

John King, M. D.

By

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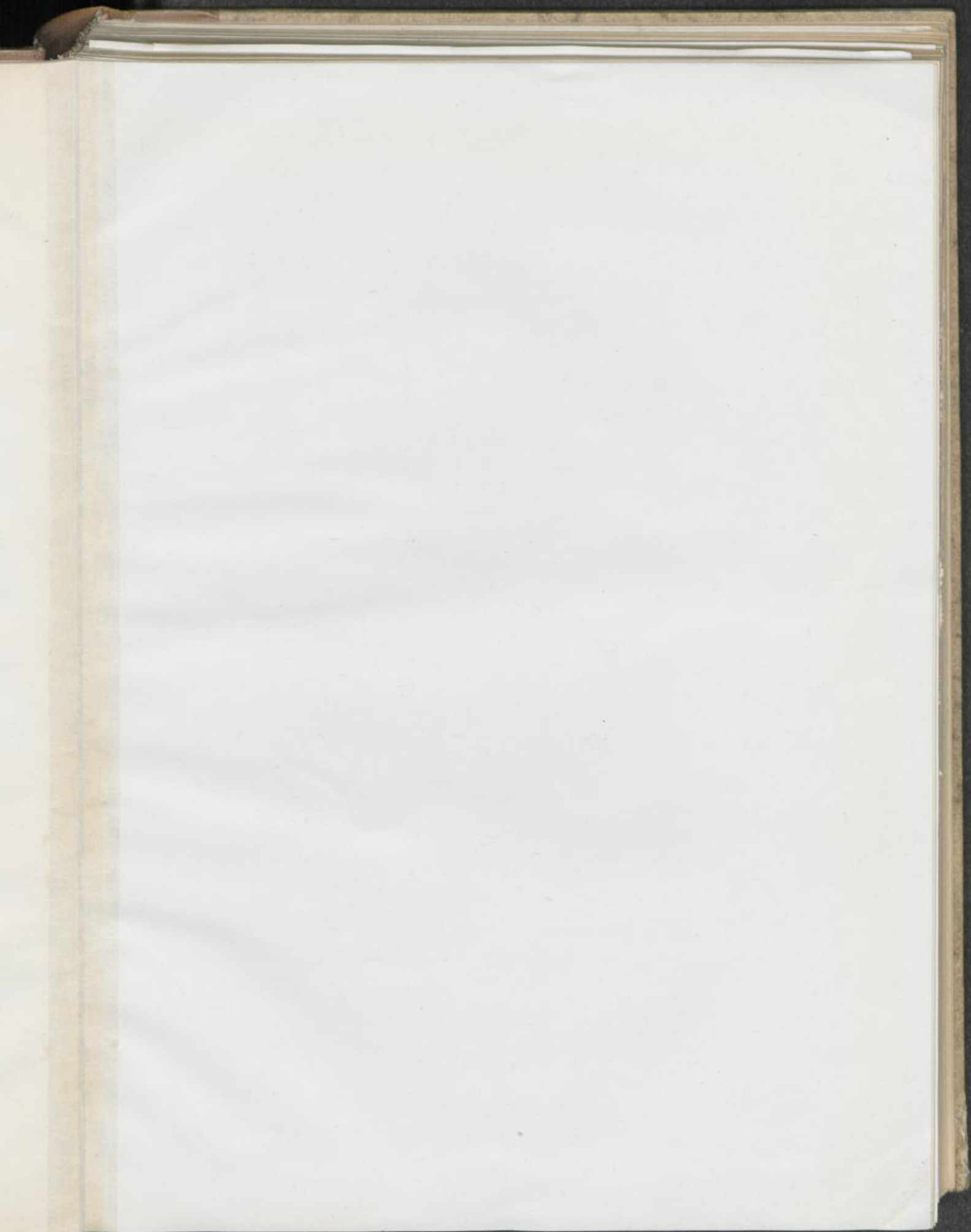
John King M. D.

Henry Wilson Esq. M. D.

The Boston Medical College

The Lloyd Library

Cambridge Mass.





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

From your friend and well-wisher

Whistling
Down Jan^y 1st, 1812.

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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 one¹ 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

¹ 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.

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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,

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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,

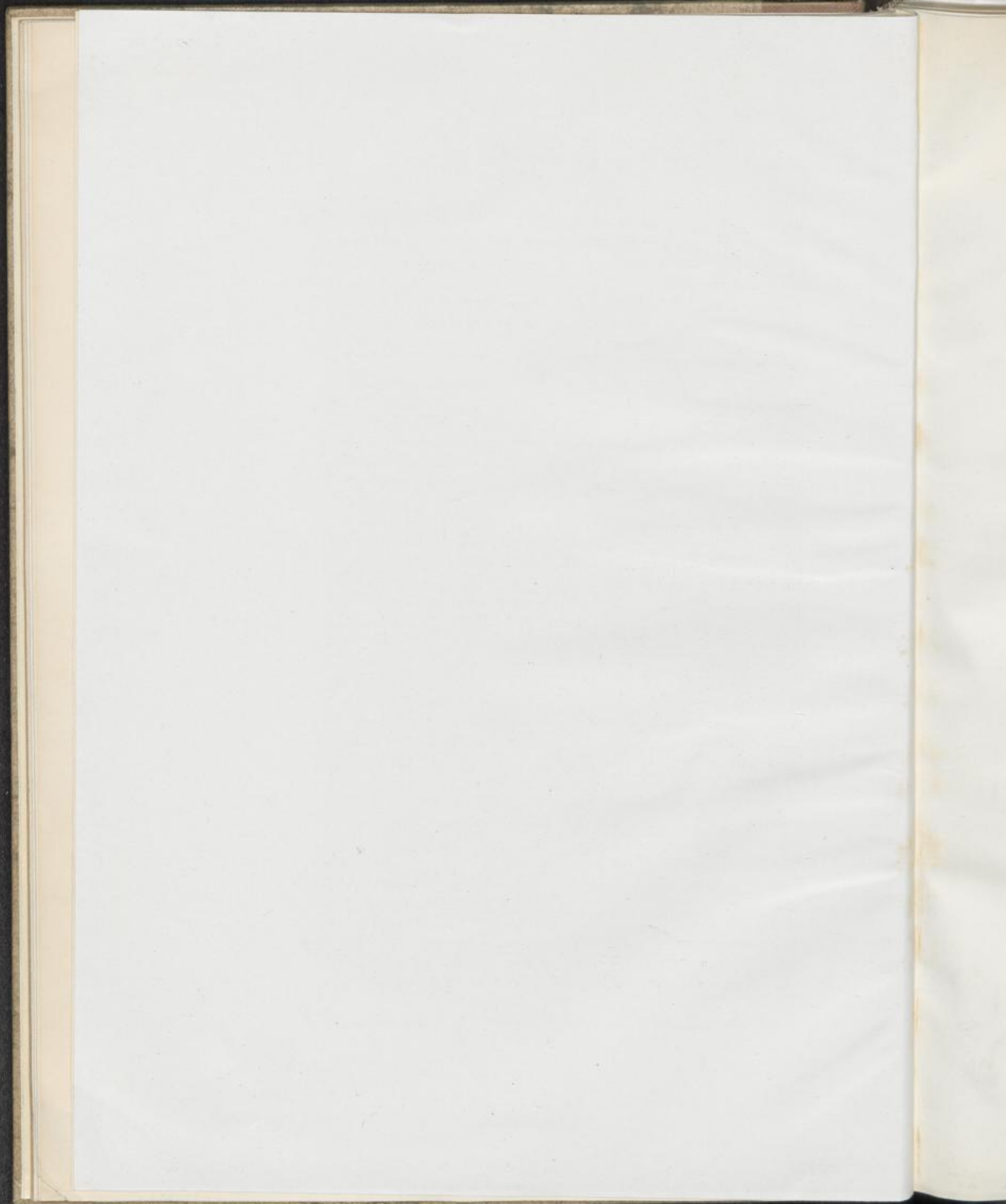
Dear Sir

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, 1857.

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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 pharmal 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-

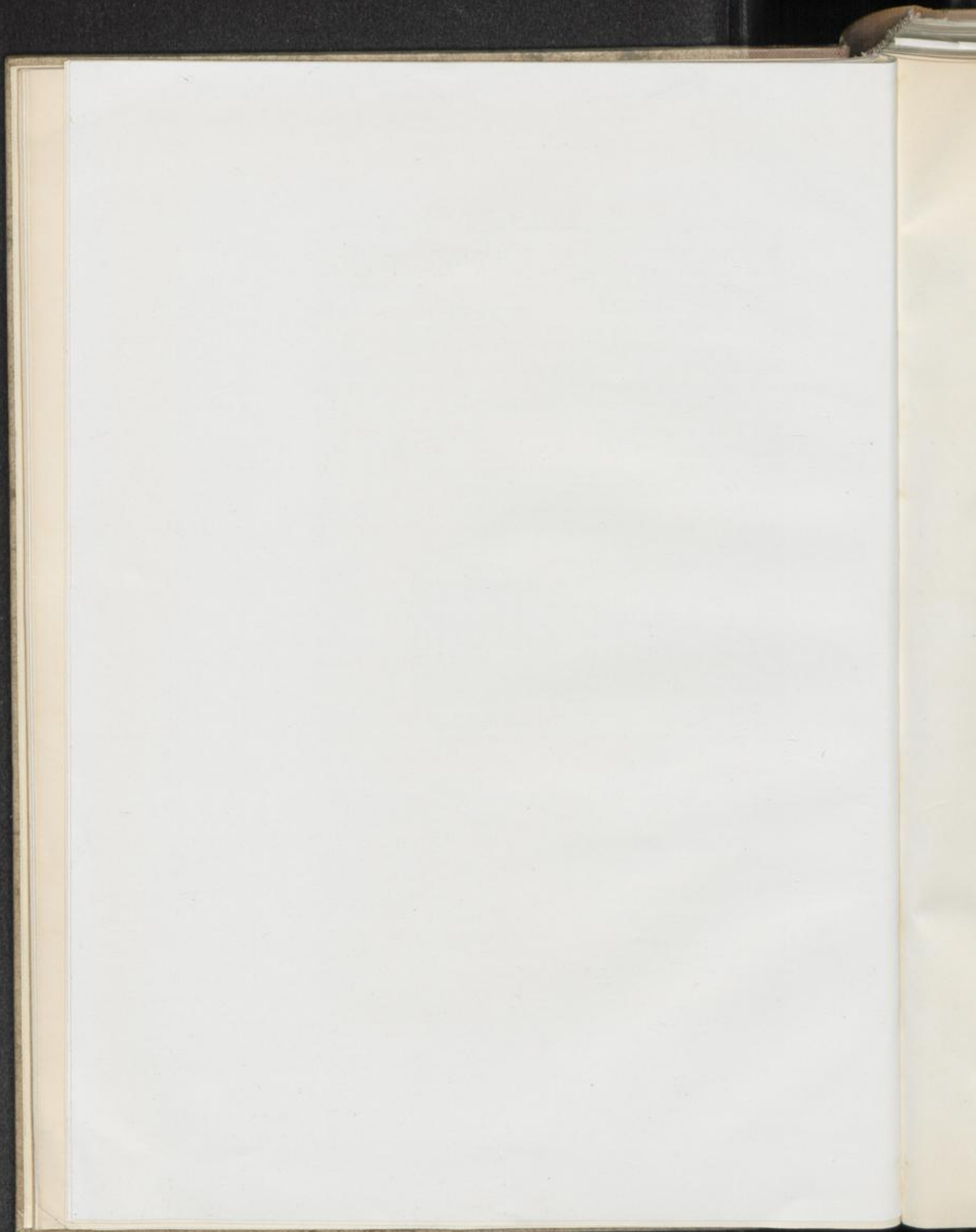
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guinarine from blood-root. Thus was John King introduced to the pharmacal world. Soon designing manufacturers were making resinoids, which from their fraudulent composition and inertness led to a discrediting of the whole list of resinoids. Other names 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 staunch 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."

"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.

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 PODOPHYLLIN¹ (Resinoid of Podophyllum) *the first Eclectic Resinoid.*—“As early as 1831² Mr. William Hodgson made a partial analysis of the rhizome of podophyllum,

¹ 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.

² *American Journal of Pharmacy*, January, 1832, page 273.

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but overlooked the resin. In 1846³ 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.'⁴ In 1847⁵ 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 regular⁶ 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.

³ *Western Medical Reformer*, April, 1846, page 176.

⁴ Preceding this, Professor King referred to the resin in the *Philosophical Medical Journal of New York*, 1844, Vol. I, page 166.—L.

⁵ *American Journal of Pharmacy*, August, 1847, page 169.

⁶ 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 publication⁷ 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*⁸ 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-

⁷ The College Journal of Medical Science, Cincinnati, 1857, page 557.

⁸ 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, 1844.⁹ 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.

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“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

⁹ 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 *GLENER*, 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 Miall 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-scurfulous, 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*, *Arctium 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 injectments 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. Gleaser.

EXTRACTS FROM INTRODUCTORY LECTURE.—Homœopathy, Chrono-Thermalism, Physo-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: *R.* 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 *sarcinæ ventriculi* in pyrosis, the *trichophyton tonsurans* in *porrigo scutulata*, the *achorion schœnleinii* 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, áá ℥iv. 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 hydro-alcoholic 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 ozæna, 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 serofulous, syphilitic, cancerous, etc., origin, and by the nature and extent of the local inflammation or ulceration.

The *treatment* of ozæna 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 serofulous, 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. Gleaner.

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 dedicate 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 Eclecticism 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 Eclecticism 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 Eclecticism, 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 Eclecticism 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 inmost 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."—"Homœopaths, 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 Homœopaths 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. Gleaner.

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 sneakily 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 usurping 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, dysmenorrhoea, leucorrhoea, 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*, *Gelseminum*, *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 Gelseminum 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 Gelseminum 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.