

# *The* GLEANER

*(A Publication of the Lloyd Laboratory)*

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



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pharmacists on request

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### TO PHARMACISTS

The next number of THE GLEANER will be devoted largely (see back cover) to the interests of pharmacists. The following blank may be used by pharmacists desiring to secure THE GLEANER, beginning with the Lobelia number.

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# THE GLEANER

*Cincinnati, Ohio, January, 1926*

*Number 27*

## EDITORIAL

A. F. Stephens, M.D.

The most important seasonal diseases that winter brings are pneumonia and influenza. It is well, therefore, to review established weapons of defense against them. Influenza will come first in the list and claim the greater number of cases, some of which will be complicated with pneumonia; or, as was too often the case in the five preceding years, hypostatic congestion, which nearly always kills.

The symptom-complex is so plainly suggestive in influenza that we may pass that phase of the case and proceed to the treatment. First, if possible, put the patient to bed and keep him there until well. If this cannot be done, confine him to the house until fully recovered. People who persist in going about their usual work, thinking they have only a cold, will linger along with reinfection after reinfection sometimes for weeks at a time, and are fortunate if they recover at all. Tuberculosis is often a sequel to influenza in those who are deficient in vitality and resisting power. Pneumonia often follows exposure or neglect of the many influenza patients, because they think it is just a "cold," and endeavor to get rid of it with home remedies, too often whiskey, if they can get it. Isolation of the patient is desirable, but it is difficult to teach anyone that influenza is an infectious and dangerous disease.

The internal treatment is simple. During the first stage there is coryza, headache, and general malaise and bodily aches, with great discomfort. The indicated remedies are Specific Medicines Gelsemium, Euphrasia, Bryonia, and Macrotys. Usually the procedure is about as follows: Specific Medicine Gelsemium, gtt. xx-xxx; Specific Medicine Bryonia, gtt. x; Water, ℥ iv. M. Sig., one teaspoonful every two hours. Also Specific Medicine Macrotys, 5i; Specific Medicine Euphrasia, 3ii; Water, q s ad ℥ iv. M. Sig., teaspoonful every two hours. These prescriptions are given alternately each hour. Sometimes we add sodium salicylate 3ii to either of the foregoing when the pain is severe and does not yield readily to macrotys and bryonia. If this method is followed strictly there will be need for little else, as the disease yields promptly to the treatment. If general weakness should follow, an efficient tonic is indicated. Above all things, avoid aspirin as you would the devil, "the why of which" I will explain in the treatment of pneumonia.

Pneumonia is the bane of the medical profession, the death rate usually being high. This is too often because of faulty treatment. In this disease the patient complains of severe pleuritic pains, and often, against the wishes of the doctor, demands relief from pain. And he wants it immediately. This we do not commend. To administer a narcotic or anodyne is to endanger the life of the patient. Morphine arrests the secretions, increases the congestion, and thereby makes matters worse and in the end often brings a funeral.

In these days physicians who do not think, or do not realize, the ultimate effect of the agent administered, give aspirin to relieve the pain complained of. Aspirin of course will relieve the pain, but it may also do a damage that cannot be repaired. The primary effect of aspirin is to annul pain. The ultimate effect is to inhibit the vasomotor impulse, causing rapid and often permanent dilatation of the capillary blood vessels, and death. Congestion is the primary lesion. To do anything to increase congestion means to decrease the chances of recovery. The primary requirement in pneumonia is the relief of congestion. If we can overcome this element of the disease the involvement of lung tissue is lessened; and should the second stage follow, it will be less pronounced and resolution hastened. We have internal remedies that will relieve pain, lessen congestion, and hasten recovery without endangering the patient's life.

It is not necessary to administer narcotics or anodynes. It is not necessary to give stimulants. In Specific Medicines we have remedies that will reduce the death rate to almost zero, notwithstanding we are told that pneumonia is a fatal disease.

If we will begin right, keep right, and know what our remedies will do, we may free our minds from apprehension and sleep tranquilly at night, knowing that all is well with our patient. I have no more fear of the outcome of pneumonia, if called in time, than I have of any other manageable disease. Let me outline a treatment which, if one will follow, he will not have forty-five to fifty per cent of fatalities, and if he is called in time, his patients will wonder if in reality they had pneumonia. There are about four or five remedies to study in reference to this disease. They are Specific Medicines veratrum, gelsemium, bryonia, ipecac, and iron. When the patient is nervous and excited, Gelsemium will quiet and also act to lower the temperature. When the pulse volume is full, the patient robust, veratrum will lessen the volume and lower the temperature. For the pleuritic pain, bryonia will relieve in twenty-four to forty-eight hours. For the irritation of the mucous surface, use ipecac. This will allay the irritation. And now comes the real power in the relief of congestion-iron. It is the best remedy for congestion. I have seen a pulmonary congestion clear up in twenty-four hours after its administration. I do not attempt to explain its action; I only know it has a favorable action on the disease. I have a theory, but theories do not count in pneumonia. What we desire are results. I have seen patients with temperatures of 105, with dullness over the affected area, and all the symptoms of pneumonia clear up over night, and I am not an enthusiast. I have seen patients in the second stage of the disease, when the hospital attendants had prepared the basket to carry out the dead, fight for a few days and recover. And what I have seen with my own eyes I know to be a fact.

Remember, that a very high temperature accompanies pneumonia, and the usual method is to exert every effort to reduce it quickly. Bodily heat is the result of oxidation. If, then, the temperature rises, it goes to show that there is some matter within the body that should be burnt up, and Nature builds a fire to do it. Do not try to quench it suddenly. To do so is to kill. The higher the temperature the greater is the danger-not from the temperature, but from that which is the cause of the temperature. We do not treat temperature, but its cause. The effort to reduce it by depressants is all wrong. One can understand that resistance to any moving body or substance will cause heat, and the degree of heat will correspond to the degree of resistance. A congested lung is a cause of resistance to the passage of blood through these organs, hence a rise in temperature. Resistance to the onward movement of the blood stream causes the heart to use more force than normally. Any agent that reduces the heart action weakens that organ. Agents of this description continued for any length of time will produce debility and shortly a rapid dilatation of the heart. Death is not far off. The increased action of the heart with the requirement of more power tends to exhaust it. To boost it with stimulants is to increase the exhaustion.

The practice of giving, first a depressant, then a stimulant, is not sound treatment; but to administer remedies to gently aid and protect, is good practice. A steady hold on the lines helps the mule pull his load to the top of the hill. The wise driver does not "jerk" the mule, neither does he use a "blacksnake" to urge him on. Let us repeat: Specific Medicine veratrum for the full, bounding pulse; gelsemium for restlessness and nervous tension; bryonia for pleuritic pain; ipecac for mucous irritation, and iron to overcome the congestion. These may be combined as desired, except that iron will not associate with ipecac. They should be so combined as to administer them alternately each hour. Get right in your treatment and stick.

The patient should fast, except that he may have fruit juices, etc. A mild laxative when needed; a light, airy room, but do not freeze the patient. One should not lose sight of the fact that the skin is a form of breathing apparatus, and needs every inch of its surface for its accustomed work. But if we must in this disease apply something to the chest, let it be libradol, thinly spread on a cloth and bound on the affected side. I seldom have reason to apply anything. Let me repeat: In every congestion of the lungs, avoid aspirin as you would the devil. It paralyzes the vasomotors; inhibits the vasomotor impulse; permits extreme dilatation, which no medicine on earth can overcome, and if it be continued death is sure to follow from hypostasis. Give the victim a chance.

#### FROM THE LABORATORY STAFF

A correspondent's request for literature on plant pharmaceuticals carries the remark, "I am especially interested in purgatives."

Comment. Many years ago, considering the long list of cathartics employed by physicians as indicating a subject for revision, we decided to attempt to free our list from those that might be unnecessary. In the hope that their places might be filled by others in general use, a call was made upon one hundred physician friends, whom we knew to be qualified by practice to answer the question authoritatively. Each was asked to name the cathartics he employed, especial comments being requested concerning that which he most valued. To our disappointment, instead of enabling us to cut down our list of purgatives, this call actually resulted in the necessity for their extension. It reminded many physicians that we were not supplying them with the cathartic or laxative that to them seemed more desirable than any on the list. We are pleased to find our correspondent interested in this subject, but fear that the farther he proceeds, the wider will expand the field before him.

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This reminds us that every attempt we have made to reduce the number of preparations in our Specific Medicine list, has likewise failed. Consideration of the list might lead many physicians to decide that, so far as his practice is concerned, a limited number therein would answer his fullest needs. Several considerations show that this is true only with that one person. For example, an experienced and qualified physician might accept that rhubarb fully answers his purpose, both as laxative and cathartic. His physician neighbor might believe in senna, and decline to change to rhubarb. Another would argue that in apocynum there is a value aside from the cathartic, an argument that might apply to elaterium, as well as to a number of other agents, in which the needed cathartic action is subordinate to some other valued action, not to be found elsewhere than in that one drug. Cascara sagrada (*Rhamnus purshiana*), would be the choice of many. To this it may be added that Dr. Webster would demand *Rhamnus Californica*, because of its special value in some forms of rheumatism. Consequently, in considering the word cathartic, we meet radiating thought lines that cannot be neglected.

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Take the list of therapeutic agents outside cathartics. We may safely assert that a number embraced therein have never, in their entirety, been used by anyone physician. And yet, an agent unimportant to, and never used by some one physician, may by another be considered irreplaceable. This is shown by the fact that if any member of our list of Specific Medicines becomes for any reason unattainable, a protesting cry goes up from near and far, showing that general practice (not that of professional medical politicians), depends on many agents, some of which of exceptional value are, by many good physicians, unused. On the authority of experience we can assert that not one Specific Medicine can be dropped from our list without our receiving numerous protests from physicians aggrieved by such a step. The seemingly unimportant becomes then the important.

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We are forcibly reminded of this fact in connection with the richness of the American materia medica. Before us lie two treatises on the treatment of influenza, both written by experienced and observing practitioners, and both treating the subject according to Specific Medication principles. However, the remedial agents selected are very different, but unquestionably each is effective. This example is offered as correlating our remarks concerning preferences, where several agents productive of similar uses permit a choice.

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Were it not for this fact, a famine in the direction of some favorite drug used in treatment of some important ailment, would bring disaster to the profession as a whole. The World War illustrated forcibly the value of reserve agents to replace those then unattainable. In this instance, the American materia medica proved a "God-send" to many physicians previously unacquainted with its great wealth.

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Another reason for physicians' resisting an attempt by a theoretical "regulator" to dispossess him of an agent used in his practice, lies in the fact that, innate in Americans, is the desire for personal liberty concerning such subjects as medicines and foods. We resist being forced by law or professional regulators to do something that is to us repugnant.

Choice in things purely personal is, and has ever been, our born right. We deeply feel a touch of indignation when we are told that, by reason of self-opinioned critics, we do not understand a subject in which we are fully competent, by right of education and experience, to judge for ourselves. Whoever lays down a man-made law afar from fact, as we see it, for us to follow, meets mental resistance. This especially applies if the party making that law is less experienced than ourselves, but yet happens to be in authoritative position. Then, if we have the spirit of freemen, we rebel, determined to stand no interference with our inherited rights. Especially is this true if the invader of our possessions or liberties is neither a physician nor a pharmacist, but yet, through politico-pharmaco position, presumes to teach us our business or profession.

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A wonderful discovery has been made in one of the deserts of one of the suburbs of New York City. The lay press has heralded it far and wide. As though an illegal attempt had been made to break some law, bird seed became involved as a wicked criminal. "A drug field," to use the expression of a reporter of that sterling publication, the New York Times, "as large as six village blocks," was located in the depths of a New York City "dump" or swamp. In this connection we may say that for an hour we recently rode along a Middle West pike, both sides of which were lined with that same "pernicious" weed. In our boyhood days, great tracts of this weed were planted and cultivated in fields about us. In our present home it grows wild, even to our door yard, much to our satisfaction as well as to that of the birds. Indeed, if one will but notice, wherever the litter from bird cages is scattered, the well-known plant, hemp, springs up.

The New York reporter, however, discovered "hashish!" in those New York City fields, a name that weirdly impresses the general reader, especially if he be conversant with the Arabian Nights. Had the reporter said "hemp," less concern might have been roused in his "discovery."

In this connection it may be stated that the same plant, hemp, that has its mother home in India, is in India known as "Cannabis Indica," but when raised in America from seeds of the Indian plant, is called "Cannabis Sativa." In transportation it seems also to have lost its energetic qualities, the American grown plant being defective in resin, as well as in other materials as yet unknown.

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By the way, although the name "Hashish" is applied to the hemp plant, it belongs, rightfully, to a compound containing the leaves of hemp. Let us abstract from The Arabian Nights (Burton's Edition), the "Hashish Formula": "Quoth the Sultan, 'And what may be the description of Hashish?' Replied the Wazir: (Hashish Formula.) "It is composed of hemp leaflets whereto are added aromatic roots and somewhat of sugar; then they cook it and prepare a kind of confection which they eat, but whose eateth it (especially if he eat more than enough), talketh of matters which reason may on no wise represent. " The first sensation produced by hashish is delightful. Sonnini says of it, "The Arabs give the name Kayf to the voluptuous relaxation, the delicious stupor produced by smoking of hemp."

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To the foregoing it may be added, Orientals smoke cannabis and its extract. We give doses by mouth. This distinction applies also to opium, as employed by Orientals and ourselves. With both, when smoked, come wonderful hallucinations. No troubles afflict man when he is under the touch of these two wizards of delight. He breathes as a human being, but lives in realms celestial. Such pleasures as these are forbidden us of the "Occident," by reason of the deplorable after effects, too well known to physicians so need comment here.

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A correspondent of more than a little renown seems disturbed over the fact that some of the leaders of a fragment of the medical profession, are intent on destroying the use of all non-poisonous remedial agents. It is accepted that a systematic crusade is to be made, in which much money and great displays of "scientific lore" are to be employed to suppress the use of remedies that will not kill. These are to be shown "authoritatively" as of no therapeutic value.

This reminds us that these years ago, the same ideal possessed several imaginative experimenters whom we then defined as, in our opinion, believing that a remedy "that would not kill a well dog, could not cure a sick child." The subject is not yet closed.

As yet, to this day, we have failed to discover that physicians are neglecting the use of kindly agents, or people the consumption of non-toxic foods, established in times gone by. Nor are physicians now more reckless than formerly in administering heroics that kill. In our experience, greater care is now taken to avoid overdosing of energetics, or the indiscreet use of poisons. If we might be permitted respectfully to express our opinion of this subject, we would venture the thought that the term "scientific" seems here out of place.

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A reader of these comments might ask, "Does not the house of Lloyd Brothers make preparations of poisonous members of the *Materia Medica*?" To this hypothetical question we answer, "Yes, but not for use by inexperienced laymen, nor, we hope, by licensed physicians reckless enough to administer them in over-doses.

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By "over-doses" we mean not alone an amount sufficient to shock the life out of anyone, be this result immediate or remote, but to disturb normal functions. The chief criticism received by us concerning the doses commended on the *Specific Medicine* labels is, that "bigger" doses are; in our critics' opinion, permissible.

To this we reply, "The labels are written by physicians practicing medicine and fully conversant with the dosage that best serves their purpose with each agent. This does not prevent other physicians from increasing this dosage, if in their judgment it is advisable.

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As we write, a letter comes to our desk asking if ten minims of *Specific Medicine Aconite* would be an admissible dose. To this we might reply, "Yes, if the intent is to kill the patient! It is likely, however, that the prescription enclosed is incomplete, the water of dilution being neglected! Even then we would prefer five minims in four ounces of water rather than ten minims, the dosage being a teaspoonful of the dilution. Once we saw a strong man gasping for breath under the influence of five drops of this *Specific Medicine* in four ounces of water, a teaspoonful of the dilution being given at a dose. That is our authority and we seek no other.

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Continuing our thoughts concerning the use of poisonous drugs as medicines, we might ask, as once we did of an enthusiastic experimenter in the toxic field, "After you have found that a drug will kill the dog, do you commend that amount as a medicine, or the amount established in the practice of physicians, with whom in disease the dose is so small as to be non-toxic? In other words, are you not shooting to kill, and watching the creature's struggles as does a 'scientific man,' pure and simple, whereas the physician aims to study the action in disease conditions of a human being? Are not both of you fair, honest, and capable, each in your respective fields, one being concerned in the shock, even death-standard, the other in cure? May not each respect the other in his respective field? Should either deny the other the privilege of holding opinions, one based upon years of experience and observation in disease expression, the other upon experiments tried on a dog? Above all, should not the party figuring results derived from a few hours' observation over the struggles of a non-diseased animal, respect the opinions of him with years of personal experience fortified by centuries of authoritative history, recorded by talented men whose qualifications are unimpeachable?"

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Eclectic. In view of the increasing desire of physicians generally to seek information concerning the term "Eclectic" as applied to a section of American physicians, we shall aim to give, tersely, their origin and ideals. It will be to many a surprise to learn that the Eclectics have never been an exclusive sect, but that, as altruistic pioneers and discoverers, they have for a century both given to the world and received from it.

Another surprise will be that the most talented physicians of times gone by were, as is recorded of Daniel Drake, "Eclectics in the broadest and fullest sense of the term." Let us continue: Over a hundred years ago, the word "Eclectic" was applied to physicians who broke away from traditions of the European past. They made opportunities for research in the American materia medica their ideal. This made them "irregulars," in the eyes of the politicians of the majority, regardless of their capacity or accomplishments. Turn to that observing scientist, C. S. Rafinesque, and note that in his materia medica, 1828, he names the "Eclectics" as follows:

"The Eclectics are those who select and adopt in practice whatever is found most beneficial, and who change their prescriptions according to emergencies, circumstances and acquired knowledge.' , In other words, the "Eclectics" treated the patient, not a disease name. Take the work of the son of Daniel Drake, devoted to the record of his father. Note that in the Biographical Sketch, page Iii, he speaks as follows, claiming that his talented father was "an Eclectic in the broadest and fullest sense of the term:" "No man was more sensible than he of the imperfections and uncertainties of the healing art, and no one in this country, in the nineteenth century, has labored more ardently and zealously for its improvement. For the systems of the schools, no physician and teacher ever entertained a more thorough and unmitigable contempt. He was an Eclectic in the broadest and fullest sense of the term. His genius was of too lofty and pervasive an order to be trammelled by any authority, however great, respectable, or influential. . . .

"It was nature and her works that he delighted to study and to contemplate; not that he regarded with indifference whatever was good and valuable in the production of others, but simply because he preferred to drink at the fountains instead of at the turbid stream. Like Hippocrates and Sydenham, he was a true observer of nature, and, we may add, a correct interpreter of her laws and phenomena; his ambition was to be her follower during life, and at his death to leave on..:

a record, a true and faithful transcript, of the results of his investigations for the benefit of his brethren."

In fact, vicious prejudice of former times concerning professional theories and schools lingers now only with a few, who, this writer is inclined to believe, are of rather restricted views. The term "Eclectic," as defined in any dictionary, or the practice of Eclectic Physicians for nearly a hundred years, permits of no term "sect." This is being comprehended now, as never before.

## GLEANINGS AND COMMENTS EUPATORIUM IN INFLUENZA

Question: "What have you for "Flu?"\*

Reply: Eupatorium is perhaps one of the remedies most relied upon by many physicians in combating this scourge. This is combined, as a study of the case indicates, with other remedies, such as Lobelia, Aconite, Gelsemium, etc. Remember that the term Influenza covers a multitude of connected ailments. From very early times in America, Eupatorium has been employed in treatment of influenza, which from time to time has been epidemic in this country. '(See Drug Treatise No. 31, sent free to physicians, on application). As early as 1819, Professor N. Chapman, M.D., "Professor of the Institutes and Practice of Phvsic and Clinical Practice in the University of Pennsylvania," and " President of the Philadelphia Medical Society, wrote of Eupatorium as follows:

"Thirty years ago we had throughout the United States a singular catarrh, or species of influenza, which, in consequence of the sort of pain attending it, came to be denominated the BREAK BONE fever. The Eupatorium, acting as a diaphoretic, so promptly relieved this peculiar symptom that it acquired the popular title of BONE-SET, which it retains to the present moment."

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\* Inasmuch as various sections of the country are repeatedly suffering from a recurrence of this ailment, we deem it not out of place to give an extended reply to this inquiry, for the information of physicians not familiar with Eclectic methods of meeting this scourge, or who may wish to revive their memories concerning it. Physicians having Gleaner 15 in their files will reread with interest the items, pages 536-538. Compare also Dr. Stephens' editorial, this number of THE GLEANER.

This reference establishes the use of Eupatorium in 1789, since which time it has been a standard with physicians acquainted with its qualities. Every materia medica and practice in America since that date has given this remedy exceptional attention.

Prophylactic Treatment: In communities where influenza has reached the epidemic stage, physicians will do well to place with the families under their charge, as a prophylactic remedy, the following, which in 1918 proved invaluable to physicians so employing it. It should be given to all persons exposed to the disease, and to all attendants upon an influenza patient.

R̄x Spec. Med. Eupatorium, Colloidum	℥ss
Spec. Med. Aconite,	gtt. v
Aqure dest. q. s. ad,	ʒiv

M. Sig.: A teaspoonful every two hours the first day afterward three times daily.

The worth of this prescription, devised by E. G. Sharp M.D., is shown by the following incident:

"In a well-known manufacturing establishment five employees were recently stricken in one day with 'Spanish influenza.' Immediately a prescription of Eupatorium and Aconite was compounded, and a bottle given to every member in the establishment, with directions to take one teaspoonful every two hours the first day, afterward three times daily. After that date not one member of the establishment was afflicted. And yet strenuous business kept them employed night and day. Possibly this result is exceptional, but it is no less a fact."

Incipient Cases: Here it is sometimes desired to use an infusion of Eupatorium, to open up the pores and produce a mild perspiration. Such an infusion may be prepared "by dropping into a pint of hot water, as hot as may be comfortably swallowed, from 15 to 20 drops of Specific Medicine Eupatorium. Of this drink freely, not less than wineglassful amounts, repeating the dose as the indications for the action of the hot drink remain. It may be sweetened, if desired. When the action of a large quantity of water is not needed, the medicine may be given in from 1 to 30-drop doses in a tablespoonful of water, according to the necessity of the case, repeating the dose every one to three hours."-Ellingwood.

The specific action of Eupatorium, according to Professor Ellingwood, is as follows:

"It unlocks excretions from and gently stimulates the skin, thus at once antagonizing any cause within the system that may be acting to promote the full development of the disease. It equalizes the circulation, it frees the emunctories, it stimulates any depressed activity of the important vital organs. Because of these characteristics, it is indicated in any form of fever, and the dose can be so adjusted that it will exercise a beneficent influence over both mild and severe fevers. Thus it was used by the early writers in all severe forms of fevers, especially those which depended plainly upon what we now call 'septic infection.'

"The particular effect of Eupatorium shows itself very quickly, in the relieved respiration when there is bronchial cough that threatens to assume the form of a bronchiolitis. If this be allowed to progress at all, it is likely to induce pneumonia, which in the present epidemic of 'Spanish Influenza,' is the most common cause of death. "When prescribing Eupatorium at the onset of influenza, if the most conspicuous symptom is that of a bursting headache and severe muscular pain, I should also give, with the first doses of this agent, one powder of salicylate of sodium, or salicylate of strontium. This can be given with a full draft of hot water. To a child of from twelve to fifteen years, I would give five grains, and to adults from ten to fifteen grains, the latter dose being administered to strong, vigorous patients. If in one hour there is no relief from the headache. I would give another dose of the salicylate. This should promptly stop the violent headache. By this time, the influence of the Eupatorium will have exercised itself, and from that time on, this remedy can be relied upon positively, unless some unusual complications set in. In that case, each indication must be met for the time being with the properly indicated remedy, but none of these, correctly indicated in the form of Specific Medicines, will contra-indicate, or in any way antagonize, the action of Eupatorium." From a monograph by Dr. E. G. Sharp, of Guthrie, Okla., written in 1918, we extract as follows:

"The remedies I have found to be most frequently indicated in the present epidemic are the following: Aconite, Gelsemium, Bryonia, Macrotys, and Eupatorium. Aconite and Gelsemium are almost universally demanded at the start, and often through the entire course of the disease, even to convalescence. For the severe muscular pain sometimes presented, Specific Medicine Macrotys has given me the best satisfaction. For the deep-seated 'bone ache,' as the patient expresses it, Specific Medicine Eupatorium, given to the point of nausea, is of especial value.

"It is exceedingly important to keep watch of the respiratory apparatus, especially for any indication of premonitory symptoms of pneumonia. I do not wait for the appearance of pleuritic pains, but on the first indication of irritable trachea and bronchii, Libradol is applied over the affected part. This usually gives immediate relief. When pleuritic pains have extended to the lungs, Libradol is never neglected. The regular form of Libradol (green), is applied to effect. A favorable symptom of the full influence of Libradol is the sensation of lightness in the head of the patient. A change should then be made to Libradol Mild (white), which must then be continued until relief follows, unless symptoms again call for the more energetic (green) form. Should nausea occur, change at once to Libradol Mild, continuing with this until relief is obtained."

The value of Subculoyd Lobelia in moderate doses in the pneumonia so often following an attack of influenza, has many times been demonstrated. Says Professor Ellingwood of this remedy: "Our best authorities agree that Lobelia, in proper dosage, minimizes local irritation, overcomes local blood stasis and stimulates both the venous capillaries and the arterioles, relaxing elastic tissue and increasing innervation. It supports the functional influence of the various organs, by "Since it quickly exercises this influence in emergencies, when, as has happened in very many cases of pneumonia it has seemed t?at the patient was very near death, Subculoyd Lobelia may be called An Emergency Remedy. Such emergencies are due to heart depression--threatened failure--angina in its varied forms, threatened apoplexy, and the various forms of respiratory obstruction, difficulty of breathing, which occurs in severe cases of influenza, and which can be overcome with a single, small hypodermic dose of Lobelia. This is especially true of asthmatic complications, and of difficult breathing without plainly apparent cause.

"Let us again refer to the action of Subculoyd Lobelia in pneumonia. Many of our observers have advised its use when the prognosis of other consulting physicians was that the disease would be certainly fatal; and yet these cases were restored by the hypodermic use of Lobelia. This has so many times been accomplished as to confirm our belief in its reliable influence upon the pathological factors present in the last stage of pneumonia.

"I am confident that physicians pay but little attention to the peculiar form of acute congestion that immediately precedes an attack of pneumonia, following an acute attack of influenza. Here the pulmonary congestion is not quite so abrupt as in some cases where the congestion is produced by cold, but it finally becomes as complete. If this condition can be anticipated and treated with injections of Subculoyd Lobelia, I am confident there need be no attack of pneumonia, or if the symptoms occur, I believe they will yield much more readily to treatment. I would certainly advise those who are at all experienced in the use of this remedy, to give hypodermics of Subculoyd Lobelia, early, in these cases. Should the patient be predisposed to its emetic action, it should be administered in much smaller doses. If we have no previous knowledge of its use with the patient concerned, small dosage, carefully increased as needed, should be employed.

"And since Lobelia and Eupatorium are synergists in this class of cases, I would be in favor of using Specific Medicine Eupatorium, in full doses, for the main indications, after giving perhaps a first, early injection of Subculoyd Lobelia. After this, the Lobelia would be used for any possible emergency that might arise.

"So positive and definite are the reports we have received on the action of Subculoyd Lobelia on acute pulmonary inflammations, and so parallel are its indications with the symptoms of 'Spanish Influenza,' that I am confident it may be relied upon to exercise the same influence over the entire train, as it certainly has over the indications pointing to pulmonary and bronchial involvement. Let me repeat, that dosage depends on the patient and his conditions, and that excessive dosage is unnecessary and may even be detrimental to the patient."

As a summing up of the whole problem, we cannot do better than reproduce, in full, the following, from the pen of Dr. William Nelson Mundy,- presented by us to physicians during the epidemic of 1918:

### TREATMENT OF INFLUENZA

"Eclectic physicians have found no need to search for some unknown or foreign so-called 'specific' to meet the conditions presented by influenza. Our treatment is simple, reliable, and safe. We prescribe in accordance with the conditions confronting us, and we find the same effective methods that we pursued in 1889-90 serving us equally as well to-day. Nor do I believe that the type of influenza found in army life is more virulent than that in civilian life. Eclectic physicians meet the same conditions of environment found elsewhere, but yet, their proportion of fatalities is very small. None of my own cases have died of influenza, but I have not saved all from pneumonia.

"Remedied Used.-If asked to name the remedies most likely to prove serviceable in influenza, I would name Aconite, Gelsemium, Rhus Tox, Asclepias, and Bryonia. These will fit the majority of cases, but in special conditions, Veratrum, Lobelia, Ipecac, Phosphorus, and occasionally Macrotys are called for. The preparations of these drugs that I employ are the Specific Medicines, which for thirty-five years I have found I could rely upon for accuracy and effectiveness.

"For Febrile Conditions, Aconite.-For febrile conditions characterized by the rapid, small pulse, I prescribe Specific Medicine Aconite, in small dose. I have no fear of this remedy, when indicated, even in pneumonia. In selected cases, it is one of our best remedies for pericarditis, for, when given in therapeutic doses, small and frequently repeated, it quiets the heart action and does not paralyze it. It is the large dose, prescribed for the physiological or poisonous action, that harms.

"For Throbbing Headache, Gelsemium and Veratrum.-When the face is flushed, the eyes bright and the headache throbbing, even the carotids throbbing, Specific Medicine Gelsemium is the remedy. In these cases I usually combine it with Specific Medicine Veratrum, as the pulse is of course full and strong.

"For Frontal Headache, Rhus Tox.-Specific Medicine Rhus is indicated by the sharp, lancinating, frontal headache. The pain is often above the eye, and suggestive of a possible sinusitis. The eyes are watery, and there is a discharge from the nose, evidencing sharply the influenzal character of the disease.

"For Catarrhal Conditions, Asclepias.-In all catarrhal affections, especially in children, Specific Medicine Asclepias is one of my favorites. This I use when the skin is hot and dry, especially when there are pneumonia symptoms.'

"For Pleuritic Pains, Bryonia.-With pleuritic pains, even in pleurisy, with or without pneumonia, I use Specific Medicine Bryonia. This is the remedy in inflammation of serous membranes.

"For Broncho-Pneumonia, and Complications, Lobelia, Veratrum, and Ipecac.-The most frequent complication of influenza that I have met is broncho-pneumonia, only a few cases of lobar presenting themselves. In the treatment of pneumonia cases, the remedies named above serve as a basis, additional agents being added or substituted as the case demands.

Lobar Pneumonia, Veratrum and Lobelia.-Very few cases of lobar pneumonia occur in which Specific Medicine Veratrum is not indicated. Specific Medicine Lobelia is to be used when the cough is loose, when there are mucous rales throughout the chest, as in the later stages of broncho-pneumonia, or in a lobar-pneumonia with delayed resolution, with evidences of a bronchitis supervening.

"Dysenteric Complications.-When the cough is dry, or where there are dysenteric symptoms, use Specific Medicine Ipecac. Dysentery is frequently found, especially where the patient has dosed himself with laxative tablets of various brands or composition, or has indiscreetly preceded his belated call for the physician by liberal doses of saline purgatives. This is the so-called 'abdominal type.'

"For Pneumonia With Bloody Sputum, Phosphorus, Macrotys.- In pneumonia, when the sputum contains blood, the so-called 'prune-juice' expectorations, use Specific Medicine Phosphorus. This I use uncombined with other remedies. In the early stages, when the patient complains of muscular soreness and aching, Specific Medicine Macrotys is valuable. This symptom I have not found uniform. Some patients complain only of the headache, weakness and dizziness. When they lay stress upon the muscular soreness, Macrotys is given.

"This practically constitutes my complete list. Other remedies are occasionally called for, but those above named meet the majority of complications as they arise, especially the pneumonic. They are not used in fixed formulas, but are prescribed, singly or in simple combinations, as occasion requires. The doses vary with the patient and the conditions. Please note that the remedies are selected, not in accordance with the name of the disease, but to meet the changing conditions of the patient."

#### ASEPSIN IN OCULAR SURGERY

In an old print\* we find the following, that in our opinion is still of living interest to physicians. We reproduce it, as follows:-

While the lachrymal fluid is possessed of antiseptic properties, it is not of sufficient strength to destroy the germs of disease, or prevent their development after surgical operation. Even in a normal state the palpebral sac forms a healthy habitation for micro-organisms of numerous forms. The antiseptic solutions commonly employed in general surgery are injurious to the delicate structures of the eye, and are hence useless in ocular surgery. Several years ago, my attention was called to Asepsin. Procuring a sample, I prepared a solution by adding one grain to distilled water ℥j. This solution may be used with perfect safety in all operations on the eye, and is of great value as an after treatment. Where it is necessary to employ a local anesthetic, the requisite amount of cocaine may be added to the above solution. The Asepsin will preserve the solution, and prevent the formation of sediment so commonly seen when cocaine is prepared in distilled water.

After corneal section, solution of Asepsin as an after treatment will aid nature, and produce favorable results. After operations on the conjunctiva, as in peritomy, pterygium and tenotomy, its use will prevent purulent formation, and keep the traumatic surface in a healthy condition. All medicines that I employ locally in ocular practice (except silver) are prepared in the above solution. I have recently used it as a wash in purulent ophthalmia with excellent results. With all forms of conjunctival inflammation, a solution of Asepsin makes a good cleansing wash, and an excellent vehicle for other remedies.

Comment: Asepsin holds its position in the practice of a great number of physicians, as a favorite antiseptic. Our Drug Treatise, Number VI, devotes many pages to this agent, giving its history, qualities, incompatibles, and uses. This is mailed free, to physicians, on application.

#### "WILD ROOT"

Question: What is "Wild Root?" I have looked for it in my Dose Book and in Gould's Dictionary, but do not find it. It has been highly recommended to me for certain ailments. Can you give me any particulars regarding it?

Reply: The name "Wild Root" does not appear in either Gray's Botany or in the American Dispensatory. It is perhaps a local name for some plant which is perhaps well known under its botanical name, or even under some other common name. Our remarks on "Live-Giving Herbs," GLEANER 24, pages 795-6, are perhaps pertinent in this direction, also.

Question: I am treating a case of epithelioma of the chin with Thuja, applying the remedy one-half strength to the part, and giving internally the following:-

R̄ Sp. Med. Echinacea	3 ii
Sp. Med. Rumex	℥ iii
Thuja, Colloidum	℥ i

M. Sig.: A teaspoonful every two hours, in water. What is best for overcoming the odor that usually arises in this disease?

## THUJA IN EPITHELIOMA

Reply: The odor may be overcome by cleansing with a solution of chlorate of potassium. Continue the internal treatment outlined. The dose is large, but inasmuch as none of the agents designated are toxic, no harm may be expected. Apply Thuja Ointment, locally, on gauze. Advise before too late with a surgeon. Delay awaiting cure by local treatment may result fatally.

## SYRUP OF IPECAC

Question: Can I make from your Colloidum Specific Medicine Ipecac a Syrup of Ipecac that will approximately parallel the U. S. P. Syrup of Ipecac?

Reply: While in our opinion the medicinal syrups should be made directly from the drug, a Syrup of Ipecac that in our opinion would be in every wise exceptionally satisfactory may be made by mixing the Specific Medicine Ipecac with simple syrup, paralleling the amount of Ipecac used by the Pharmacopeia. However, the only "Official" Syrup of Ipecac, is that which is made exactly in conformance with the directions of the U. S. Pharmacopoeia.

## INFANTILE PARALYSIS

Question: Please give me the Eclectic method of treating infantile paralysis.

Reply: Infantile paralysis must be treated as are all other diseases, by applying remedies to the conditions as presented at the time of prescribing. After the initial stage, and after the paralysis is fully established, little may be done by drugs, the degenerative process occurring in the column of the cord becoming unresponsive to the action of drugs. From Thomas' Eclectic Practice of Medicine, we extract in part what is said regarding the treatment of this disease :

"In the acute febrile stage, the special sedatives, frequent sponging of the patient, and absolute rest in bed, will give the best results. Later such hygienic and dietetic measures as will best improve the general condition should be carried out.

"Nux vomica and strychnia will be useful after the acute symptoms have subsided. Ergot has been recommended in the early stage of paralysis. "Lumbar puncture is advised the first four days, and the fluid freely drawn. The serum treatment is still in the experimental stage. Rest to the affected muscles is very important, and massage and passive movement should not be undertaken for three or four weeks, and re-education of the muscles not begun till the muscles have regained some power. The faradic current may be applied daily to such muscles as respond, and the galvanic current to the paralyzed group."

From Mundy's Diseases of Children, we quote, as follows:- "The treatment of the acute stage of infantile spinal paralysis will consist in the treatment of the general condition. Rest, quiet, and local applications to the spine, when the condition is recognized, constitute the principal requirements. Hot baths will usually allay restlessness and induce sleep. We usually use hot soda water, and generally bathe the entire length of the spine. Internally, Aconite or Veratrum is given when there is elevated temperature and pulse; Gelsemium, Belladonna, or Rhus tox. when there is irritation of the nervous system, choosing each according to the indication.

"After the acute symptoms have subsided, massage and friction should be employed; in connection with the faradic current. The object of these measures is to maintain the nutrition of the muscles. If the muscles fail to respond to the faradic current, the galvanic current should be substituted, using the former again as soon as the electrical response can be obtained. Internally, Strychnine, syr. Lacto-phosphate lime, or other tonics should be given. "Mechanical measures properly applied frequently assist in the prevention of deformity, or with the assistance of tenotomies, in the overcoming of such, when present. They are sometimes an aid in locomotion."

## PHOSPHORUS INCOMPATIBLE WITH ORGANIC REMEDIES

Question: I am using a tonic remedy having phosphorus as a base, and wish to combine with this, Specific Medicines Ignatia, Nux Vomica, and Cannabis Indica. In what proportions could these be employed?

Reply: The remedies named are so antagonistic, pharmaceutically, that we would not know how to put them into a single menstruum that would carry their therapeutic qualities with any degree of certainty. Phosphorus combined with these organic materials would disappear, as oxidation and other rearrangements would progress. Cannabis Indica constituents are absolutely incompatible with any menstruum known to us that carries an excess of water. Nux Vomica and Ignatia, two strychnine-bearing drugs, depend for their remedial qualities upon alkaloidal textures that would have to be specially studied in connection with the mixture mentioned. In our opinion, therefore, it is not possible to combine the Specific Medicines named in any solution that will satisfactorily carry the therapeutic qualities of these ingredients.

### ANEMOPSIS FOR NASAL CATARRH (Contributed)

I have found Specific Medicine Anemopsis, used locally by means of a spray, to be a superior remedy for nasal catarrh. Physicians should become better acquainted with this remedy.

Comment: This report on the use of Anemopsis as a spray is confirmative to one mentioned in our Winter Bulletin of 1916, from a specialist in eye, ear, nose, and throat affections. It was as follows:- "Having used Anemopsis Californica nearly every day for more than two months in all forms of catarrhal conditions of the nasal cavities as well as of the larynx and pharynx, I will report as follows:

"The prescription commonly employed was

R̄ Sp. Med. Anemopsis,	3i
Glycerin,	3ii
Water, q. s., ad,	℥i

M. Sig.: Use freely-as a spray.

"The glycerin is used to keep the mixture from spoiling. The less used, the better.

"This remedy seems to give better satisfaction in chronic forms of inflammation of the Schneiderian membrane than in acute forms. The Specific Medicine Anemopsis contains no added oil, which to my mind, is quite an advantage. For several years I have prescribed, and dispensed in my office, different medicines or sprays put up in a bland oil, which I considered the best menstruum, as it did not irritate. When I first began to use Anemopsis Californica I thought if it could be put into some bland oil, it would be much better than in an aqueous solution. But after using the above prescription, I decided that it was much better than any oily preparation."

History of Anemopsis Californica: Dr. W. H. George, of Independence, California, in 1876 sent to John Uri Lloyd for identification the root of Anemopsis Californica, stating that it was used therapeutically by the Indians under the name Yerba Mansa, in the form of a decoction as well as the powdered drug, to be applied to cuts, ulcers, and venereal sores. The drug proved to contain a decided amount of a characteristic volatile oil, together with gummy, fixed oil compounds and characteristic tannates. The result of these provings was published in the American Journal of Pharmacy, 1879, and in New Remedies in 1880. Dr. O. P. Laws, of California, afterwards recommended the drug as a remedy for nasal catarrh. This introduced it to Dr. J. A. Munk, of Los Angeles, who read a paper on Anemopsis, presenting specimens of the drug, before the National Eclectic Medical Association at its meeting in Los Angeles, 1907.

Afterwards, Dr. H. T. Webster and Dr. John Fearn, of Oakland, California, and other physicians, used Anemopsis with great satisfaction in catarrhal conditions, contributing their results to various publications. Anemopsis is now, with physicians acquainted with its great value, a standard remedy in catarrhal conditions. Uses of Anemopsis (by Dr. H. T. Webster): Anemopsis has been established by excellent observers in nasal catarrh, with considerable relaxation of the mucous membrane. The greatest reliance has been placed upon its local effect, though its unirritating astringent properties as an internal agent have been indorsed by good authority. The indications and uses of Specific Medicine Anemopsis are given concisely upon the label, as follows:-

Specific Medicine Anemopsis Californica

Indications: Profuse mucous or serous discharges from mucous membranes.

Use: In nasal or pharyngeal catarrh, acute or chronic; in diarrheal or dystenteric catarrh of the bowels, attended by typhoid symptoms; also in gonorrhoea and other catarrhal conditions of the urinary passages, attended by relaxation and irritation.

Dose: ℞ Sp. Med. Anemopsis      3ss to 3ii  
Aqua Dest.      ℥iv

M. Sig.: Internally, a teaspoonful every one or two hours; externally, apply locally with spray, douche, or by injection, as the case requires, repeating at from one to four-hour intervals, as case demands. -Webster.

## SUPPOSITORIES NOT MADE BY LLOYD BROTHERS

### Thuja in Hemorrhoidal Condition

Question: Thuja suggests itself as an indicated remedy in a long-standing case of hemorrhoidal condition of the inter-sphincter mucous membrane. Have thought of using it in suppository form in combination with hamamelis. Relief is given in this case by suppositories of rhatany, but something else is needed for a cure. Do you make suppositories of either Thuja and Hamamelis, or of a non-alcoholic Thuja?

Reply: We do not prepare suppositories for the trade. In case Specific Medicines Thuja and Hamamelis are desired in such a form, we would suggest that they be evaporated to a syrupy condition before incorporating them into the suppository mixture.

## STILLINGIA PREPARATIONS

Question: I would like to know the price of your "Stillingia," and its formula, if you give it. I note that this is commended as containing no narcotic.

Reply: We make several preparations from the drug Stillingia, none of which carry any narcotics whatever (see "Companion," mailed free to physicians on application). Chief among these are: Specific Medicine Stillingia. This is a "simple," carrying Stillingia, only, as a therapeutic agent: Compound Stillingia Liniment, an old Eclectic favorite, whole formula is given as follows in the American Dispensatory: "Oil of Stillingia, 3i; oil of Lobelia, ℥ss; oil of Cajeput, ℥ss; alcohol and glycerin, of each, ℥ii."

Amina is a modification of Compound Stillingia Liniment, with the addition of Anemopsis Californica. Compound Syrup of Stillingia has a complex formula. It contains the root of stillingia sylvatica and corydalis, blue flag root, elderberry flowers and chimaphila leaves, coriander and prickly ash berries. This also is an old favorite, whose formula is given in the American Dispensatory.

## FIRST CONTRIBUTION TO PHARMACY BY JOHN URI LLOYD (1870)

Stillingia is to us of peculiar interest, in that it formed the subject of the first published research work in plant pharmacy undertaken by Professor John Uri Lloyd, then (1870) prescription clerk in the pharmacy of W. J. M. Gordon and Brother, Cincinnati. To this establishment came the leading physicians of the city, of all schools of medicine, Eclectic and Homeopathic as well as "Regular," the pharmacy forming a neutral meeting place and debating ground (almost a "Doctors' Club") for physicians. At times the discussions became more or less torrid. Dr. John King became much interested in the young man who took such care in making his preparations, and urged that he make a special study of plant pharmacy, then in its infancy. The "yarb doctors" being held in disfavor by pharmacists in general, Eclectic physicians were at that time forced to prepare most of their own preparations from the plants gathered in their own neighborhood. The results were often far from satisfactory, the formulas then in use being defective pharmaceutically, and the busy physicians having neither the time nor the pharmaceutical training needful.

At the request of Dr. King, young Lloyd undertook the work of studying these preparations, with a view not only to giving better satisfaction to his own clientele of physicians, but of giving to physicians in general better methods of office pharmacy, producing preparations more reliable in character, and less nauseous to their patients.

The work progressed with such mutual satisfaction, that in September, 1870, Dr. King made the following announcement to the readers of the Eclectic Medical Journal.

"Eclectic Pharmacopoeia.-In the preparation of an Eclectic Pharmacopoeia, which the several State Eclectic Medical Societies have done me the honor to place in my hands, in conjunction with their several Committees on Pharmacopoeia, I have not been fully satisfied with several of the formulae, given in my dispensatory, of some of our most valuable compounds, and which will require some slight changes in order to procure reliable preparations, of full strength. In practice, I have found some of them to fall short of their action, not producing the effects that should be expected from their administration; while others form very turbid compounds, more or less subject to change, and sometimes quite unpalatable. With a view to obviate these difficulties and present formulae by which even the less skilled may succeed in making good medicinal compounds, I have engaged a young man who is a talented and skillful pharmacist, Mr. J. U. Lloyd, now in Mr. O. F. Gordon's drug store, to experiment with these unsatisfactory preparations, and ascertain what improvements can be made thereon. The results of his experiments will be published from time to time in the Eclectic Medical Journal, so that our druggists may be enabled to repeat his processes, and I hope, report their success or unsuccess to me at as early a period as possible."- John King.

The following month (October, 1870), came the first contribution made by Professor Lloyd to scientific literature, a paper on the two syrups of *Stillingia*, a plant used in American domestic medicine and by the American school of physicians, since the beginning of the century. And be it said in passing, that from that date to the present, scarcely an issue of the Eclectic Medical Journal has appeared without a contribution from the pen of this writer. In that first contribution the writer was not content with merely giving to physicians the results of his researches in a working formula. In his "Observations," following the paper proper, are recorded the reasons for the changes made, and comparisons enabling his readers to judge for themselves which of the two methods was the preferable.

#### STILLINGIA LINIMENT COMBINED WITH IODIDES

Question: I am using Compound *Stillingia* Liniment in some cases of asthma, and would like to combine with it Potassium Iodide or some other Iodide. Can this be done? If so, how much Iodide should be used with an ounce of the liniment?

Reply: So far as pharmacy is concerned, we can see no reason why either Potassium or Sodium Iodide would not combine with Compound *Stillingia* Liniment. Although a highly alcoholic preparation, it would dissolve, freely, either Potassium or Sodium Iodide. There may, however, be a rearrangement of the molecules in the combination concerning which phase of the problem we are not prepared to speak, having never made any experimentation in that direction. This lies wholly in the field of therapy, concerning which physicians alone are qualified to speak by authority.

#### SWEET SPIRIT OF NITRE

Question: Recently I had occasion to give your Sweet Spirit of Nitre in a water dilution, one to ten. I chanced to taste this, and found it decidedly sour to the taste. I then used litmus, and found it strongly colored. Since all the works I have on therapeutics warn against this remedy when it is acid, I am anxious to know whether the Nitre I have on hand is now effective. I want the nitrite effect, and if the sour Sweet Spirit of Nitre has lost its nitrites, I do not care to give it. Please advise me.

Reply: As stated on the label, Lloyd's Nitre, when freshly made is neutral, but by aging it develops a slightly acid reaction, at the expense of the ether. Whether a given specimen has become too strongly acid, can be determined only by examination and assay. From the fact, however, that we have never received a complaint from physicians concerning the lack of the expected therapeutic effects of this preparation, and that it has been used with satisfaction by physicians, the country over, for more than thirty years, it would seem to be fairly permanent in character.

It may be of interest to know that "Lloyd's Nitre" was the first attempt in this country to standardize this remedy, and it was upon our personal representation to the Pharmacopoeial Committee, that it was decided to include in that publication a standard method of manufacture. The method adopted at that time was the one suggested by the writer of this note, and was the method then employed for making the remedy in our laboratory. Since that date we have slightly improved our formula, and that of the U. S. Pharmacopoeia has been altered, so that Sweet Spirit of Nitre as made by us, "Lloyd's Nitre," does not now exactly parallel the U. S. P. Spiritus IETHERIS Nitrosi. Lloyd's Nitre, when freshly made, carries five per cent, by weight, of the complex natural ether produced by the reaction between nitric acid and alcohol. This ether is only partly nitrite of ethyl, as it contains other substances that are formed as incidental parts in the reaction. This natural ether has in itself an acid reaction with litmus, but in five per cent alcoholic solution it should not effervesce with potassium bicarbonate. The name "Lloyd's Nitre" was originally devised by us in order that there might be no confusion between this preparation and the official Spirit of Nitrous Ether.

Physicians desiring "Lloyd's Nitre" should specify it by name. This preparation, as made by us, has been in great repute for many years. When freshly made it is neutral, but by age it develops a slight acid reaction at the expense of the ether. Test:-Mix a little with an equal bulk of chloroform, if water is present it will first turn milky and then separate into two layers. To another portion add a few crystals of bicarbonate of potassium; if free acid is present effervescence will ensue.

#### THERAPY OF SWEET SPIRIT OF NITRE

From Fyfe's Specific Medication, we quote in part as follows regarding the therapy of this remedy:

"Spirit of Nitrous Ether is frequently employed in Bright's disease, congestion of the kidneys, and painful affections of the urinary apparatus. It is also deemed a good remedy in flatulent distension of the stomach, to allay nausea, and to quiet nervous agitation.

"It may seem a little strange to some that an alcohol should produce sedation, and be classified with the sedatives, yet a few experiments with this agent will show that it is true, and that Sweet Spirit of Nitre will lessen the frequency of the pulse, reduce the temperature, and promote secretion. For this purpose, one-half to one teaspoonful may be added to a half glass water, and given in doses of a teaspoonful every hour. The common use of the remedy as a diuretic is well known, though I object to the large dose usually given.'

--Scudder.

"Sweet Spirit of Nitre is diuretic, diaphoretic, stimulant and anti-spasmodic.

"Indications.-Cardiac dropsy, especially in children; flatulence and intestinal spasm; febrile diseases attended with nausea and vomiting; gastric irritability or restlessness; fevers of children, when the skin, though hot, is slightly moist; inflammatory states of the urinary organs; suppression of urine and dysuria in infants.

"Usual Dose: ten to thirty drops, every half hour or every hour, in fevers, and from twenty to sixty drops every three or four hours when used as a diuretic. It should always be well diluted with water. When employed in the treatment of the fevers of children, the following will constitute an efficient prescription:

℞ Sweet Spirit of Nitre,	3i
Water,	℥iv

M. Sig.: A teaspoonful every hour.

#### RHUS NOT AVAILABLE FOR HYPODERMIC INJECTIONS

Question: Do you supply either Rhus Tox or Fragrant Sumach in a form for hypodermic use? Can the Specific Medicines of these drugs be used hypodermically, and if so, in what dosage?

Reply: We make no form of either Rhus Tox or Rhus Aromatica (Fragrant Sumach), for hypodermic use, nor can we commend either of these Specific Medicines for this purpose. We have no reports from physicians indicating that they can be thus employed, and we question if they would be found satisfactory used for other than internal medication. After the foregoing was written, came the following letter:

#### RHUS TOX IN SCIATICA (Contributed)

I have found Specific Medicine Rhus Tox, gtt. 5 in 1 Cc. water, injected in region of sciatic nerve, almost a specific for sciatica.

#### DESCRIPTIVE LITERATURE (Contributed)

I wish to thank you for the booklets I have received describing your medicines. I enjoy reading them very much, and get much information from them. Please keep me on your mailing list. I am familiar with a number of your preparations, and would not be without them in my practice.

Comment: This is typical of letters we are continually receiving from physicians of all schools and sections in medicine and increasingly from graduates of renowned institutions where now standard materia medica medicines long established are scarcely mentioned.

#### DYNAMYNE WITH FELONS (Contributed)

If pus has not previously been formed, I find that felons may be aborted if dynamyne is kept on the affected part for about twelve hours.

#### WHAT IS "LLOYD'S HYDRASTIS?"

Question: Permit me to ask whether, by the name "Lloyd's Hydrastis," we are to understand all Hydrastis preparations made by Lloyd Brothers, or some special preparation of that drug. I prescribed "Lloyd's Hydrastis" in water. The druggist made a grayish solution, with a light deposit. When the prescription was refilled, the patient got a solution with a heavy gray deposit, and on a second refilling, a dark brown solution.

Reply: The preparation known as "Lloyd's Hydrastis" is a colorless solution of organic and inorganic constituents of the drug that mixes clear with water, without any sign of precipitation or milkiness. However, as explained on the label, after being diluted with water and standing exposed to the air for a time, depending upon the temperature, it is liable to develop a light fungus growth. For this reason, dilutions of Lloyd's Hydrastis should be replaced about every ten days or two weeks.

We make other liquid preparations of Hydrastis, one distributed under the name Specific Medicine Hydrastis. This carries the yellow alkaloid of the drug, and is of a rich, golden-yellow color. This preparation also mixes clear with water, without any sign of precipitation. We are unable to state why either of these preparations should precipitate with the water used by the pharmacist.

#### VERATRUM IN EMERGENCY CASES (Contributed)

In rereading an old number of THE GLEANER I noticed the record of Dr. Arthur Weir Smith's hypodermic use of Veratrum, and its action in large and small doses in different forms of disease. In days of old, we felt that we could "count on" whatever Dr. A. J. Howe stated in regard to remedial agents. This is equally true of Dr. Arthur Weir Smith. I have used the large dose (gtt. xx) hypodermically, with marked success in tetanus when all other remedies tried had failed. I had seen no reports of veratrum being used in this form of disease, but it was a desperate case, and something had to be done.\*

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\* Subculoyd Lobelia has a reputation in this ailment. We invite reports from physicians who have employed it.

I have also used Veratrum in large doses in rhus poisoning. Many years ago I was summoned to a patient, unconscious, but the history indicated rhus poisoning. The body was enormously swollen. Pulse was 150, just perceptible, respiration 40, convulsions recurring at intervals. The pulse gave no indication for Veratrum, quite the contrary, but the convulsions called for it. As the patient was unable to swallow I was forced to use the hypodermic method of administering the remedy, and gave gtt. xx at a dose. The heart at once responded with slower beats and coming strength. Smaller sized doses were given later. As a local application, a strong sodium bicarbonate solution was used. The patient recovered. In this case, as Dr. Smith remarks, Veratrum was a stimulant, not a depressant. Comment (by Dr. Stephens): In emergencies, I would not hesitate to use large doses of Veratrum, repeating as often as might be necessary. Several years ago I treated a man who had been overcome by the heat. The arterial volume was to the limit. Convulsions accompanied. I did not stop to count the drops, but injected syringeful after syringeful of Subculoyd Veratrum until the arterial volume was reduced. I also gave, alternately, Subculoyd Lobelia, to total relaxation. According to all the theorists, the patient ought to be dead, but he is still living. The dose given was exceptionally large, but in this crisis it was needed.

### THE DRUG TREATISES (Contributed)

I desire to thank you for another section of your Drug Treatises. They are exceedingly helpful, in that they tend to refresh one's memory concerning the many valuable properties and uses of the drugs described therein. I also find new uses ascribed to some of these drugs, that are important to know.

### PRECIPITATES IN THE SPECIFIC MEDICINES

Question: I am returning to you for examination a bottle of Specific Medicine Gelsemium, the final portion of which has become turbid. I filtered it through cotton, but would like to know the cause of this turbidity. I have also some Specific Medicine Phytolacca that has a deposit in the bottom of the bottle.

Reply: The precipitate in the Gelsemium returned to us was found to be due to a small amount of gelsemic acid, which had been thrown out of solution by reason of the escape of alcohol by evaporation. With Gelsemium and other substances having an alcoholic menstruum, fully saturated, such precipitates are likely to occur when the medicines are exposed to the air, whereby the menstruum changes, and likewise its solvent properties. This is on the principle that a water solution of salt will, as the water evaporates, throw down a crystalline precipitate.

In the case of organic plant preparations, this precipitate is not necessarily crystalline, but may be gelatinous or otherwise amorphous. Phytolacca, for example, carries in itself a considerable quantity of albuminous material, which is likely to be separated in time, regardless of alcoholic evaporation. It will be noted that precipitates such as these do not decrease the therapeutic qualities of the remedy, provided the original bottle be shaken each time before a prescription is filled, and the prescription itself be shaken or stirred well when each dose is taken. For this reason we strongly urge our patrons never to allow a liquid containing undissolved materials to be decanted, unless they are sure the precipitate has no value. And since in the case of the Specific Medicines this is a question the physician cannot solve, it is wise on his part, in all cases, to shake the materials in such a way as to give a full porportion of the original contents when each prescription is made. As a final touch, we will add that it is surprising to find how small an amount of material is required to make an unsightly appearing liquid. If the precipitate in the bottle returned to us had been collected on a filter paper, it would have been almost invisible, and with an ordinary balance it would have been unweighable, the total amount being but the fraction of a grain.

### HORSERADISH

Question: What is known of the history of the horseradish? What is the etymology of its botanical name *Cochlearia armoracia*, L.

Reply: It is certain that this plant was known to the ancients.

It was taken to Great Britain before the time of Caesar's invasion of that country, and from there it was brought to America by the early colonists. The generic name, Cochlearia, is from the Latin cochlear, a spoon, and was given to the plant because of the shape of the leaf. The specific name, Armoracia, has been thought to be derived from Armorica, a province in France, where the horseradish was thought to be a native, but it has been ascertained that Armorica is not its home. Its derivation is therefore obscure. Our correspondent encloses a letter from the Director of Kew Gardens, England, from which we extract as follows:

"The specific name *Armoracia* is derived from the Celtic words *ar*, near, *mor*, the sea, and *rich*, against, in allusion to the habitat in which the plant is sometimes found growing, though in reality the horse-radish is more commonly met with by the side of rivers and ditches. The English name radish is from the Latin *radix*, a root; and *horse*, in names of plants, fruits, etc., usually signifies a large, strong, or coarse kind, as horse-mint, horse-sorrell, horse-pear, etc."

### LIBRADOL IN ACUTE RHEUMATISM

(Contributed)

Recently I had a case of acute rheumatism in a six-year-old boy who when I first saw him had cried almost constantly for ten hours because of the pain in his ankle. Libradol absolutely stopped the pain. Within thirty minutes after its application he was comfortable, and sound asleep. After that, when a different joint became affected, a Libradol dressing was all that was necessary. My hardest task with that boy, was keeping him in bed.

### COLCHICUM

Question: Is Specific Medicine Colchicum made from the root or the seeds of the plant?

Reply: Specific Medicine Colchicum is made from the seeds, though both the seeds and the root (corm) of the plant are official, and have been used from very early times. The history of this plant is very interesting. Dioscorides, in 1518, mentions its poisonous properties, while Tragus, in 1552, mentions that it was used by the Arabians as a remedy for rheumatism or gout. In England, where the plant is common in many parts, it was employed empirically in domestic medicine from an early date, though it was long held in high disfavor by the medical profession, who called it *Colchicum pemiciosum*, and pronounced it "very hurtfull to the stomacke." Professor Felter. says of this drug: "Upon the skin and mucosa colchicum is irritant, causing smarting and redness, sneezing and conjunctival hyperemia. Small doses increase the secretions of the skin, kidneys, liver, and bowels. Large doses are dangerous, producing gastric discomfort, nausea, vomiting and purging, and violent peristalsis with much intestinal gurgling. Poisonous doses produce a violent gastro-enteric irritation, with symptoms much like those of cholera-agonizing griping, painful muscular cramps in the legs and feet, large but not bloody evacuations of heavy mucus and serum, thready pulse, collapse, and death. Toxic doses are almost sure to kill in spite of efforts to save life."

The indications and uses of this remedy are as given upon the label of Specific Medicine Colchicum and in "Companion." See "Companion," page 59, for antidote and treatment.

### THE GLEANER VALUED

(Contributed)

Thanks for the special numbers of THE GLEANER, which now complete my file., I value THE GLEANER very highly. I like to compare the treatments given therein with those recorded in books and journals of the other schools. I am frequently asked advice by physicians in cases where their treatment does not prove satisfactory, and these GLEANERS often give just what they need.

---

\*Eclectic Materia Medica, Pharmacology and Therapeutics, p. 314.

## A TRIBUTE FROM INDIA

(Contributed)

The literature you presented me is of the utmost use, and is doing great work.

## FROM A PHYSICIAN IN NEW SOUTH WALES

(Contributed)

I received a consignment of your preparations, and wish to thank you for the care bestowed in packing, etc. The medicines were all in prime condition.

The booklets continue to arrive regularly, and I find in them much useful and up-to-date information. The one dealing with Echinacea is of special interest, and from my own experience I feel that I can endorse all that the several doctors claim for it in conditions of sepsis, and wherever putrescence is manifested. I have employed it with the greatest success in typhoid and other fevers, carbuncles, boils, poisoned wounds, and even in bubonic plague. I have also used it extensively in puerperal states, miscarriages, and other troubles incidental to child bearing. In these conditions I would not be without it. Formerly I used a fluid extract, and a tincture of my own making. Now I use only the Specific Medicine Echinacea.

Comment: In almost the same mail that brought the preceding letter, came one from Honolulu, Hawaii, commending Iodized Echafoita, which the writer had used with cuts that had festered, and in related cases. He considers it to be "the best antiseptic for such conditions" that he has ever used.

## ECHINACEA IN FURUNCULOSIS

(Contributed)

Articles in THE GLEANER regarding Echinacea, prompt me to relate my own experience with the drug. Echinacea is one of my "stand-by" remedies. I was taught its use by an old practitioner ten years ago, and have never been without it since. In cases of furunculosis, acne, or any condition where an alterative is indicated I use Echinacea, combined if necessary with such other remedies as the particular case may call for. Nothing else has met this condition so fully and satisfactorily.

## FOR DENGUE

(Contributed from Texas)

Your literature has been of much value to me. In return I am enclosing a formula that I have found helpful in influenza and dengue. It is as follows:

R̄ Sp. Med. Eupatorium:	3i
Sp. Med. Nux Vom.	
Spec. Med. Bryonia a.a.	gtt. x - xv
Water and Glycerine, q.s. ad	℥ iv

M. Sig.: A teaspoonful of the mixture every hour the first day, then every two hours till relieved. This will undoubtedly prevent debilitating after effects from these ailments.

## Back Numbers of THE GLEANER

Increasingly we are receiving requests from physicians to supply a back number of THE GLEANER for which they have special need. This leads us to say that physicians who have odd numbers that they can spare from their files will confer a favor on brother practitioners if they will kindly return them to us. Numbers 2; 18, and 20" are now completely out of print, and cannot be supplied to anyone, no matter how great his necessity. There is also a great scarcity of Numbers 1; 9, 10; 11, and 12. Other numbers will be supplied to meet special needs as occasion arises.

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