by the whole class, "notwithstanding the many embarrassments appendaged thereunto." As a result, a few students were won over to Homeopathy, though the majority of the class remained Eclectic. At the Commencement, held March 6, 1850, six students received both Eclectic and Homeopathic diplomas. Thus was the Eclectic Medical Institute the first institution in the West to give Homeopathic instruction, and the first in the West to graduate a class in Homeopathy. In this class was the distinguished Homeopathic historian, Doctor David H. Beckwith, of Cleveland, who died in 1910.

The large-hearted liberality of Doctor Morrow and others interested in providing from the teaching of Homeopathy, proved but indiscretion, for within a year the college was as eager to rid

## THE ECLECTIC MEDICAL INSTITUTE.

itself of Homeopathy as it had been eager to invite it. The chair was, therefore, abolished, August 22, 1850. This attempt, as one of the participants expressed it, "to mix oil and water" proved a disturbing circumstance of far-reaching effect, and upon its inception the veteran reformer, Doctor A. H. Baldrige, and Doctor Jams H. Oliver, whose sympathy and training was strongly regular, promptly resigned. Other changes were also made in the personnel of the faculty. Doctor Beach, now infirm and with the pall of mental decay falling upon him (owing to the death of his favorite son by drowning), resigned active work and was made an emeritus professor. Doctor Horatio Page Gatchell, who had been selected to succeed Professor Baldrige, and who gave preliminary lectures to Doctor Rosa's course, resigned shortly afterward. Doctor Gatchell was a scholarly and cultured gentleman, little in sympathy with Eclecticism, for he was first and last a Homeopathist. In the place vacated by Professor Oliver was placed a young teacher and author of school-books, who, after teaching chemistry, resigned to study law and subsequently became one of the distinguished jurists of the West, John B. Stallo.

The attempted affiliation of Eclecticism and Homeopathy having failed, and the college now purged of the latter, renewed activity, better harmony, and success attended the school. The teaching was up-to-date, and a demand arose for Eclectic text-books. The first to be issued was, singularly, "*The American Eclectic System of Surgery*," by Professor B. L. Hill, of the faculty. It was a work of great merit and for many years remained the popular Eclectic text-book on surgery, though the author became a Homeopathist and teacher in a Homeopathic college.

The college was now well-established and growing in strength and numbers. Matriculates to the number of 145 were enrolled. A sad and unexpected calamity now seriously hampered the progress of the school and the cause. On July 16, 1850, the crushing blow came in the death (caused by dysentery), of the father of the Institute, Doctor T. V. Morrow, then but 46 years of age. The school turned instinctively to his life-long friend and associate at Worthington, Doctor Ichabod Gibson Jones, of Columbus, to guide the institution. He accepted the leadership. Doctor Morrow had begun the preparation of a text-book upon practice. The task of completing this fell upon Doctor Jones, which he did in an eminently satisfactory manner, and the resulting two-volume "*Jones*



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*and Morrow's Practice*" was for many years the guide for Eclectic physicians.

Doctor Jones was an able scholar, author, and teacher. Hard work and a constitutional disease had made sad inroads upon his health, and he failed to realize the hopes that he might fill the place of the lost leader. The college was therefore in sore straits. Professor Buchanan lacked financial capacity and was too insistent upon having his own way to successfully lead his colleagues. The only man of sound business qualifications, but one whose turbulent nature made him unpopular with his associate teachers, was Doctor L. E. Jones. Besides he and Doctor Buchanan were ever at swords' points. Hopeless financial embarrassment threatened, and something must be done and done quickly.

Those whose money was invested in the school and building then invited Professor Robert Safford Newton, M. D., of the Memphis Medical Institute, to come to Cincinnati and take charge of the Institute. He came and brought with him from the Memphis faculty, Professors William Byrd Powell, Zoheth Freeman, J. Milton Sanders, LL. D., and John King, 1851. These, with the exception of King and Powell, united with the unresigned portion of the faculty (Doctors I. G. Jones, L. E. Jones, J. R. Buchanan, and B. L. Hill) and formed a new, and perhaps the strongest faculty the college had had, with Doctor Newton as Dean.

Again prosperity seemed assured, when resignations reduced the faculty to four members. Professor Hill resigned to enter the faculty of the Cleveland Homeopathic College. He was succeeded by Doctor John King, who was then preparing his great work, "*The Eclectic Dispensatory*." Doctor I. G. Jones returned to Columbus, to recuperate his health. Doctor Beach's name was dropped from the faculty, and Professors Freeman and Sanders withdrew. Only L. E. Jones, R. S. Newton, John King, and J. R. Buchanan remained as teachers. Now [1852] appeared that eventful publication by King and Newton, "*The Eclectic Dispensatory*," afterward, "*American Dispensatory*."

Buchanan, ever resourceful, but always visionary, conceived a scheme (in 1852) of instituting a great "Free College of America," in which a medical education would be practically free and within the grasp of all medical aspirants. A costly building was to be erected with a hospital of 1,000 beds attached thereto, and a large library and an anatomical and physiological museum were proposed. The professional fees (\$60) were to be abolished, and only



JOHN M. SCUDDER.



A. J. HOWE.



F. J. LOCKE.



C. H. CLEVELAND.





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matriculation (\$10), dissection (\$5), and graduation (\$20) fees were to be exacted. This Utopian dream, conceived no doubt with purely philanthropic motives, but wholly suicidal to Eclectic interests, was strongly opposed by Professors Freeman and Sanders, hence their resignations. The venture failed to materialize, however, and another rearrangement of the faculty was all that came of it. At no time, from the proposed free educational scheme until 1856, was the college in a safe, settled, and sound condition, and changes in the personnel of the faculty were numerous.

During this period there came into the faculty Doctors George W. L. Bickley, a scholar and adventurer (whose romantic career reminds one of that of Aaron Burr), William Sherwood, Daniel Vaughn, the most profound scientist Cincinnati has ever known, and John Wesley Hoyt, since distinguished in public life and still among the living. For the four succeeding years harmony was out of the question, for the dislike of Professors Buchanan and L. E. Jones for each other kept forever smoldering the embers of a species of internecine strife that had a decidedly depressing influence upon the school.

This, too, was the period when the integrity of Eclectic Medicines was threatened by the "resinoid" distraction, with which dishonest manufacturers came near disrupting Eclecticism. Finally, there arose a fierce war against Professor L. E. Jones (conducted most largely upon paper) which displayed to full advantage the ridiculous frailties of all concerned. Another disturber was to come. Professor Bickley, having resigned on account of ill-health, there was appointed in his place a physician of scholarly attainments, but educated in the regular school and consequently one not able to appreciate the position, or the virtues, of the Eclectic System of medicine.

A man of native intelligence and shrewdness, and of good business training, Doctor Charles Harley Cleaveland might have rendered signal service had he not proved tactless and turbulent and disposed to controversialism. He knew little concerning Eclectic medicines, and through his conduct in the matter of the resinoids he became the most potent factor in bringing about the imbroglio which disrupted the college and led to the institution of a rival school in 1856.

From the foregoing it might appear that the college had accomplished nothing in the first years of its existence, because of the frequent involvement of men and methods. But the ordinary



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mortal, however seriously he views his own importance, seldom cuts a wide swath in life's harvest. While he may hamper a good work he seldom succeeds in crushing it. There is always some one to supply the place of the disaffected, and the world's work moves on. Most of the men who served on the faculties were capable and qualified, but many aspired to leadership which rightfully belonged to others, and there were continual bickerings and back-bitings which would have wrecked a less deserving cause.

Yet, in spite of all, the school and the cause progressed and prospered and the college waxed in power and numbers up to the very verge of the civil war. That "money makes the mare go" was as true then as now, and ever will be. What was most needed in the college was a leader with Morrow's harmonizing and organizing qualifications, plus good business sense and financial integrity. Notwithstanding the many and seemingly needless embarrassments, we find that up to 1855 the college had matriculated 2,145 students and graduated 593 doctors—a decidedly good showing for a cause not yet three decades old, and a college but ten years established. The following table shows its yearly progress:

Years	Mtric.	Grad.	Years	Mtric.	Grad.
1845-46	81	22	1850-51	211	45
1846-47	127	31	1851-52	212	58
1847-48	220	48	1852-53	308	70
1848-49	191	47	1853-54	292	126
1849-50	224	65	1854-55	279	81

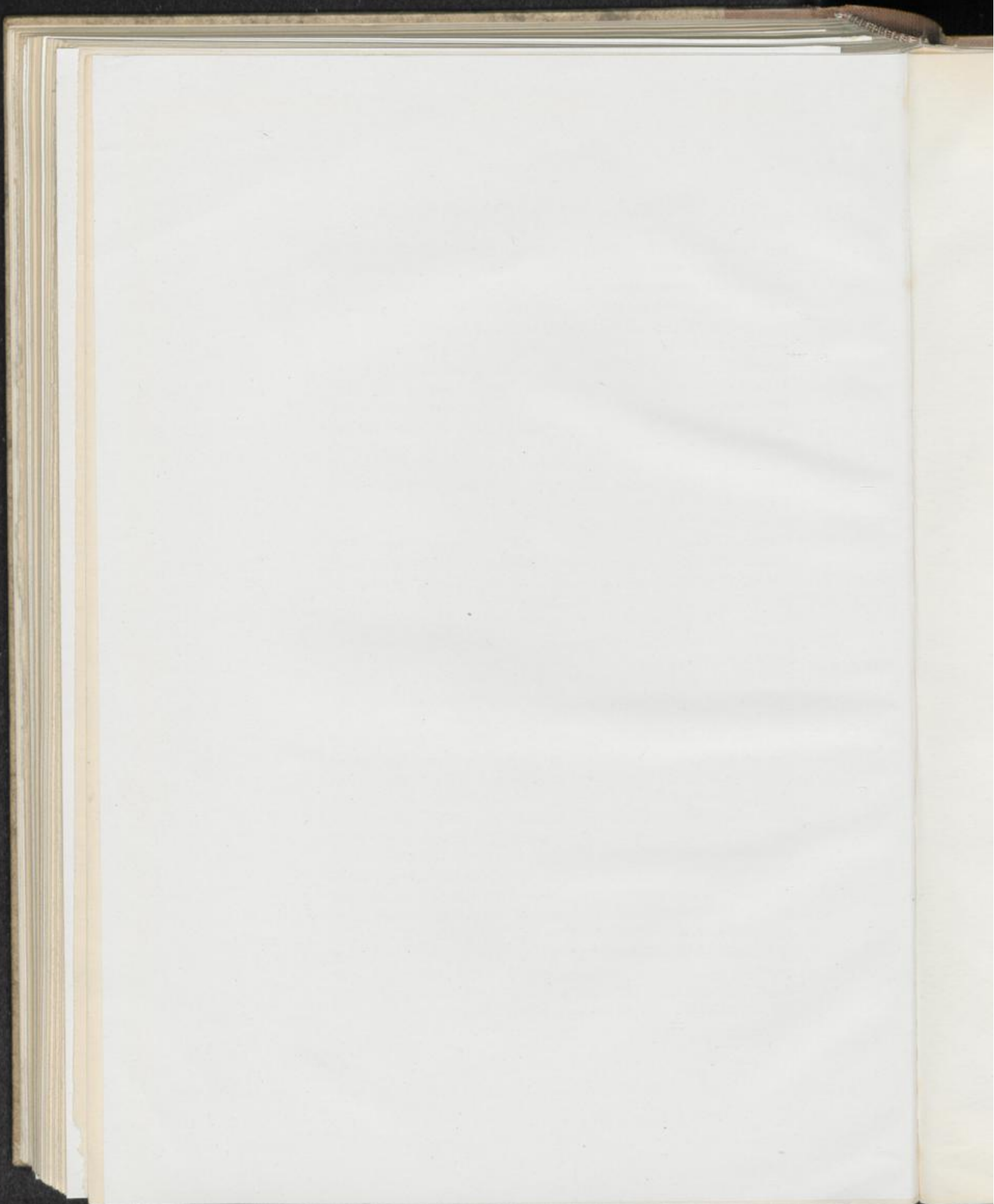
Thus, during the first ten years of its existence, the Eclectic Medical Institute had been a tremendous success and had thrived vigorously "independent of the patronage of the State, and without any aid from pecuniary endowment; independent of all subservience to medical cliques, societies or combinations; claiming and exercising the right of independent progress in the improvement of medical science; extending a liberal and courteous professional recognition to all other schools; proscribing none, and claiming for itself an honorable independence."

The great crisis in the history of the college came in the spring of 1856. Instead of taking refuge in resignations as before, the faculty became hopelessly divided into two factions, each of which sought to obtain control of the building and college management. Doctors Newton and Freeman led one group, and Doctors Cleveland and Buchanan the other. The cause of the disaffection was



THOMAS VAUGHAN MORROW, M. D.





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bad financial management and the thirst for control. Salaries had long been left unpaid. The result was open hostilities, threatening actual bloodshed. The college "stock" became the bone of contention, and the Cleaveland party sought surreptitiously to control the Board of Trustees, in order to expel Doctors Newton and Freeman from the faculty. Tinkering with the stock was also resorted to. The matter was finally taken to the Superior Court, where an injunction was obtained by Doctor Newton restraining "the seceding members of the faculty, or other persons assuming to act as trustees, from the performance of all and every act but that of lecturing," and a writ was issued to bring the illegal stock into court to be cancelled. The injunction was subsequently dissolved and the war went on. The trustees then expelled Doctors Buchanan, Sherwood, King, Cleaveland, and Hoyt. The seceders elected a rival Board of Trustees.

To the faculty of the Eclectic Medical Institute, now under control of the Newton party, were appointed Doctors William Byrd Powell, L. E. Jones, and J. Milton Sanders, in place of those expelled. The next year Doctors A. H. Baldrige and G. W. L. Bickley returned into the faculty, but the most important accessions made up to this time were those of Doctors Edwin Freeman and John Milton Scudder, both but recently graduated. The summer of 1856 was consumed in disputation and legal maneuvering, and quo-warranto proceedings were resorted to to determine which was the legal Board of Trustees. The matter was decided by the Court in favor of the Newton party, with Robert S. Newton as the lawful treasurer, and the bogus stock was cancelled by order of the Court. Thus ended the legal controversy. An opposition college was organized by the seceders. After a career of nearly three years, peace was declared and the rival college merged with the old Institute. The rival college had, if anything, the most brilliant faculty, and into it had come one who was destined to become the foremost Eclectic Surgeon of his day—Doctor Andrew Jackson Howe. In 1858, Doctor Herod D. Garrison entered the faculty of the reunited colleges, and in 1859 Doctors Charles T. Hart and Andrew Jackson Howe.

In the first thirteen years of its existence the Eclectic Medical Institute, with all its upheavals, enrolled a greater number of matriculants than any medical school west of the Alleghanies during a similar period of establishment.



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One more shadow was to fall upon the college. The civil war with all its horrors and hardships was about to disrupt the North and the South. The South had sent many students to the college, and these withdrew for loyal reasons, and from necessity. Two schools could not be successfully conducted, and this led to the merger as recorded. The beginning years of the civil war, while reducing the number of students and the income, coupled with bad financial manipulations threatening the very existence of the school, did not seem to dishearten the management. But the year 1862 brought its full measure of gloom and discouragement. Hope was almost lost, and the classes were feeble in numbers. It was the darkness before dawn. The college organ had died for want of subscriptions six months before. Eclectics were discriminated against in the army service, and every effort was made by the adherents of regularism in medicine to crush Eclecticism.

A leader now arose in the person of John Milton Scudder, who relinquished a large and lucrative practice to save Eclecticism and the college. Once more the sun shone upon Eclecticism. A renewal of life and courage was felt, and business methods were applied to the management of the school. Doctor Scudder also purchased the defunct *Journal*, put new life into it, and made it a successful college organ. Relying upon the loyalty of Eclectic graduates, he threw his powerful personality into the work before him; he got everybody else to working, and he carefully chose his teaching force from men true and tried in Eclecticism. The result was that the college had, in 1862, the largest classes of any medical college in the city (though all classes in the city were now small), and it had graduated, up to 1862, 1,002 physicians and matriculated 3,286 students.

Notwithstanding the small graduating class of nine in 1863, and the prospects of "draft" into the army, the class of 1864 numbered 119, and greater numbers marked the closing year of the war. The college was *out of debt*, thoroughly equipped, owned its own building, had furnished nearly all Eclectic text-books that had been published, and had a strong and veteran faculty. Scudder's splendid "*Eclectic Medical Practice*" appeared in 1864, and gave new life to the cause. From 1864 on the career of the college has been a succession of successes. During the night of November 20, 1870, a fire partially destroyed the college building, yet but one

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hour of lectures was lost. The ever resourceful dean secured a hall so that lectures were resumed in the morning.

A new and elegant stone-front building was erected in 1871, and dedicated with impressive ceremonies. The largest gathering of Eclectic physicians that had ever convened at one time was present, and an Alumni Association was formed.

This building served until 1910, and in its halls most of the present Alumni received their medical education.

The future of Eclecticism in medicine was assured when Doctor Scudder took control of the college and rehabilitated the "*Eclectic Medical Journal*." But more beneficial than all, perhaps, was his master-stroke in giving to the world the system of specific medication upon which he had worked since 1859. In 1868 he announced his intention to publish results of his studies, which he did, in 1869 and through 1870, in the columns of the *Journal*. Subsequently these studies were put into book form as "*Specific Medication and Specific Medicines*."

This book made a profound impression and gave a distinctiveness to Eclectic Medicine such as it had not possessed since its earliest years. Two years previously he put out "*Principles of Medicine*," and King published his encyclopedic "*Chronic Diseases*." In 1870 Professor Howe published "*Fractures and Dislocations*." Thus a substantial Eclectic literature grew up and made Eclecticism independent in so far as text-books were concerned. Practically all of the text-book literature had thus far been prepared by the members of the faculty of the college.

From 1871, when the new building was dedicated, the story of the college is a history of healthy growth—in influence, numbers, and work. There were added to the faculty, now small in size but large in caliber, Jerome P. Marvin, M. D., in 1871, and Thomas C. Hannah, M. D., in 1873. In 1874 the important accession was the gifted scholar, linguist, and scientist, Doctor John Allard Jeancon.

In 1874 Professor Scudder's greatest work, in the estimation of the writer—"Specific Diagnosis"—was published, and this production alone is an imperishable monument to its author. Howe's "*Art and Science of Surgery*" came out in 1876, a befitting gift for the Centennial year.

A Woman's Hospital was established in connection with the



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college in 1877, but it ran the sands of life quickly. In 1879 John Uri Lloyd, a practical chemist, was made professor of chemistry—an accession giving strength to the school and eminent satisfaction to the students. The requirements were now gradually heightened and the fees increased commensurately. Harmony prevailed, and the faculty had become a stable body. Scudder, King, E. Freeman, Locke, Howe, Jeancon, and Lloyd constituted one of the ablest faculties ever possessed by any medical institution in this country, and they served uninterruptedly for many years. The yearly term rose to two sessions of twenty weeks each in 1879, or 1,368 lectures per year.

In 1880 the "*Supplement to the American Dispensary*," King and Lloyd, appeared, and Jeancon published an elaborate "*Anatomical Atlas*." Lloyd's "*Chemistry of Medicines*" appeared in 1881. In 1882 Scudder's "*Materia Medica*," a condensed but fully revised edition of Jones' and Scudder's *Materia Medica*, was issued, and in 1884 "*Pathological Anatomy*," by Doctor Jeancon. This was followed by an elaborate conception in drug study, titled "*Drugs and Medicines of North America*," by J. U. and C. G. Lloyd, which, however, was but partially completed.

In 1887 age and ill-health were beginning to tell upon the old faculty. New blood was infused and Doctors Rolla L. Thomas and William E. Bloyer were added to the teaching force, and Judge Fayette Smith was made lecturer on Jurisprudence. In 1888 the first distinct department of Eye and Ear instruction was established, and Doctor Eli Melvin McPheron placed in charge. In 1890 Doctor Lyman Watkins was placed in charge of the new Histology department, Doctor Robert C. Wintermute took up Professor King's work in the faculty, and William L. Dickson (now Judge Dickson) was given Judge Smith's position on the staff.

In 1891 Doctors William Byrd Scudder and Harvey Wickes Felton were added to the faculty. The same year the Institute received the diploma of the "*Exposition Universelle*," held at Paris, France, in 1889, for its showing of catalogues, publications, and eighteen text-books written by the faculty. These were deposited permanently in the *Bibliothèque Medicale*, the request for the display having come, unsolicited, from the Department of Education of France.

The death angel appeared frequently in the early '90s. Former Professors Garrison and Judge passed away in 1891. On January

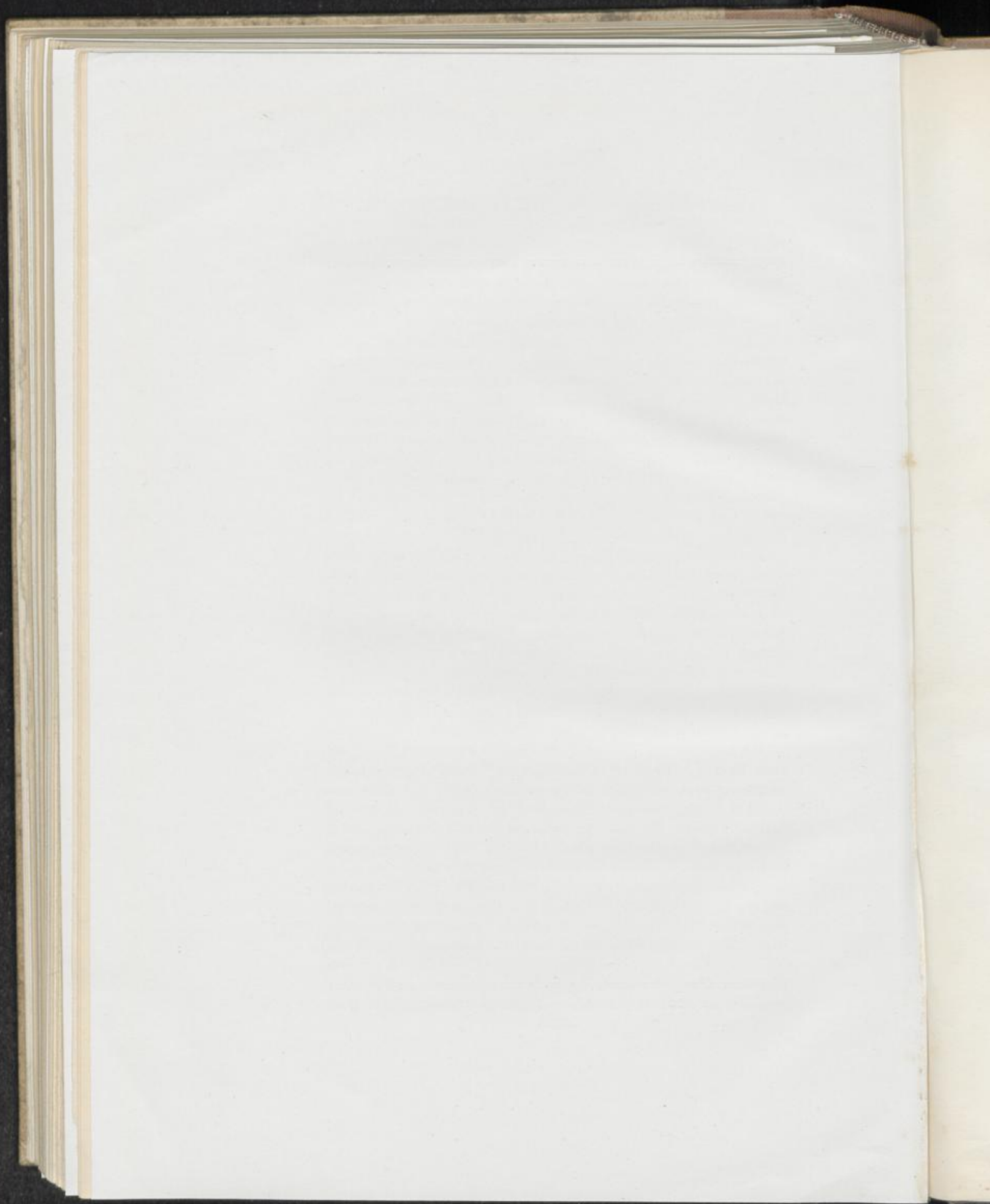


ECLECTIC MEDICAL INSTITUTE,  
1846.



ECLECTIC MEDICAL INSTITUTE,  
1870.





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16, 1892, the great Howe was stricken; on June 19, 1893, Doctor King, the beloved teacher, was called; and on February 17, 1894, the sudden death of Doctor Scudder was announced.

Immediately after the death of Professor Scudder a rearrangement of the faculty was made, with Doctor Locke as Dean. A new clinic was established, and an amphitheater was fitted up for the increased duties of the professors. A corps of lecturers and clinicians was appointed, under the lead of Doctor William N. Mundy, who had now come into the faculty. Among those who came into the faculty, in one position or another, at this time were Doctors Bishop McMillen, John K. Scudder, E. T. Behymer, Charles G. Smith, G. W. Brown, W. W. Barber, and Grant Van Horn. Doctors L. E. Russell and John R. Spencer entered in 1895. Emerson Venable and Doctor H. Ford Scudder were added in 1897. Doctor Kent O. Foltz began service in 1898, and died in 1908.

In 1901 the College formed an alliance with the Seton Hospital, an excellently equipped institution, thus adding to the prestige and facilities of the Institute. This building was abandoned when the management purchased the building now occupied by the Seton Hospital, which adjoins the present home of the College. During a portion of the last decade, Doctors Byron Van Horn, Charles S. Amidon, and Herbert E. Sloan served satisfactorily as teachers. In 1909 was begun the construction of the present College building, a six-story, modern structure, fire-proof, and completely equipped for didactic and clinical instruction.

Up to 1910 and since 1845, the College had passed under the name ECLECTIC MEDICAL INSTITUTE. For substantial reasons, the title was changed, in 1910, to the ECLECTIC MEDICAL COLLEGE.

Of those who have served on the various faculties of the Eclectic Medical Institute there are some who may be said to have achieved distinction: Wooster Beach was the founder of Eclecticism, an author of renown, and was honored on several occasions by royal recognition from the ruling princes of the Old World; T. V. Morrow was the promoter of Eclecticism in the West, and the founder of the Institute; B. L. Hill wrote the first distinctly Eclectic textbook, "*The Eclectic Practice of Surgery*," was a member of the Ohio and Michigan Legislatures, and Consul to Nicaragua under President Lincoln; Joseph Rodes Buchanan was a medical philosopher, investigator, scientist, and general scholar; Storm Rosa



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was the first Homeopathic professor in the West, and president of the first gathering of Homeopaths in the West (at Burton, Ohio, in 1847); John B. Stallo became a distinguished lawyer, author, and diplomat, and was Minister to Italy under President Cleveland; Daniel Vaughn is conceded to have been the most profound scholar Cincinnati has ever produced; John Wesley Hoyt became famous in public life and as an educator, was Governor of Wyoming, and originator of the movement to establish a National University at Washington, D. C.; G. W. L. Bickley, historian and adventurer, and Chief of the Order of the Golden Circle, was under the ban of President Lincoln during the Civil War; John King was the founder of American Materia Medica, a prolific author, and taught obstetrics for upward of forty years; William Byrd Powell was an ethnologist distinguished for his peculiar views, and the author of a novel work entitled "*The History of the Human Temperaments*;" John Milton Scudder, author and distinguished journalist, saved the Institute at a crucial period in its career and immortalized himself by originating the doctrine of specific medication; Edwin Freeman was a distinguished teacher of anatomy for a third of a century; Herod D. Garrison, scholar, philosopher, and public lecturer, was one of the founders of Bennett Medical College; Andrew J. Howe became the best known Eclectic surgeon of his time; Frederick J. Locke taught materia medica in the Institute for threescore years; John Uri Lloyd, chemist, pharmacist, and author, has written many scientific works, as well as *Eti-dorhpa* and the Stringtown novels, has been signally honored by pharmaca societies and is an ex-president of the American Pharmaceutical Association; John A. Jeancon was a distinguished scientist and linguist; William E. Boyer was president of the National Association; Rolla L. Thomas, author of "*Thomas' Practice of Medicine*," was also a president of the National; L. E. Russell is a surgeon of national repute and an ex-president of the National; and John King Scudder has served on the Ohio State Board of Medical Registration, has been secretary of Eclectic Medical Institute for about twenty years, and is also an ex-president of the National Eclectic Medical Association.

The College, as now managed, has no stock nor stockholders, and is under the control of fifteen trustees representing the graduates. The property is valued at \$57,500 (ground, \$7,500; six-story brick and stone building, \$45,000; equipment and furniture,

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\$5,000). Up to 1910, inclusive, the number of graduates was 3,978. When the present class of 1911 graduates the total will have exceeded 4,000. Of this number, at least 1,842 are known to be living and in active practice.

Briefly, and necessarily fragmentarily, we have traced the annals of the Eclectic Medical Institute. The most stress has been put upon the formative period, for after the Civil War and under the leadership of John M. Scudder, her course was fairly smooth and largely undisturbed by internal dissensions. The College has stood, and stands to-day, the foremost exponent of the principles and practice of American Eclecticism in medicine. It is fortified with a strong teaching force, and fostered by a loyal Alumna body. It advocates and teaches the use of kindly curative remedies and the avoidance of depressing or depletive medication. It advocates liberality of thought, the higher medical education, and the cultivation of professional honor and dignity.

The College has taught and has been the pioneer in the study of indigenous materia medica, with special reference to specific selection of remedies in the treatment of diseases. It has contended for the best pharmacy possible, that the minimum amount of medicine may accomplish the maximum of good. Harmful medication, as exemplified in excessive drugging, has been consistently opposed, heroic overdrugging having been one of the causes leading to the necessity for and the establishment of the Eclectic school.

The Eclectic Medical College has contended for the best preliminary training, the most advanced medical education, for "the simplest and purest of remedies, for exactness in medication, and for the ethics that govern gentlemen."

The present faculty of the College is constituted as follows:

Arranged by departments: Bishop McMillen, M. D., Shepard, O., Emeritus Professor of Mental and Nervous Diseases; Rolla L. Thomas, A. M., M. D., 792 E. McMillan St., Cincinnati, O., Professor of the Practice of Medicine, Dean of the Faculty; John K. Scudder, A. M., M. D., 630 W. Sixth St., Cincinnati, O., Secretary of the Faculty; Edwin R. Freeman, M. D., Seventh and John Sts., Cincinnati, O., Professor of Dermatology and Venereal Diseases; George E. Dash, M. D., 1634 Westwood Ave., Cincinnati, O., Associate Professor of Physical Diagnosis and Clinical Medicine; Louis C. Wottring, M. D., 3534 Montgomery Ave., Evanston, Cincinnati, O., Associate Professor of Specific Diagnosis and Clinical Medicine; Wilbur E. Postle, M. D., Shepard, O., Professor of Mental and Nervous Diseases; Victor P. Wilson, M. D., 1612 Western Ave., Cincinnati, O., Lecturer on Hygiene and Sanitation.



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L. E. Russel, A. M., M. D., The Groton, Cincinnati, O., Professor of Clinical Surgery and Gynecology; Eben B. Shewman, M. D., 618 W. Sixth St., Cincinnati, O., Associate Professor of Surgery and Gynecology; J. Stewart Hagen, M. D., 1506 Harrison Ave., Cincinnati, O., Associate Professor of Surgery and Gynecology; Victor P. Wilson, M. D., 1612 Western Ave., Cincinnati, O., Clinical Instructor in Surgery; Eben B. Shewman, M. D., 618 W. Sixth St., Cincinnati, O., Professor of Anatomy; John L. Payne, M. D., 918 W. Eighth St., Cincinnati, O., Associate Professor of Embryology and Histology; Howard C. Von Dahm, M. D., Madison Road, Oakley, Cincinnati, O., Associate Professor of Anatomy.

Lyman Watkins, M. D., Blanchester, O., Professor of Pathology and Physiology; F. Browne Grosvenor, B. S., M. D., 630 W. Sixth St., Cincinnati, O., Associate Professor of Pathology, Bacteriology, and Physiology.

Harvey W. Felter, M. D., Chase and Pitts Sts., Cincinnati, O., Professor of Materia Medica, Therapeutics, and Medical History; Louis C. Wottring, M. D., 3534 Montgomery Ave., Evanston, Cincinnati, O., Lecturer on Specific Medication; Charles E. Eha, M. D., Hyde Park, Cincinnati, O., Instructor in Electro-Therapeutics.

John R. Spencer, M. D., 952 W. Eighth St., Cincinnati, O., Professor of Obstetrics.

John Uri Lloyd, Phr. M., Court and Plum Sts., Cincinnati, O., Emeritus Professor of Chemistry and Pharmacy; Charles Gregory Smith, M. D., 224 Dorchester Ave., Cincinnati, O., Professor of Chemistry and Pharmacy; Charles Apmeyer, Ph. G., Madison and Wallace Aves., Covington, Ky., Associate Professor of Chemistry.

William N. Mundy, M. D., Forest, O., Professor of Pediatrics; Charles W. Beaman, M. D., 286 W. McMicken Ave., Cincinnati, O., Associate Professor of Pediatrics; John Swanson, M. D., 705 Commercial Tribune Bldg., Cincinnati, O., Clinical Instructor in Pediatrics.

Thomas Bowles, M. D., Harrison, O., Professor of Medical Gynecology; J. Stewart Hagen, M. D., 1505 Harrison Ave., Cincinnati, O., Associate Professor of Surgical Gynecology; John L. Payne, M. D., 918 W. Eighth St., Cincinnati, O., Clinical Instructor in Gynecology.

Robert C. Hefebower, M. D., 22 W. Seventh St., Cincinnati, O., Professor of Ophthalmology, Otology, Rhinology, and Laryngology; Edward J. Buten, M. D., 936 York St., Newport, Ky., Clinical Instructor in Ophthalmology; John P. Harbert, A. M., M. D., Bellefontaine, O., Associate Professor of Ophthalmology.

Judge William L. Dickson, LL. D., Union Trust Bldg., Cincinnati, O., Lecturer on Medical Jurisprudence.

Harry T. Davidson, M. D., 618 W. Sixth St., Cincinnati, Resident Interne, Seton Hospital.



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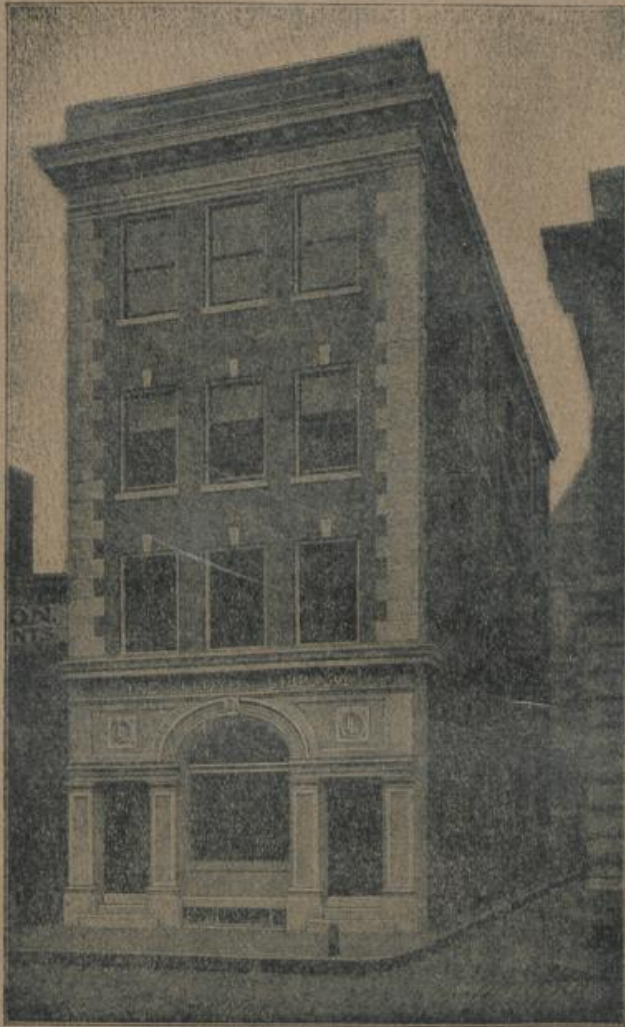




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