

The GLEANER

(A Publication of the Lloyd Laboratory)

Therapeutic Editor, A. F. STEPHENS, M.D.

DEVOTED TO THE THERAPY AND PHARMACY OF REMEDIAL
PLANTS AND THEIR PRODUCTS, BOTH
NEW AND OLD



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For index to this number, see Third Cover page.

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THE GLEANER is not a subscription publication. It is devoted mainly to problems that are of interest to physicians employing pharmaceutical preparations that are connected with the vegetable kingdom. It is designed for the members of the medical and pharmaceutical profession whose names are registered at their request, or at the request of some physician who is familiar with our publication.

Respectfully,

LLOYD BROTHERS, PHARMACISTS, INC.

THE GLEANER

Cincinnati, Ohio, October, 1924

Number 23

EDITORIAL.

WHAT HAS THE ECLECTIC SCHOOL OF MEDICINE ACCOMPLISHED?

By A. F. Stephens, M.D.

Looking back over the years that have elapsed since American medicine began, one may ask, "What have Eclectic physicians contributed to the general cause? What have we taken from others, and what have we given to others, in return?" The name "Eclectic" signifies, in its strictest sense, the selection, the choosing, the accepting of that which seems best, from all that pertains to the practice of medicine.

In the broader sense, we have not only chosen from the entire field of therapy, but we have given, abundantly, in return. We have assisted in compelling the abandonment of many established methods, age-long in vogue, that were highly destructive to life and health. In this we gave much, for by our crusade we lessened suffering and prolonged life. We not only accepted the good that existed in the older ways, but through our study and research we evolved newer and better methods for meeting the adverse conditions of life that caused sickness. We developed means whereby diseased conditions might be overcome, without leaving, as was once so customary, an after-effect that was as bad as, or worse than, the original condition.

We forced the abandonment of crude, complicated compounds of double-dyed nastiness, replacing them by uncomplicated remedies, often simples, for the relief of human ills. In this we were ourselves not unconcerned, because old-time Eclectic compounds were often utterly crude, and typical of nastiness. Hence, whilst we crusaded to serve others, we liberated ourselves as well. And in so doing we discarded our age-long myths of medical practice, substituting certainty for uncertainty, fact for fiction. We took the people into our confidence, teaching them that there was nothing "sacred" about the practice of medicine, but that it was the application of "common sense," on the part of the physician. We tried in every way, by spoken and written word, by make the lives of the people better, healthier, and happier, teaching that right living was conducive to long life and freedom from illness; that if, through neglect of the ordinary laws of health, they did grow ill, health might be restored by simple remedial agents and kindly methods, intelligently applied.

Never have we claimed to be supermen, but as physicians we have ever sought for that which was best. While we have discarded many of the old-time formulas because of their complexity, some of the combinations of the "Fathers," because of their exceptional effectiveness, have come down to us. Neutralizing Cordial, now improved as "Glyconda," is still with us, and I presume it will remain in use for the next hundred years. Stillingia Liniment has yet a place in medicine not to be filled by any other preparation. For forty years this has been my ally in all laryngeal troubles.

The Compound Emetic Powder of the "Fathers" comes to us now as Libradol, the quick-relief plasma that needs only to be mentioned. Mayer's Ointment still has a place in medicine. As a stimulant to indolent ulcers it has no equal. But in the main, our work is now done by means of single remedies, or by combining the clean, correct and efficient Specific Medicines, each selected with regard to the needs of the patient, and the clinical indications presented.

While giving the best that is in us we have not been unmindful of contributions from other sources. We take and we give, no master ordering us to ignore gifts from physicians of other schools. What of preventive medicine? The prevention of disease is to be sought, always, as the first thought.

But how may this be accomplished? In our opinion, it cannot be done through any "driving out the devil" process, by the introduction of some extraneous substances, possibly more vicious than the disease itself. Our aim is rather to overcome disease, as far as possible, by instructing the people how to live so as to maintain normal health through obedience to the laws of health. Correct life is, physiologically, the maintenance of a normal balance between waste and repair, a fact that should be thoroughly understood by everyone. But the broadcasting of information regarding disease, so as to frighten the ignorant, is evil in practice if not in design. Men should be taught to think health, to talk health, and to live health, but to forget, as far as possible little ailments, common alike to all. The teaching of the laws of health is as much the province of the physician as is the care of the sick.

FROM THE LABORATORY STAFF.

Ground or Powdered Drugs Not Kept in Stock in Lloyd Brothers' Establishment. A recent letter to a physician desiring a small amount of ground drugs, stated that these drugs would have to be ground expressly in order to obtain the few ounces needed. The question naturally arises, Why are not materials in constant use for laboratory purposes kept in stock, ground and ready for percolation?

A reply to this question may be briefly made by stating that in the whole drug, even when undried, preservative influences prevail that are not paralleled when the same drug is ground and exposed to the air. As a familiar example illustrating this principle we need but refer to the rapidity with which ground spices or coffee lose their flavor when exposed to the air, while the whole spice or berry may be kept without injury, almost indefinitely. Because of this deteriorating tendency of ground materials, every drug employed for laboratory purposes is ground by us expressly for the batch then in process, even though the drug be dried. A reserve stock, ground or powdered, is never kept on hand, even of the drugs most constantly used.

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During the meeting in Cincinnati of the National Eclectic Medical Association, many physicians visited our laboratory and were much interested in the different features presented in both apparatus and manipulative processes. One physician passing through the department where old stock, returned from jobbers, was being "dumped" together, for the purpose of recovering from it the alcohol contained therein, remarked, "The contents of these bottles seem to be in exceptionally good condition. Why not simply relabel them, put them into fresh cartons, and thus save the material which will soon be so sadly needed by physicians." The reply to this was that every purchaser of a preparation from Lloyd Brothers' establishment is entitled to that which has been most recently made, and under these conditions a redressing of a preparation returned by anyone is prohibited.

* * * * *

Identity of Crude Drugs Strophanthus and Aconite

The following extract from a letter from a high National authority on crude drugs, presents to our readers one phase of a problem connected with the making of medicines that is, as a rule, not appreciated by the users of medicines. It will indicate to our readers one of our reasons for refusing to place our label upon any preparation of Strophanthus, it being impossible for us to establish either the identity of the crude drug or its quality. Let us quote from the letter: "Some lots of Strophanthus seed come to me for approval, on which I am not able to decide without subjecting individual seeds to the sulphuric acid test. A seed coming from Strophanthus gratus so closely resembles that of the official variety, Strophanthus kombe, that it is easy to escape detection when present in the proportion of from ten to twenty-five per cent. But when these seeds are crushed and treated with concentrated sulphuric acid, they fail to give the color that is characteristic of the genuine article. It is of course quite impracticable to separate these seeds when they are mixed together.

"Strophanthus plants, like most of the woody vines of that family, are not isolated as to the species. Almost always several species grow together. The stems and branches are very widely climbing, often running two or three hundred feet and intertwining with one another, so that it is quite impossible to say that two pods, growing within a few inches of each other, belong to the same species.

Moreover, the pods all look much alike, so that it is not safe to undertake to select the true variety by the external appearance of the pods.

"I can see no certain method of obtaining true *Strophanthus kombe* seeds, save by importing the seeds in the pods, and then taking two or three seeds from each pod and subjecting them to the sulphuric acid test. This would, of course, be a tremendously tedious operation.

"The only final solution of this problem, in my opinion, is the cultivation of the vine under such circumstances that there can be no mixture. In my opinion, it would pay some firm, in Africa or some other suitable location, to establish a plantation of the true *Strophanthus kombe*, and to make known to the medical world that they are in a position to supply an article of guaranteed genuineness and purity."

The *Strophanthus* problem reminds us of the Aconite subject over sixty years ago, in which Dr. Squibb was so actively concerned. His method of establishing the quality of Aconite was exceedingly empirical, but in our opinion, most effective. From each bale of Aconite offered, he would take, promiscuously, a stated number of roots, and establish the benumbing quality of each on the tongue, averaging each bale thereby. Since we have never found an Aconite root that did not numb the tongue, we take it that in that day there must have been mixtures of dandelion or some other root with the Aconite. At any rate, Squibb's word was accepted by physicians, the country over, as regards not only Aconite, but Ergot, another- of Squibb's specialties. With a large root like that of Aconite, empirical tests such as this are very applicable, but where seeds are mixed, as with *Strophanthus*, it is impossible to apply any test in the line of separation of good from bad.

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The following excerpt from a letter from a pharmacist in a western State, clearly indicates the difficulties under which our professional friends now stagger in such localities:

"Our county is as big as the State of Connecticut. We have now five doctors, four drug stores, three banks, and seventy miles of railroad. There used to be seven doctors, five drug stores, and six banks, but six years of wheat crop failure in succession, and after-war depression, with high prices for general products and low prices for farm products, have thinned out the weaker banks, drug stores, doctors, and farmers."

This correspondent's trouble is small compared with that of pharmacists in some other locations. It applies also to the people who need a physician's care-not literature about home cures such as they find in almanacs, newspaper advertisements, etc. Five physicians to our friend's county is a goodly number as contrasted with medical service in some other sections of this country.

For example, during the recent (1924) meeting of the American Pharmaceutical Association, a pharmacist of world-known reputation lamented that for one hundred and twenty-five miles in length, twenty to fifty miles in depth, in his neighborhood, only three physicians were located. Said he, "I have to send twenty-five miles for a doctor." This is a pathetic condition, actually a Government affair, if Government means care of the people. When so-called "Higher Medical Education" becomes a rich man's fad to the destruction of American professional service for the people, it is time for Law, medical and otherwise, to turn to the care of the people-not to the sacrifice of our people to freaky or oppressive law.

The cry "Higher Medical Education" need not be abandoned as applying to specialists who have fortunes to spend and years to sacrifice. They need just such drilling for their particular purposes. But will not the crusading voice of the people yet be heard demanding "Better Medical Education" than is found in the almanacs and other literature concerning home-cure remedies that have supplanted the kindly and accomplished family doctor of times gone by?

* * * * *

One might infer after reading the foregoing that the writer favors less education than do those who believe in the brick and mortar, much apparatus, and many years' application problem as applied to the practicing physician. If so, this is an error. The problem is simply that of educating those desiring to practice medicine in directions that enable them to practice medicine satisfactorily to themselves and serviceably to the people.

To such as these the word Better Medical Education properly applies, the so-called Higher Medical Education being actually extended schooling, largely devoted to subjects afar from medical education, that would result in real service in clinical directions.

* * * * *

Just now our neighboring city of Cleveland is undergoing a crusading complication under the auspices of the Anti-Vaccination Society. Strange, is it not, that the people are continually attacking some of the processes of the physician, in which most members of the medical profession have the utmost confidence? From the September 10th issue of the "Plain Dealer" a sentence extracted will present the problem in such a way as to show that the crusade is not confined to variola alone.

"The Lakewood Anti-Vaccination Society, which for two weeks has been waging an unsuccessful war to compel the board of education to modify its order excluding unvaccinated children from school, is to extend its battle front against all medical activity in the suburb's schools.

"It will oppose the Schick test for diphtheria, the Dick test for scarlet fever, and all inoculation. 'The society's name is to be revised until it covers its entire objective-'medical interference.'

"The thing to do is to perfect our organization, go into politics, agitate for the defeat of every present member of the board, and go to the legislature."

* * * * *

Of cures for tuberculosis, we seemingly should by this time have a plenty. Medical literature as well as lay publications teem with "consumption cures," and yet the ailment irresistibly moves on. However, there is unquestionably a decrease as we remember times gone by in the direction of tuberculosis, due perhaps to better sanitary conditions, appropriate food and more suitable home situations than prevailed in our primitive days. Heroic medication seems in the treatment of this dread disease to be a thing of the past. Kindly care, helpful service, cheerful surroundings and a non-enervating system of medication in which the patient is now treated and not the name of the disease, may perhaps more than is known be credited with the decreasing death rate.

* * * * *

In this connection one might thoughtfully ask the question-Is not the decreasing death rate as shown by insurance reports in other directions due rather to the abandoning of heroic methods that prevailed during the last century? What might be the mortality record at the present time if salivation by mercury, bleeding to excess, blistering to the limit, were again uniformly instituted as was once the case? Let us think this matter over in a kindly way.

* * * * *

But to the text. A special communication from a scientific Congress at Liege cabled to the New York Times, gives the orchid, heretofore utilized for its beauty as a flower, credit for service in consumption treatment. The article terminates with the sentence: "It is the consensus of opinion among the doctors attending the congress that science is gaining in the war on tuberculosis, and it is only a question of time before the fight is won."

In connection with the foregoing, one might ask what system of heroic medication was abandoned by Dr. Rous when he turned to the use of the essential oils derived from one or more of the multitudinous species of the plants known as orchids?

GLEANINGS AND COMMENTS.

In response to the many requests for information concerning the solution of Lithium Benzoate, consequent to the publication in the Eclectic Medical Journal of an article by Dr. H. T. Webster on that subject, we reproduce this article, in full, for the benefit of GLEANER readers. It is as follows:

LITHII BENZOAS. *

H. T. WEBSTER, M.D., ALHAMBRA, CAL.

*From the "Eclectic Medical Journal," May, 1924.

Twenty-five or thirty years ago Professor Waterhouse, of St. Louis, commended benzoate of lithium so highly as a remedy for gallstones that I decided to try it when I had occasion to use such a remedy.

I became very much attached to it as the years rolled along, and it seemed to me that if there was such a thing as a "specific" in medicine, benzoate of lithium was surely a specific for the pain of gallstones. Not only did it relieve the suffering connected with the passage of the concretions, but it interrupted their formation.

As an illustration, I will relate one case. About 1890 a lady called at my office. She said: "I understand you can cure gallstones. I have been a great sufferer from them for many years and have tried many doctors, but have never had any relief." I replied that I had had fairly good success in treating the condition, and considered the prospects of a cure good if she would persevere in the treatment. I gave her a pint bottle of the solution of benzoate dissolved in water, ten grains to the ounce, with an ounce of alcohol added, told her to take a teaspoonful four times a day and report when it was gone.

I did not see her again for more than a year. Then I accidentally met her on the street. She said, "Doctor, I owe you an apology for not coming back, but the medicine you gave cured me, as there has been no return of the trouble."

Painful experiences of my own have convinced me that benzoate of lithium is not merely a "specific" for some forms of gallstones, but also that it is valuable in other directions. In 1913, while away from home on a week-end visit, I was taken in the middle of the night with an excruciating pain in the epigastrium, from which I suffered until morning. I started home, but when about half way, a distance of twenty-three miles, the pain suddenly left me. I supposed the attack merely an incident, but a fortnight or so later the pain recurred, worse than before, and continued with great severity, almost stopping my breathing, continuing for twelve or fifteen hours, leaving me exhausted. During the following two or three months I had several of these attacks, although I tried various remedies in an effort to ward them off. The pain began in the epigastrium, an aching, burning anguish that soon spread upward into the chest across the epigastric and hypochondriac regions, seemingly along the course of the splanchnic nerves. It was not an ordinary pain, but was cramping and excruciating, so much so that it doubled me up as with cramp colic, making it very difficult for me to breathe. My first supposition was that the trouble was rheumatic, but *rhamnus californica*, *macrotys*, *bryonia*, *colocynth*, *asclepias* and all other kindred remedies failed to afford even a temporary relief.

Finally, one Sunday morning, about eleven o'clock, the pain became so excruciating that I could neither stand, sit nor lie for more than a few seconds at a time. It was frightful. My wife, alarmed, sent for a physician friend, but he was away. I had already tried so many remedies that I felt nothing short of a powerful opiate would relieve me, and I would not resort to that. I tried the old-fashioned alcoholic vapor bath, but without appreciable effect. I shall never forget the agony of those few hours. Toward evening I became semi-conscious. All I could appreciate was the awful pain. The physician called in administered a hypodermic, and I forgot everything until the second day following, when I "came to" as a professional nurse was coming toward me with a hypodermic syringe in her hand. I remarked that I was now easy and did not need any more morphine. She informed me she was giving me strychnia, not morphine. By this time I was jaundiced, tongue covered with a white, pasty coating and my taste and breath were sour. My doctor pronounced the attack gallstone colic and prescribed principally tablets of succinate of soda, but careful examination of the feces extending over three weeks evidenced no sign of a gallstone. As I did not improve, I decided to go to some mineral springs of alkaline character where I had once been. After two weeks the sourness was gone, my tongue clear, and the jaundice had disappeared. On my way home the old pain came back, though not so severe, and I weathered the attack without morphine.

After all this tribulation I finally thought of benzoate of lithium, and, although not hopeful, I began taking the medicine. While under its influence no more attacks occurred, and I soon found myself convalescent. After a few months the old pain again threatened me, but a single dose of benzoate of lithium solution sufficed to banish it.

Since that time I always keep the remedy in the house and use it when threatened with one of those sickening aches in the epigastrium. Often have I been waked from a sound sleep by a griping pain in the epigastrium, notifying me that a dose of benzoate of lithium was due. A teaspoonful is taken, and within fifteen minutes I fall comfortably asleep.

One disagreeable experience was that after a time the solutions formed flocculent material, which floated about in small, ropy masses, not remaining clear. These disappeared after violent shaking, but would soon return after the mixture was allowed to stand. I was telling Professor Lloyd about this, and he suggested that proper pharmaceutical manipulation as concerns the menstruum ought to overcome this trouble. At my request he made research investigations and furnished me with a solution that proved permanently clear and possessed the requisite therapeutic action.*

Since this experience I have used the remedy considerably in epigastric pain of various kinds, as, for example, in the case of a man who fell from a derrick and suffered comminuted fracture of both ankles. He lay for weeks on his bed, and during this time, probably from the effect of the shock of falling, suffered much severe pain in the stomach, and the only remedy that gave relief was the solution of benzoate of lithium. His father, who fell with him, suffered only a broken rib, but was also troubled in the same manner. Benzoate of lithium relieved him more than any other remedy. Now they both keep it in the house, under my direction, and if troubled with stomach pains resort to it.

I believe benzoate of lithium to be the remedy for neurosis of the solar plexus and associated ganglia, as well as for the relief of gall-stone pain. It belongs with colocynth and dioscorea, but affects a region above that in which these agents exert their influence.

I recently received a copy of Professor Felter's new "Materia Medica and Therapeutics," and turned at once to see what he had to say concerning benzoate of lithium. He credits it with superior virtues in certain urinary conditions, but passes it by with very cursory notice in the gallstone habit. He remarks that it "has been credited with the prevention of the formation of hepatic calculi," but this "has not been sufficiently proved."

CITCELCE FOR FLEA AND "CHIGGER" BITES.

(Contributed.)

I wish to call your attention to the efficacy of Citcelce for flea and "chigger" bites. My experience in this direction indicates that Citcelce gives instant and permanent relief, stops the itching, and rapidly heals the wound. So efficient is this remedy that in my opinion it should be used as an emergency remedy by campers, farmers, berry pickers, and others who come in contact with these insects.

ERYNGIUM PREPARATIONS.

Question: Can you give me data on the use of a decoction of Eryngium? Has this the same therapeutic qualities as the Specific Medicine Eryngium, and how would the dosage of the two preparations compare? Would a large dose of the decoction be poisonous?

Reply: As we have frequently had occasion to state in the GLEANER, it is impossible to make a comparison between the Specific Medicines and any other line of preparations. A change in menstruum or method of manipulation or even a change in proportions in the menstruums employed, frequently leads to great differences in the final product. In making the Specific Medicines, each drug is considered as a thing to itself, individual study and research being devoted to the best methods of manipulation, and to the menstruum best adapted to the abstraction of its therapeutic qualities.

In some instances, hundreds, possibly thousands of experiments have been conducted, extending over months and even years of time. Nor do we consider our work in this direction yet completed.

*The menstruum referred to keeps the benzoate perfectly. It is the result of research in Lloyd Brothers' laboratories.

Research is continually going forward in our Laboratory Department, and the users of the Specific Medicines are given the benefit of this continued study, whenever an opportunity is seen for the improvement of a remedy. We sometimes wonder what the Eclectic physician of fifty years ago would say, could he see the elegant pharmaceutical preparations now furnished. At that time physicians who wished to employ the native plant remedial agents were forced, largely, to make their own preparations. "Office pharmacy" was a necessary qualification for these physicians. The results, while therapeutically efficient, were too often unsightly in appearance, and nauseating to the taste.

When allowed to stand they frequently disintegrated and had to be freshly made. The products were uncertain in character, and the dosage was correspondingly uncertain. Improved pharmaceutical methods have resulted in clean, permanent, and reliable plant remedial agents, upon which the physician can rely to accomplish the results he wishes to obtain in his clinical practice.

Eryngium well illustrates the process of evolution to which we have referred. Formerly employed chiefly in form of decoction, it was given in doses of from two to four fluid ounces, several times daily. To-day the use of the decoction is so unusual that writers on materia medica do not even mention this form of preparation. The small dose is so customary that we find on consulting the authorities standard to-day, to enable us to answer our correspondent's inquiry as regards its possible poisonous qualities when given in large doses, that but one authority, the American Dispensatory, even touches upon this phase of the problem. From this work we extract as follows, regarding Eryngium, which will in part answer the above inquiries:

"Eryngium is diuretic, expectorant, diaphoretic and sialogogue. Large doses will cause emesis.* The pulverized root, in doses of 2 or 3 grains, has proved very effectual in hemorrhoids and prolapsus ani. Two ounces of the pulverized root, added to 1 pint of good Holland gin, administered in doses of 1 or 2 fluid drachms, 3 or 4 times a day, has effected cures in obstinate cases of gonorrhoea and gleet. By some practitioners this root is employed as a specific in gonorrhoea, mucus diarrhoea and leucorrhoea; used internally in syrup, decoction, or tincture, and the decoction applied locally by injection. Dose of the decoction, which was formerly principally used, from 2 to 4 fluid ounces, several times daily. The best preparation is Specific Medicine Eryngium, the dose of which may range from 1 to 20 drops, administered in water."

The uses and dosage of Specific Medicine Eryngium, as employed by physicians to-day, are as given on the label following:

Specific Medicine Eryngium.

Indications: Irritation, with burning in the bladder and urethra, and frequent desire to urinate.

Use: In disease of the kidneys, bladder, prostate and urethra.

Dose: Sp. Med. Eryngium, gtt. x to ʒi.

Water, ʒiv.

Misc.

Sig.: A teaspoonful of the dilution every hour.

Eryngium is a remedy of great importance in irritative states of the mucous surfaces, particularly of the genito-urinary tract. It is a remedy for gastro-intestinal disturbances when there is a persistent red and tender tongue and nausea, and easily-provoked disgust for food.

When the diarrhoea of dentition consists largely of mucus, Eryngium will control it. In renal and vesical disorders it takes a high rank, being adapted to simple irritative, or to acute or inflammatory conditions, accompanied by burning or itching in the prostatic or spongy portions of the urethra, or in the bladder, or by dull aching or uneasy sensations if all portions of the urinary tract. Marked determination of blood to the bladder, and dull tenesmus are indications for this agent. It finds a place in the treatment of cystitis, urethritis, specific and non-specific, and especially in the urethral inflammation of the aged, when an irritable urethra and difficult micturition are present. Used in passive dropsy, it gives tone to the debilitated organs and stimulates absorption.-Scudder (Ford).

WATERMELON SEEDS AS A DIURETIC.

Question: Please tell me if watermelon seeds have any recorded value as a diuretic. We have a small hospital, and do even major surgery. Recently I had a case of abdominal adhesion. After operation urination stubbornly refused to follow. After catheterizing the patient a few times an old woman visiting in the home suggested a tea of watermelon seeds. As nothing we had tried had accomplished anything, and as I am always ready to learn, I directed that this be tried. Went on to other patients and returned in an hour's time. The tea had been drunk, and the urine voided before I came. Several months later I had another patient, a girl, nineteen, who after appendectomy could not urinate. After two days of catheterizing I sent out for some watermelon seeds and had a tea made of them. In two hours urination followed.

I believe there is some value in these seeds, but can find nothing in my library on the subject. If you make any preparation from watermelon seeds, please send me some.

Reply: The seed of the watermelon, *Citrullus vulgaris*, was one of the old, and in our opinion, most reliable diuretics known to clinical medicine. The decoction is easily made by crushing the seeds, putting them into cold water, bringing this to the boiling point, then straining and allowing to cool. The resulting "tea" may be drunk freely.

The question may then be asked, "Why is not a pharmaceutical preparation made that will answer the same purpose?" To this we will reply that for many years, decades even, we have worked, off and on, with watermelon seeds, but as yet have found no better solvent than water for their virtues, and no pharmaceutical preparation from the seeds equal to the decoction, freshly made and freely drunk. Possibly in a time to come, by some simple process, the object may be obtained. Should this be accomplished a "Specific Medicine Watermelon Seed" will be placed on our list for the benefit of physicians.

Another decoction of the olden times, much used in domestic practice, was that from pumpkin seeds, *Cucurbita pepo*. Its sphere of action was in the expulsion of the tapeworm, in which direction it is very effective. And yet we have never been able to obtain from pumpkin seed an isolated constituent that carried the value of the seed in the direction of the tapeworm. Some years ago we wrote a special article on the subject of the pumpkin seed, reasoning that possibly its efficacy was due to shredded impurities, which mechanically affected the worm, somewhat like pulverized metallic tin, which is one of the old-time tapeworm remedies.

INFLUENZA IN CHILDREN.*

During the early part of the Influenza Epidemic in the fall of 1918, children did not seem to be much affected with the Influenza, but toward the latter part of that epidemic and during the epidemic last winter they seemed quite susceptible. In a general way the symptoms observed in children were the same as those observed in adults, but taking the individual case they were fewer in number generally and the patient, as a rule, freer from serious complications than the adult. Also in children the period of illness, as a rule, was much shorter than in the adult, although a few presented persistent temperatures. Also the exhaustion from the disease seemed less marked in children.

The child was taken ill with a rapidly rising temperature, which generally became regular, and often high, and in most cases it soon developed a pronounced hacking cough. Other symptoms sometimes manifested were headache, bodily aching, delirium, abdominal pain, congested lungs, vomiting, nose bleed, bladder irritation, excessive activity or underactivity of the kidneys. But in the typical case the child seemed very comfortable, except for the high temperature and a distressing laryngeal cough. A few children had very little fever, but they invariably developed the characteristic cough and an accompanying reddened pharynx. My experience was that only a very small proportion showed any tendency toward pneumonia or pleurisy, which was so common with adults.

*The prevalence during the winter months of Influenza, Pnuemonia and kindred ailments, leads us to reproduce for our readers the following articles from the California Eclectic Medical Journal, 1921.

One thing noticed in small infants was that they were unusually fretful for the amount of temperature they developed, which as a rule did not go high. I had one family of six children and a mother, who all developed influenza except a year-old infant, which was still nursing, and played on the mother's bed and nursed her during all of the illness, and in all probability the mother's milk produced immunity in the child.

Nose bleed was very prevalent in children, and in some very severe. If I were asked to give the pathognomonic symptoms of influenza in children I would give, I believe, three. First-A persistent high temperature, not accounted for by the condition of the bowels or lungs, after excluding diphtheria, scarlet fever and measles.

Second-A persistent hacking cough with a reddened pharynx.

Third-Nose bleed with the the preceding conditions present.

As stated before, lung involvement seemed rare, whether this was due to the form of the disease in children or whether it was due to treatment, or because of the fact that parents generally place a child in bed as soon as it develops a high temperature. A few children developed persistent emesis, which with the cough to contend with, was very hard to control and exhausted the little patients. Also a small number were disturbed by bladder irritation, in the latter stages, and early during the fever period often showed very marked inactivity of the kidneys.

As a rule as soon as the fever had subsided these little patients became convalescent, were soon up and around, very hungry and apparently in good condition, prognosis being favorable to a complete recovery generally.

As to treatment: Patient put to bed, room warm, no draught but plenty of vent-ilation, initial cleaning with castor oil or citrate of magnesia. Liquid diet, very little milk and plenty of fruit juices and light soups. Medically, Specific Medicine Gelsemium Red was generally the mainstay, as the patients nearly always presented the indications. I anticipated the bronchial condition by always giving from the start, such remedies as Specific Medicines Ipecac, Asclepias, and Lobelia in small doses. And when the cough developed, generally Sanguinaria or Drosera, internally, and Libradol to the chest, as "safety first." Occasionally Aconite or Bryonia were combined with the Gelsemium or given alone.

Other symptoms and complications were treated when they arose, as indicated.

USE OF ALTERNATIVES IN CATARRHAL BRONCHITIS AND PNEUMONIA.

My object in writing on these diseases is that I have had marked success in their treatment thus far, a fact which I attribute to the alterative form of remedies which I have used, and which I find are not in general use in the treatment of these diseases. As we all know the disease in the active stage I will not take the time to go into the cause, diagnosis, etc., but speak at once of the treatment.

One very successful remedy is Specific Medicine Phytolacca. I follow its special indication such as its alterative effect on the lymphatic system, as a toxic condition is found in all catarrhal forms of bronchial and lung diseases. It is certain that phytolacca in all these cases is a sure remedy to bring about excellent results. Another alterative that has been of much value in my treatment is cal. iodide or Brown's mixture of lime, each tablet containing one-third grain. This form I've used on all bronchitis and pneumonia patients. In cases of children it has proved especially good, as it tends to keep the abnormal secretions light and free, and the air passages clearer, so that respiration is less labored and frequent. It may seem a routine treatment to give this but it has always proved efficacious in acute forms of these diseases. Still another alterative of value in adult cases is alcresta tablets of ipecac, because its action is very good in overcoming any toxic condition in the intestines. It is noticeable that patients often cannot expectorate freely, and most of the catarrhal sputum is swallowed, which causes an abnormal temperature and other unpleasant symptoms, as gas in the intestines, etc. The alcresta tablets of ipecac have a laxative action, as well as an anti-toxic effect on the intestines. I give two or three of the five-grain tablets between the hours of six o'clock and eleven o'clock every evening. In very old people this has proved the best remedy in catarrhal pneumonia. I have just had as a patient a lady of seventy-two years, with catarrhal pneumonia, and her recovery has been most satisfactory. Externally I use Lloyd's Libradol on chest and back, changed every twelve hours, or oftener in fever.

COLLOIDAL OENANTHE IN EPILEPSY.

(Contributed.)

I wish to report my experience with Colloidal Oenanthe in epilepsy, of which I have treated several cases with remarkably good results. One case in particular was that of a young man who would fall in epileptic fits from three to ten times in a day. Under treatment with Oenanthe he was changed from a condition approaching idiocy to a genial young fellow able to work, and to talk rationally. I gave the remedy twice a day, using ten to fifteen drops at a dose, the larger dose at bedtime. I was recently called to a case of cerebro-spinal meningitis in a teething child, eighteen months old. Found the child in a typical spasm. When relaxation came I gave small doses of Oenanthe in water, placing an ice cap on the head. Again the child went into spasms, with eyes turned up and head and heels making a crescent. After relaxation I was able to get down some more of a mixture of Oenanthe, ten drops in a wine glass of water, and placed the sufferer in a mustard bath. After this the child dozed off to sleep. I prepared another mixture of Oenanthe, drops ten in a wine glass of water, and left it with the mother with directions to give half of this at a dose.

That evening I found the child sleeping, and it continued to sleep until the following morning at six o'clock. When I called, at nine o'clock, all spasmodic movements had gone, and the child was nursing. It steadily improved, and as I gave no other medicine, I give the credit to Colloidal Oenanthe.

SPONGIA FOR COLDS.

(Contributed.)

In GLEANER 22 you ask for information regarding the use of Spongia in treatment of colds. If you will look in a Homeopathic materia medica, you will find indications for its use. It is a fine remedy for croup, when indicated. As it contains iodine, its indications are somewhat like those for iodine.

SUBCULOYD LOBELIA IN TETANUS OF HORSE

From a Veterinary Physician.

I have been using Subculoyd Lobelia in tetanus in horses, and with very good results. To administer the remedy I warm it to body temperature, and inject 30 cc., slowly, into the jugular vein. In some cases, the jaws and throat muscles will relax in thirty minutes, and the animal will eat and drink, but of course the effect of the medicine gradually wears off. I repeat the dose every day until the animal is sufficiently improved that he can eat and drink without its help. In the beginning of the case, I also give tetanus antitoxin serum.

SPECIFIC MEDICINE SPONGIA.

(Contributed.)

In GLEANER 22 I note your request for information on the action of Spongia, with special reference to its use in colds. I feel it a pleasure as well as my duty to give my experience with this remedy, which I have used for many years, in the hope that it may lead other readers of the GLEANER to make trial of this all-important drug, and with the same good results that I have had.

Spongia has not a very wide range of usefulness, but within its sphere I consider it one of our most potent remedies, very positive in its action in cases that show an indication for its use. It seems to confine its usefulness to the respiratory organs, and in some conditions to the heart, but in a lesser degree. In tuberculosis I have found it very useful, especially in children with lax fiber and swollen glands, with difficult breathing, also in goiter with suffocation. In an acute cold with a loose cough, Spongia should rarely be given. According to my observation, this drug has little or no influence over any cough, acute or chronic, excepting those of very dry, tight character, with more or less interference with the breathing; the tighter and more asthmatic the cough, the greater is the indication for Spongia, especially if the patient is unable to lie down. Typical croup, acute or chronic, is wonderfully mitigated by Spongia if the attack comes on in the early part of the night, before midnight.

SUBCULOYD LOBELIA IN SCARLET FEVER

(Contributed.)

have found Subculoyd Lobelia to be a valuable remedy in Scarlet Fever treatment. It should be given at the onset, to control the severe throat condition. It is useful also in tonsillitis and glandular affection. It controls the temperature by means of its diaphoretic action. I use from 25 to 30 drops, hypodermatically, once or twice a day, as indicated. Very often two injections are sufficient.

SOLANUM CAROLINENSE.

Question: I am sending a plant that grows very plentifully in this part of the country. We call it "treadsalve." I use the roots by pouring boiling water over them and letting them stand in hot, but not boiling, water, and taking a swallow of this infusion every three or four hours. But it must be made fresh the day it is used. Can you tell me its botanical name?

Reply: This is Solanum Carolinense, common names, Horsenettle, Sand-briar, Treadsoft, and Treadsaf. It belongs to the Solanum family, which includes many valuable foods and drugs, such as the potato, tomato, bitter-sweet, and tobacco, as well as Atropa Belladonna, or deadly nightshade. Our correspondent does not give the local uses of this plant, which is the species of Solanum from which we make Specific Medicine Solanum, whose uses are as given on the label, following:

Specific Medicine Solanum Carolinense, Colloidum

Specific Use: In certain forms of epilepsy and other convulsive disorders; epilepsy at the menstrual epoch; non-traumatic tetanus; infantile and puerperal convulsions: hysterical manifestations. Dose: ij. Sp. Med. Solanum, five to twenty drops in a drachm of water, given before an anticipated paroxysm. Observations made from the use of this remedy in epilepsy have been encouraging. Used for a considerable period in an institution for epileptics, there was a reduction in the number of paroxysms twenty-five per cent, but few marked cures were accomplished. It may be given in epilepsy in sufficient doses to produce a sense of dullness, drowsiness or stupor. In convulsions in infants small doses frequently repeated are of service. Some cases of chorea have been relieved by it, as well as hysteria and puerperal eclampsia.

While not proven, it has been thought that a special field would open up for it in the cure of convulsive disorders, hysterical and other, which were brought on by reflex action at the time of the menstrual epoch. When whooping cough is sufficiently violent to threaten general convulsion it has been used with good results.-Ellingwood.

CALOMEL FOR INFANTS

Question: I have been practicing medicine for nearly forty years, and use old-time Eclectic methods and medicines. I have never used calomel in my practice, for I consider it too active a purgative. My daughter employs a doctor who gives calomel frequently, and has given it to her baby ever since it was only a few months old. The baby is now about twenty months old, strong and healthy, excepting that she has stomach and bowel trouble at least half the time. Do you not think the use of calomel injurious to a young child? In my opinion it is too weakening and harmful in its effects. What purgatives do you advise for children in place of calomel?

Reply: In our own family, calomel has never been administered, the attending physician preferring some milder remedy. Our Summer Bulletin carries an invaluable article by Dr. Webster on the Summer Diseases of Children, naming the different remedies that should be employed, according to indications presented. This we shall be pleased to mail to any physician interested in this problem.

APOCYNUM AND AMYGDALUS AS AN "OLD-AGE TONIC."

(Contributed.)

I have some old friends who think no one can doctor them like myself. They are not sick, only old and weakening. I don't know how I first came to give them Apocynum and Amygdalus, but now, no matter what I prescribe for them, they tell me nothing helps them as much as "that bitter medicine."

There is a sedative, quieting action from the combination that neither of these remedies exhibits when given alone. I usually give them in the prescription, following:

℞ Sp. Med. Apocynum,
 Sp. Med. Amygdalus, aa gtt. xx
Water, ℥ iv

M. Sig.: A teaspoonful of the dilution as required, from every two hours to four times a day.

INTRAVENOUS MEDICATION.

(Contributed.)

Your GLEANER 22 came a few days ago, and I note therein your reluctance in the direction of intravenous medication. It all depends on what is being used. I have seen good results, and I have seen much harm. A few days ago I met a case in which 10 cc. of a one-per-cent solution of a mercurial had been injected intravenously for the cure of a chronic case of cystitis. The results came very near to being disastrous. Personally, I have never used an intravenous injection unless all other methods had failed.

Comment: We have no reason for changing our views concerning hypodermic intrusion on the use of preparations established in internal use. In exceptional cases or in emergency necessities, such as intense pain demanding morphine or codeine, or in unbearable agony such as accompanies gravel of the kidney or bladder, where Gelbia is commended, urgency all will concede requires quick relief. Even then oral medication may be preferable after the initial injections. In our opinion, it would be well if many others would consider the problem in the balanced manner of our correspondent.

BEACH'S PULMONARY BALSAM COMPOUND SYRUP OF HOARHOUND.

Question: Please send me literature on Beach's Pulmonary Balsam, giving dose, indications for use, etc.

Reply: Beach's Pulmonary Balsam or Syrup, better known as Compound Syrup of Hoarhound, was a favorite with the early Eclectics, and is still in considerable demand, but little has been lately published regarding its uses. The American Dispensatory says of it:

"This is an elegant remedy for obstinate coughs of long standing, and pulmonary affections generally. It is often employed advantageously in pulmonary and bronchial difficulties, combined with 1 part of fluid extract of queen's root. The dose of the syrup is 1/2 fl. oz., three or four times a day. Felter's new Eclectic Materia Medica, Pharmacognosy and Therapeutics gives the dose of this syrup as 1 to 4 fl. drams.

A METHOD OF MEDICATING SUGAR TABLETS.

(Contributed.)

Most of your medicines carry on their labels the suggestion that a given number of drops be added to four ounces of water, and the mixture given in teaspoonful doses. It is sometimes convenient to use another method. For instance, I have found that a one-grain sugar tablet, such as is made for Homeopaths, will take up four-fifths of a drop of Specific Medicine Cannabis. Two minutes exposure to the air on a plate gets rid of the alcohol, and you have one rather full dose of the medicine in a convenient form, easy to carry and to administer. By mixing the Cannabis with say an equal bulk of Specific Medicine Cinnamon before medicating the tablets, each will carry two-fifths of a drop, in a form not unpalatable. The physician will probably dilute such a medicine as aconite by adding three times its bulk of alcohol, or with Specific Medicine Cinnamon. A tablet thus medicated would then carry one-fifth of a drop of the Specific Medicine. In the case of such Specific Medicines as Veratrum, Conium, Ipecacuanha, and others whose alcoholic content is too low for the sugar of the tablet to stand up against, the mixture of alcohol or some alcoholic neutral tincture is necessary before medicating.

I have found this a very convenient method of carrying a large number of doses of medicines in a small compass.

GENTIAN AND THE TOBACCO HABIT.

Question: For years I have been an addict of tobacco. This has produced a slight dilation of the auricle of the right side of the heart, made me extremely nervous, and affected my vision. For several years I have not used tobacco, but the craving for it is at times very intense. Can you suggest some remedy that will subdue this craving?

Reply: Substitutes for tobacco are disappointing, and we do not know of any that will certainly aid one in overcoming the craving for tobacco, which can be overcome only by forgetting. About forty years ago a preparation was introduced as a tobacco substitute that for a considerable time had quite a demand. This consisted of coarsely ground gentian root, one part, and ground licorice root, three parts, thoroughly mixed. The directions were that the preparation be chewed exactly as tobacco would be chewed, whenever the craving became intense. Possibly the virtue of the substitute lay in the psychological phase of the problem, diverting the mind of the sufferer from the tobacco, and thus causing him to forget the craving.

LLOYD BROTHERS' LITERATURE LIMITED TO PROFESSIONAL PEOPLE.

(Contributed.)

"Your communication is received and I note carefully all that you say. If I understand correctly, you wish to impress upon me the fact that your preparations and literature are not sent out to fakers and incompetents, a bit of refined intelligence that places you many leagues above the common American huckster. Your established order, from which there is no escape, is a grand one but sometimes a rule becomes too stern and inflexible to do even justice. However, as you are a bit restless about my professional record, I am enclosing my card."

Comment: The above comes to us from a pharmacist who had written to us requesting our literature, but giving no intimation as regards his professional standing. According to our usual custom in such cases, we wrote inquiring whether he were a physician or otherwise entitled, professionally, to receive our literature. Our kindly motive, to safeguard the interests of all concerned, the people no less than the professions, was evidently misunderstood.

We have several times touched upon the danger of placing professional literature in the hands of persons untrained in the uses of medicine. We wish now to present another point of view that concerns the pharmacist. Our products are not advertised in other than professional journals, but occasionally a letter comes to us from some layman. We aim always, in such cases, to answer these letters in a way that will not only serve the writer's interest but be helpful to the local physician, or to the local pharmacist through whom our remedies should be distributed. We do not knowingly sell our remedies to those not engaged in their legitimate distribution, nor do we knowingly place our literature in the hands of non-professional people, by whom we mean other than physicians and pharmacists. This we believe to be to the best advantage of pharmacists, no less than of physicians, and decidedly so to the public.

We much appreciate the kindly manner in which this correspondent who had asked us for literature, replied to our request for his professional standing. It is quite in contrast to others we might mention, for example the party who wrote

"It is none of your business who uses your products, so that you sell them, or whether the consumer is a physician, a pharmacist, or a farmer, so that you are paid."

THE GLEANER NOT A RIVAL TO MEDICAL PUBLICATIONS.

Question: The GLEANER is always most welcome. I wish you could see your way clear to publishing it regularly, if only every three or four times a year, charging a subscription price for same. I am a graduate of a Homeopathic school, but have nearly every Eclectic book recently published. I also take several medical journals, but the trouble with most of them is, that the articles are too often copied largely from the books. We need something that helps us heal the sick.

That is why I like the GLEANER, and your reprints of articles on medicine. They always give me something to think about.

Reply: Letters similar in tone to this reach us often, and we much appreciate the compliments therein extended. Especially do we appreciate the evidence they present that we have, at least in part, succeeded in our efforts to be helpful to our physician friends. In reply to requests such as the above, we can only say that the material at our command would fully warrant us in making our little booklet a monthly, or even a semi-monthly publication. It is not our aim, however, in any wise to enter the field of journal publications, thus competing as a rival with the many worthy magazines already occupying that field, but to add what we may by way of a supplement, presenting every-day problems met by practicing physicians, as well as by pharmacists who fill the prescriptions of physicians.

COMPOUND POWDER LOBELIA AND CAPSICUM.

Question: We use very frequently an ointment made mainly of the old-time Eclectic Compound Powder of Lobelia and Capsicum, incorporated into vaseline. This makes a very effective, but to many patients a very unpleasant, greasy application. Can you suggest some non-greasy, water-soluble agent that can be used in place of this old stand-by?

Reply: Libradol is a direct evolution of this old Eclectic favorite, Compound Powder of Lobelia and Capsicum, "Compound Emetic Powder." In former days this was generally employed by sprinkling freely upon lard spread upon muslin, and applied to the affected part. The greasy nature of the compound was offensive to many patients. Early requests for an improved form of the remedy came from Jewish patients, who had noted its value in chest affections, but to whom lard was an insuperable obstacle to its use. Libradol is a balanced compound of plant remedies, each added for its special action in connection with the others. It has now been upon the market for over twenty years, and is increasingly a favorite with physicians who have tested its action. Its uses have so frequently been commented upon in the GLEANER that we need not now dwell upon them.

SCUTELLARIA LATERIFLORA.

Question: I am sending specimen of a plant that I use with good success in stomach and intestinal constrictive pain and tenesmus. I would like to know the name of the plant, and if you make a preparation therefrom.

Reply: This is *Scutellaria lateriflora*, common name, Skullcap, Mad-dog herb. It is the official species of *Scutellaria*, from which Specific Medicine *Scutellaria* is made. This plant was described by Schoepf, in 1785, but so far as is known, it was first employed in medicine by Dr. Lawrence Van Derveer, who for forty years used it extensively in treatment of hydrophobia, and with great success. The history of this interesting plant is given in our Drug Treatise No. 16, sent free to physicians on application. The present uses of *Scutellaria* are as given on the label of the Specific Medicine, following:

Specific Medicine *Scutellaria*, Colloidum.

Use: It exerts a direct influence upon the cerebro-spinal centers, controlling irritation.

Dose: Sp. Med. *Scutellaria*, gtt. v to gtt. x every hour, or oftener, as the case demands.

This preparation is made from the herb *Scutellaria lateriflora*, a native American plant of remarkable record in medicine from time previous to the publication of the first American *Materia Medica*.

It represents the drug, minim to grain, according to our long-continued research into the natural therapeutic constituents of the crude material. It mixes clear with water, glycerin, syrup and dilute alcohol. Physicians consider it the acme of pharmaceutical skill. Specific Medicine *Scutellaria*, by its action through the cerebro-spinal centers, is a most valuable remedy, controlling nervous irritation, calming hysterical excitement and relieving functional heart troubles where cardiac action is irregular. In restlessness and excitement, with insomnia, following prolonged application to business, long sickness or physical exhaustion, it is most useful. If given in hot drinks it acts more quickly, and also brings on diaphoresis.-Fearn.

ARTHRITIS IN CHILD.

Question: I would like your advice in the treatment of a case of arthritis following an attack of scarlet fever. The patient is a child eighteen months old. His throat bothers him a good deal, and he suffers much when moved. His wrists and ankles are swollen. He has been confined to his bed for the past three months. Can you suggest something that will aid in the treatment?

Reply: It is often very difficult to prescribe intelligently without personal examination, especially in cases of this character. We would however suggest the following:

R̄x. Sp. Med. Phytolacca	3 ss
Sp. Med. Apocynum	gtt. 5
Sp. Med. Bryonia	gtt. 2
Aquae dest. q. s. ad	℥ iv.

M. Sig.: A teaspoonful. of the mixture every two or three hours. Give also Kali mur. 3x, in tablet, q.s., three tablets every two hours.

HYPERIDROSIS.

Question: I have a young man, twenty-two years old, who is troubled with hands sweating profusely. They are always wet and cold to the touch. I have tried local applications and general treatment, but with no results. He seems entirely well otherwise, and is strong, not nervous or irritable. If you can give me any helpful suggestions please do so.

Reply: Localized hyperidrosis is difficult to control. The sweating may be due to an idiosyncrasy, or to some grave systemic disturbance. One must search closely for any general condition that may give rise to it. Not having the complete history of this case I can only advise lamely. However, I would recommend the internal use of the following :

R̄x. Sp. Med. Belladonna	gtt. x
Sp. Med. Ergot	3 i-ii
Aquae dest. q. s. ad	℥ iv

Mix, and to prevent fermentation, add gr. ii of Asepsin. Sig.: A teaspoonful of the mixture every three hours. Locally, apply a solution of tannic acid or alum to hands, once or twice a day.

SYNERGISTIC ACTION OF REMEDIES.

Question: I carry a large line of Specific Medicines, but it has been a question in my mind whether two or three put together, where you have the indications for each, might not counteract one another. For instance, will Digitalis assist or counteract the action of Apocynum? I have been using these remedies in two of my patients with valvular insufficiency and dropsy. The indications were for digitalis, and the apocynum was added for the dropsy. I seem to get good results, but wish to know the action of these remedies, when given together. I have also used Cactus and Crataegus together.

Does one assist the other? I have been looking for something on this subject in book form but have not found it. Thanks for the paper comparing the action of cactus with other heart remedies. If you knew how many times I have read this you would think I must know it by heart.

Reply: The agents named are not antagonistic to each other. If one will study the action of these remedies he will find that they act toward the same end. In order to know if two or more remedies are synergistic, one must search out the ultimate effect of each. So also must one study the effect of those which by their action are antagonistic. The specific Indications will furnish the key to the solution.

LONG'S THUJA IN TRACHOMA.

(Contributed.)

August 8, 1923, M. J. E. came to me with a marked trachoma. This was treated with various remedies and at times it would appear that he was improving.

Then the same violent symptoms that were present when he first came would again appear till finally, in February, in desperation I began to use Long's Thuja, full strength, in the eye, once daily.- To my great satisfaction the eye began to clear and the irritation began to improve, slowly at first, but by the middle of March was gone, the "photophobia was entirely gone, and the only evidence of the trachoma was the scar left after pannus. This has now cleared away and "the vision has improved to 20/40. This case was of more than usual interest from the fact that the patient had been under the care of five of the foremost oculists in Central New York, and had received treatment at our dispensary for over a year.

I have another case that has nearly cleared up. When employing this preparation (Long's Thuja) one must realize that it may be used for a long time, with application two or three times a week, depending on the toleration of the patient.

EUPHORBIA COROLLATA. DOMESTIC USES.

Question: Knowing your unexcelled knowledge of plant drugs and their uses in medicine, I am sending a root that grows near here, and is used by many as a purgative, laxative, and liver stimulant. In overdoses it is rather violent in action. I have never used it myself, but have heard of its common use here, and on one occasion was called to treat a person who took too much. The symptoms are something like those of mayapple, or between this and *Phytolacca*. It is called here "Hippo," but this is all I can tell you about it, as I have never seen any of it growing.

Reply: While it is seldom possible for us to identify roots positively, we believe these roots to be from *Euphorbia corollata*, from which Specific Medicine Euphorbia is made. This plant is known in some sections as "hippo," although the name more commonly used is Large Flowering Spurge. The American Dispensary says of this species of spurge: "It is emetic, diaphoretic, expectorant and epispastic.

Small doses are expectorant and diaphoretic. Larger doses produce emesis, usually without much pain or spasm, nausea or giddiness. Overdoses will produce dangerous hyperemesis, or hypercatharsis, or both, and not infrequently give rise to an unpleasant inflammatory state of the alimentary canal. A dose that falls short of emesis usually proves cathartic."

The uses and dosage of *Euphorbia corollata*, as recorded on the label of the Specific Medicine, are as follows:

Specific Medicine Euphorbia, Colloidum. (*Euphorbia Corollata*.)

Uses: It exercises a direct influence upon mucous surfaces, relieving irritation, and promoting functional activity. This is noticed more especially in the digestive tract. It improves digestion, both stomachic and intestinal, and tends to overcome constipation and irregularity of the bowels.

Dose: Sp. Med. Euphorbia, gtt. i to x in a little water, repeated each hour.

Colloidum Specific Medicine Euphorbia has a special affinity for mucous surfaces, and in small doses is invaluable to check inflammatory diseases of the gastro-intestinal tract. It is a remedy to allay irritation, and to promote function ill activity and digestion. Constipation may be overcome with it. The indications are: Prolonged irritation, with catarrhal or diarrheal discharges; catarrhal discharges with debility. The tongue is long and pointed, with prominent papillae, and there are uneasy sensations in the stomach. In cholera infantum, with hot, tender abdomen and constant urging to defecate, with greenish, irritating stools, it is a valuable remedy. It is also useful in dysentery.-Howes.

VIBURNUM OPULUS FOR CRAMPS. (Contributed.)

The surest thing I know in medicine is that a good preparation of *Viburnum Opulus* will cure cramps. A teaspoonful of a mixture of two drams of the medicine in four ounces of water, every two hours, will ensure tranquil muscles the following night, and many nights thereafter.

Viburnum prunifolium will not secure the same results, and it is also so unpleasant to the smell that of late I have not used it at all. I do not know why you do not list both *Viburnums*.

Comment: As several times noted in the GLEANER, and particularly so in GLEANER 20, Viburnum opulus was long used by the early Eclectics and in domestic medication under its common name, cramp bark, and was so thoroughly established before the introduction of Viburnum prunifolium, that in the Specific Medicine list it has ever retained the distinguishing name, Viburnum. To avoid confusion, the variety V. prunifolium has long been listed, almost from the date of its introduction, under its common name, Black Haw. Our correspondent will perceive that both drugs are included in our Specific Medicine list although but one is under the letter V.

NOT HYDRASTIS ROOT.

Question: In a recent Cincinnati paper I note an article on "yellow root." I have a yellow root on my place, commonly known as "barbary root," of which I am sending a sample. If it is the same root, and if there is a market sufficient to justify gathering, I might furnish some.

Reply: A number of plants are known under the common name "yellow root." The one so highly prized in medicine, and now practically exterminated from this country, is Hydrastis, or Golden Seal. The roots sent are not those of Hydrastis. They may perhaps be from the plant Xanthorrhiza, a small shrub commonly called yellow-root, shrub yellow-root, and parsley-leaved yellow-root, but this we cannot determine without a specimen of the plant itself.* Xanthorrhiza is not used by us, nor is there now any considerable demand for it in medicine so far as we are aware.

PELLAGRA.

(Contributed.)

In this Southern country we have pellagra in all its glory. For the past six years I have used a prescription that has given me such good results that I want to pass it along to my fellow practitioners. It is as follows:

R̄. Sp. Med. Berberis	3j
Sp. Med. Avena	3j
Glyconda	3 ij
Water, q. s. ad	℥iv

M. Sig.: A teaspoonful every six hours. When feeling bad, any way or any where, give a teaspoonful every three hours. Of course other medicines are given if they are very clearly indicated, but a pellagra patient will not tolerate much medicine of any kind. Harsh measures and pellagra, combined, will kill. The diet, in pellagra, is of as much consequence as the medicine. A pellagrin is starved for proteins, and must have plenty of this class of foods, taking the kinds that best agree with him. He should be instructed not to use too much table salt, for most pellagra patients have been heavy salt users. Corn bread should be excluded from the diet till he is far on the road to recovery. Every evening a bath should be taken in epsom salts water, one-half ounce of salts to the gallon of water.

In a case of severe infection, especially of the gastro-intestinal form, where the mucous membranes are a fiery red, the patient will have to be fed on soft foods, like a typhoid fever patient, till better.

DOSAGE OF THE SPECIFIC MEDICINES.

Question: I would like to get the doses of the Specific Medicines, undiluted, as for example, Tr. Aconite, U. S. P., Sm., Tr. Digitalis, U. S. P., 10m.

Reply: In the Dose Book, pages 20-23, is a table prepared by Dr. Felter of the doses, maximum and minimum, of the various Specific Medicines. According to this, the maximum dose of Specific Medicine Aconite is but one-half minim, and that of Specific Medicine Digitalis but three minims.

*It is seldom possible to identify a root alone, many plants having roots that are almost identical in appearance. When correspondents desire us to identify a plant a specimen of the growing plant should be sent, preferably in flower or fruit, and with the leaves attached to the stem.

While with bland or non-toxic remedies it is possible to increase the dosage much beyond that commended on the labels, with such energetics as aconite we would urge caution in increasing the dose much beyond that suggested. In our opinion, five minims of the Specific Medicine Aconite at a dose might prove to give results disturbing to the physician in charge.

MALVA ROTUNDIFOLIA, COMMON MALLOW.

Question: I am sending you a plant for identification. It grows abundantly in this section, in garden and cultivated fields, wherever the ground has been broken. Like purslane, it preempts all the ground it covers, and no other plant can encroach. It was introduced into this country by the French Canadians, many of whom settled here. They value the plant very highly for its medicinal properties, and use it in infusion, "tea," as they call it, for almost every ailment known to them. They use it, either green or dried, as first aid in all conditions before the doctor is called. It seems to me to have much of the properties of Echinacea. It is known here under the name Mauve. I could recite many cases of its use in other ailments, of more or less severity, from babes to adults, but the following will suffice. Alice L. stepped on a rusty nail. By the fourth day the foot was severely swollen and painful, and showed evidence of blood poison.

The foot had been wrapped in cloths wet with "Mauve," and the pain was now less severe. I directed that the treatment be continued, and that she drink some tea made from the plant. Next day the swelling and pain were all gone and she recovered nicely. She had no other treatment. Cases have also come under my observation in which snakebite had been treated with Mauve. I would certainly like to know if this plant has a recognized place in medicine.

Reply: This plant is *Malva rotundifolia*, the Common Mallow, or Round Mallow, so well known in pioneer days. It was formerly very abundant in many sections of the country, but is easily exterminated and is now seldom found. We make no preparation from this plant, chiefly because of the uncertainty of any source of supply, as noted in GLEANER 15, which gives still another domestic use of the herb.

SIDA PHYSOCALYX, "FLUX WEED."

Question: I am sending you a weed that grows abundantly here that I would like identified. It is highly valued in treatment of all bowel troubles, including "flux." It is used in form of a "tea," and has made some rather remarkable cures of summer complaint. Reply: The plant sent is identified by Professor Aiken of the Lloyd Library as *Sida physocalyx*, common name, Sida. It belongs to the well-known Mallow family, and probably has medicinal properties similar to those of the Common Mallow, *Malva rotundifolia*. Two species of *sida* are mentioned in the American Dispensatory, but very little credit is given them as possessing therapeutic qualities. This species is not mentioned.

THE SPECIFIC MEDICINES.

(Contributed.)

I have been using Specific Medicines exclusively since I first began the practice of medicine, fifteen years ago. They are clean, elegant, and uniform in strength. I consider them the best medicines on the market.

BURSITIS.

Question: I have bursitis in the region of the deltoid and latissimus dorsi muscles of both arms. No one seems to be able to tell me much about it. I want to ask if the injection of echinacea in the neighborhood of the trouble, or directly into the bursae, would be advisable? If you do not think well of this line of treatment, can you suggest any other that may be effective?

Reply: Bursitis is a very painful affection, arising usually from strain or traumatism. It may sometimes be due to tuberculosis. The treatment, as given by Da Costa, is rest, pressure, and application of iodine or ichthyol. If swelling persists, aspirate and apply pressure; or incise the sac and remove it, partly or completely.

I would recommend the application of Oil of Thuja, daily, and apply pressure. I would not inject any medicament into the tissues or sac.

SPECIFIC MEDICINE APIS IN DILUTIONS.

A Pharmacist's Inquiry.

Question: Please tell us how we may put up a dilution of Specific Medicine Apis that will not deteriorate upon standing. We made up a prescription recently for a patient who reports that it has lost its strength. We understand that it was kept a month before it was used.

Reply: A water solution of any organic matter is apt to undergo changes through the influence of time. The addition of 20% alcohol to the menstruum of the prescription has proved satisfactory as a preservative, but where this is not permissible, a small amount of asepsin, a grain or two to the four-ounce mixture, is often helpful. This is pleasant to the taste and is not poisonous. Dr. R. L. Thomas, of Cincinnati, in hot weather thus employs asepsin in his prescriptions. It must be remembered however that asepsin has an alkaline reaction, and if it be in excess, it will throw out of solution the alkaloids of such remedies as nux, berberis, etc. Should this occur, directions should be given that the mixture be well stirred before taking each dose. As is generally understood, it is desirable, whenever possible, that prescriptions of the Specific Medicines be refilled once or twice a week, especially in hot weather, rather than to attempt to keep them for an indefinite period.

THE GRAPE-VINE IN DROPSY.

Question: Some years ago I treated a Negro with dropsy. He grew steadily worse till the legs burst with the effusion. I called another doctor in consultation. We both decided the man must die and dismissed the case. He then sent to the woods and procured a lot of wild-grape vines. These were burned, he took the ashes by teaspoonful doses, and got well. I have known three other similar cases cured by taking the ashes of the common grape vine. Have you any information you can give me in this direction?

Reply: So far as we know, the grape vine has never been investigated in this direction. According to the American Dispensatory, the leaves and tendrils of the vine are somewhat astringent and were formerly employed in diarrhea, hemorrhages, and other morbid discharges. The young shoots and leaves contain potassium bitartrate, calcium tartrate, tartaric and malic acids, quercetin, tannin, starch, gum, dextrose, ammonium salts, and calcium sulphate and phosphate. It would be interesting to note whether this local use of the grape vine has been recorded in other localities. Bear in mind that the ashes of such plants as grape vine consist largely of alkaline inorganics, such as potassium carbonate. This in addition to aluminum, magnesium, silica, etc. Consider these agents.

URTICARIA.

Question: For more than a year my wife has been a terrible sufferer from urticaria, and so far I have found nothing to give her permanent relief. Any suggestion you may make will be greatly appreciated.

Reply: Investigate the diet very closely, as the difficulty is probably due to the influence of some proteid. Find what it is and omit that food from the diet. Internally, give the following:

R̄. Sp. Med. Belladonna	gtt. viii
Magnesium sulph.	ʒi
Glycynda	ʒi
Aquae dest. q. s. ad:	ʒiv

M. Sig.: A teaspoonful of the dilution every two hours.

PLEASANT LETTER FROM AN OLD FRIEND.

(Contributed.)

Another copy of the welcome GLEANER has occupied my time to-day. It takes me back in thought lines many years, for I remember when the Lloyds first started their work of improving medicinal plant remedies. I began practice in the early '50's, graduating from Starling Medical College, Columbus, session of 1853-4. After ten years of practice I was again graduated from the Medical Department of Columbia University, New York (College of Physicians and Surgeons), 1863-4. Old as I am, ninety-three, I have seriously thought of re-opening my office and again practicing, with the help of the Specific Medicines.

Comment: It is pleasant to receive such a recognition from one who has watched the progress of our establishment from near its beginning, and has been familiar with the Specific Medicines from their earliest inception. We wish to congratulate this physician upon his vigor and enthusiasm, which all will concede is indeed remarkable in one of his age. The handwriting is free from the marks of old age, and might easily be taken for that of a man of half his years. Let us wish for him a long continuance of health and prosperity, which we feel sure is voiced by all readers of the GLEANER.

MAYWEED IN ERYSIPELAS.

(Contributed.)

From my people (I am a half-breed Sioux) I have learned the use of many plant drugs, which I gather and cure. Among these I would mention May Weed, or "dog fennel," which I have used for years in treating epilepsy, and which I consider a specific in that disease. I have also had good success in treating syphilis with a weed called "Bull Nettle," *Solanum Rostratum*, bringing some of the worst cases under control in thirty days. These plants do not seem to be mentioned in my books on materia medica.

Comment: Our physician correspondent gives us the first intimation that he is related to the Sioux Indians, his location in a large city being afar from that tribe. May Weed, *Maruta cotula*, is seldom now employed in Eclectic medicine, though in early days it was held in repute as a tonic and antispasmodic. This agent is a good example of the displacement of a remedy, useful in its field, by others better. The American Dispensatory says of it:

"May weed is tonic, emetic, antispasmodic, emmenagogue, and epispassic. The cold infusion or extract may be substituted, as a tonic and antispasmodic, in all cases, for the foreign chamomile. The extract may be used in sick headache and in convalescence from fevers. A warm infusion may be used as an emetic or diaphoretic. It has been efficient in amenorrhoea. The fresh plant, bruised and applied to the skin, will cause vesication, but the sores heal readily."

PLANTAGO LANCEOLATA.

Question: I am sending a specimen of a plant that I have found very useful for a number of years as a remedy for "poison ivy" (*rhus*) poisoning, and for other forms of irritative skin affections. I use a decoction of the whole plant. My attention was first called to its medical properties by an old Syrian, and I am passing it along because I have never used any other form of medication that gives the same immediate relief that results from the use of this plant.

Reply: This plant was identified by Professor Aiken as *Plantago lanceolata*. Lance-leaved Plantain, which is very closely related to *Plantago major*, from which the Specific Medicine *Plantago* is made. The American Dispensatory says of this species:

"It has properties similar to common plantain. Its leaves contain much bitter matter. Locally applied it has proved a hemostatic for small bleeding surfaces." The uses of *Plantago* mentioned by our correspondent are not given in the Dispensatory nor upon the Specific Medicine label, and we therefore take pleasure in presenting the plant to the consideration and further study of our readers.

Contents of Gleaner No. XXIII

Every number of THE GLEANER should be carefully preserved. We are continually receiving calls for back numbers, which can seldom be supplied, as they are practically out of print.

Aconite, Squibb's Test for Crude Drug	766	Intravenous Medication	778
Alcresta Tablets of Ipecac in Catarrhal Pneumonia.	775	Libradol an Evolution from Compound Powder of Lobelia	781
Alteratives in Catarrhal Bronchitis and Pneumonia.	775	Libradol in Pneumonia	775
Amygdalus & Apocynum as Old-Age Tonic.	778	Lithium Benzoate in Treatment of Gallstones	768
Anti-Vaccination Societies	767	Lloyd Brothers' Literature Limited to Pro fessional People	780
Apis, Specific Medicine, in Dilutions	788	Lobelia, Subculoyd, in Scarlet Fever.....	777
Apocynum & Amygdalus as Old-Age Tonic.	778	Lobelia, Subculoyd, in Tetanus of Horse	776
Arthritis in Child	782	Long's Thuja in Trachoma	784
Beach's Pulmonary Balsam.....	779	Malva Rotundifolia, Mallow. Domestic Uses.....	787
Benzoate of Lithium in Gallstone Treatment	768	May Weed in Epilepsy	790
Bronchitis, Catarrhal, Alteratives in.....	775	Oenanthe, Colloidal, in Epilepsy.....	775
Bursitis.....	788	Orchid Flowers in Medicine	768
Calomel with Infants	778	Pellagra, Diet and Treatment	786
"Chigger" Bites, Citcelce for	770	Physicians, Dearth of.....	766
Child, Arthritis in	782	Physicians and Higher Medical Education	767
Children's Influenza; Treatment.....	773	Plantago Lanceolata in Poison Ivy Treat ment	790
Citcelce for Flea and "Chigger" Bites	770	Pleasant Letter from an Old Friend	789
Colds; When Spongia is Useful in	776	Pneumonia, Alteratives in.....	775
Compound Powder of Lobelia and Capsicum	781	Poison Ivy, Plantago in	790
Cramps; Viburnum Opulus in.....	785	Pumpkin Seeds to Expel Tapeworm.....	773
Death Rate Decreasing. Possible Cause	768	Returned Stocks of Medicines not Re- marketed by Lloyd Brothers.....	765
Diuretic; Watermelon Seeds	772	Scarlet Fever. Subculoyd Lobelia in.....	777
Doses of Specific Medicines.....	786	Scutellaria Lateriflora	782
Dropsy, Grape-Vine in Treatment.....	788	Sida Physocalyx. Flux Weed.....	787
Drugs, Ground and Powdered, not Kept in Stock by Lloyd Brothers	764	Solanum Carolinense	777
Eclectic School of Medicine. What has it Accomplished.....	763	Specific Medicines. Doses of.....	786
Epilepsy, Colloidal Oenanthe for	775	Specific Medicines. A Tribute to	788
Epilepsy, Mayweed for.....	790	Spongia for Colds	776
Eryngium, Preparations and Uses	771	Spongia, Sp. Med., Uses of.....	776
Euphorbia Corollata, Domestic Uses of	784	Strophanthus, Crude Drug an Uncertain Quantity	765
Flux Weed, Sida,	787	Subculoyd Lobelia in Scarlet Fever	777
Gall-Stone Treatment with Lithium Ben- zoate.....	768	Subculoyd Lobelia in Tetanus of Horse	776
Gentian and the Tobacco Habit.....	780	Sugar Tablets, to Medicate with Specific Medicines	779
Gleaner not a Rival to Medical Publications	781	Synergistic Action of Remedies	783
Grape-Vine in Dropsy	788	Tapeworm, Pumpkin Seeds to Expel.....	773
Ground Drugs Deteriorate Rapidly	764	Tetanus in Horse, Sub. Lobelia in	776
Hoarhound, Compound Syrup of	779	Thuja, Long's, in Trachoma	784
Homeopathic Tablets, to Medicate with Specific Medicines.	779	Tobacco Habit and Gentian.....	780
Horse, Tetanus of; Sub. Lobelia in Treat-			

ment	776	Trachoma, Long's Thuja in	784
Hydrastis, Roots Commonly Mistaken for ...	785	Urticaria. Treatment.....	789
Hyperidrosis	783	Virburnum Opulus for Cramps	785
Infants, Calomel Unsuted for.....	778	Watermelon Seeds as a Diuretic	772
Influenza in Children.....	773		

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