

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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SPECIAL NOTICE

Our Dose Book of Specific Medicines and other Literature issued under our auspices will be sent free, on application, to members of the Medical, Veterinary, and Pharmaceutical professions. We make no home-cure medicines, and we do not advertise to the laity. Our literature is distributed only to the professions of medicine and pharmacy.

GLEANERS 27, 28, and 29 may still be obtained by physicians desiring them. Previous numbers are mostly out of print. Drug Treatises 15,17,22, and 27 are entirely out of print and can no longer be supplied.

Respectfully,

LLOYD BROTHERS, Pharmacists, Inc.

THE GLEANER

Cincinnati, Ohio, March, 1927

Number 30

EDITORIAL

NARCOTICS AND ALCOHOLICS AS MEDICINES

A. F. Stephens, M.D.

Restrictive laws are enacted, primarily, for the protection of the people. They may be wise or unwise. Among the multitude of State laws designed for this purpose, we now wander as through a maze. Two that are National, however, affect directly the pharmacist and the physician; the Narcotic Law and the prohibition Amendment.

These are intended to conserve the morals as well as the health of the people. Their aim is commendable, but some of their effects are perplexingly abominable. Aimed to guard the health and comfort of a people, they have, in marked directions, unexpectedly accomplished the very opposite. C

Conditions formerly unthinkable now confront us. Methods long established as tending to the general good are being abandoned. Both the pharmacist and the physician who desire to conform to the changed conditions, find themselves involved in complications that disturb them beyond measure.

Pharmacists discover that they may no longer manufacture remedies that once were legitimate, but which, in the absence of established alcoholics and narcotics, can be diverted to uses contrary to their makers' intent. A formerly innocent material may thus become the source of a lawbreaker's opportunity. Any product that can be so abused by being converted into a miscreant, falls under the ban of the law. Many of the old-time standard remedies may, unfortunately, by manipulation, furnish a substitute for a forbidden beverage. Taken in sufficient quantity, remedial agents not poisonous may possibly even prove objectionable.

The same is true of narcotics. Many preparations containing a narcotic in small amount were once prescribed indiscriminately. Changed conditions make such as these available as habit-forming drugs. No product that contains a narcotic may now be prescribed or sold except under severe restrictions. Physicians are not permitted to prescribe narcotics in exceptional quantities. To this there are, so far as we know, no exceptions. Even the Pharmacopeia of the United States has been forced to modify or to abandon some of its products. Many physicians also have likewise been forced to modify their methods of practice.

Under the Harrison (Narcotic) Act, there have been many rulings that should now be familiar to both the pharmacist and the physician handling or prescribing narcotics. We advise our readers to study carefully the problem. Without a law to whip us, we should willingly meet our obligations in this direction. This is a duty we owe to humanity. Worthy pharmacists and reputable physicians should consider themselves as responsible agents in it all. They should neither prescribe nor sell to victims of disease, any narcotic, excepting under urgent necessity, and then only in quantity sufficient to meet immediate requirements.

Were I (using the first person) to advise physicians, I would say, "Unless it be an emergency case, do not give the sick any narcotic or alcoholic stimulant." The question of permission by law does not touch me, personally. I have never taken out a whiskey permit, nor have I needed to do so, in connection with Eclectic pharmacy. The alcohol in the medicinal dose of anyone of our preparations is wholly negligible. No "poisoned" or otherwise "denatured alcohol" has any place in anyone of the products used in compounding our prescriptions.

As regards narcotics. Eclectic physicians, as a class, have always restricted their use of such agents to the very limit of minimum requirements. They have always looked upon the prevalent use of narcotics as dangerous and unwise. They hailed the Harrison Act as an ally in the crusade in which they have been engaged for nearly a century. Therefore, the Narcotic Law has worked no hardship upon them as a class. Consequently, from the pharmacy side of this question, no complaint has ever been made by the National or State Department against pharmacists filling our prescriptions. Nor has a ban ever been placed upon any of our preparations. However, it is to be lamented that, here and there, an Eclectic physician has "fallen from grace." More than one has perhaps been confined within high stone walls, but these are few. The wrongdoers are individually wrong; They have failed to observe our long-established rules and ideals.

FROM THE LABORATORY STAFF

Dr. Stephens has, in his general editorial, forestalled us in some directions, but in others we have the advantage, by reason of some of our experiences in pharmacy problems. We can, therefore, briefly comment on his paper as concerns our professional patrons, be they apothecaries or physicians.

At no time was any law ever needed to prevent our establishment from supplying any preparation containing impure alcohol, or one made from impure alcohol. The reason is simple. Not one gallon, or even one pint of "denatured" alcohol, or other than the very best grade of grain alcohol obtainable, has ever been used in any of our preparations. Let us make the statement even more emphatic. There could not be in our products any "wood alcohol" or alcohol "denatured" by any process whatever, because not one gallon of one of these poisoned alcohols has ever been in our laboratory, or purchased by us from anybody.

This rule of our house long antedated either the Prohibition Amendment or the Harrison Pure Food and Drug Law of 1906. Decades ago, denatured alcohol was permitted as an industrial necessity in the making of varnish and in such trade processes as the manufacture of straw hats. But at the very start of our career as manufacturing pharmacists, we decided that we would not use it in any way. Never have we broken the rule. Physicians are our patrons. Apothecaries supply them our laboratory products. Neither physicians nor apothecaries desire to run any risk, either of legal complications or of untoward action of remedial agents. No patron of our establishment need fear problems such as these, because, as has been stated, not one drop of wood alcohol or other added impurity is to be found, or has ever been found, in any preparation bearing our label.

The same practically applies to narcotics. We neither make, nor supply to anyone whomsoever, any habit-forming narcotic. In accord with our views, the law concerning narcotics is designed to be a friend, not only to the people, but to the professions of medicine and pharmacy. However, in their direction we do not claim to be experts, for, as already stated, we are not qualified, because of lack of business experience with the habit-forming narcotics, to speak "by authority." Let us return to the alcohol problem.

The question may be asked, "Why, if cheaper alcohol be obtainable, should it not be used to cheapen pharmaceutical plant products, since the medicinal dose of the Specific Medicine is so small as to make the amount of the poison in a dose almost microscopic?"

One answer to this might be, the money-saving in that dose would also be microscopic. The difference in the price of a dose taken from any four-ounce bottle of any Specific Medicine could not be calculated other than by the merest fraction of a mill! Will any physician use a microscope to find that fragment?

Another answer could be, Our patrons trust us to make for them the best preparations possible. Not one physician reading these lines would, in our opinion, ask us to cheapen any remedy by using either an inferior drug or a poisoned solvent, in order to save him a few cents on a package.

A final answer might be made to the effect that we would view with alarm a tendency of the reputable members of the medical profession to place a cent in the balance, where a human life is the counter-poise. Such a condition is unthinkable.

The foregoing, in connection with Dr. Stephens' editorial, seems to us sufficient to answer legitimate questions concerning both the narcotic and the poisoned alcohol subjects, as applied to our preparations. Let us then consider the subjects closed.

Plant hypodermics seem, after several years of study, to be balancing themselves as concerns their comparative value, as contrasted with preparations of the same drugs for internal use. Slowly, the serviceable plant hypodermics under our label are sifting themselves from the medley suggested as possibly desirable. When the problem first arose, following the introduction of Subculoyd Ergot., and later, of Subculoyd Lobelia, every drug so far as hypodermic use was concerned, was a mystery. By request of interested physicians, we have successively prepared for clinical testing fifty-one separate drugs, terming each product (as a trademark term) a "Subculoyd."

As research advanced, it was discovered that, for our purposes, albuminates (known now as of the class, proteins), must be altogether excluded, if possible. We do not assert that these materials have, in themselves, no value, only that for our purpose, with the drugs investigated, they are objectionable. That we have not altogether succeeded in removing them is to admit that as yet, with certain drugs, we have failed in this object. Possibly at some future time it may be accomplished, but each drug is a study in itself.

The Subculoyds that, in our opinion, are now firmly established are as follows, their relative importance, as shown by sales, being indicated by their numbers in the list:

- 1.Lobelia .5.Veratrum.
- 2.Gelbia 6.Stramonium.
- 3.Echinacea. 7.Ergot.
- 4.Gelsemium. 8.Apocynum.
9. Echinacea and Inula Compound.

These are the cream of fifty-one Subculoyds prepared by us at various times for physicians' use. The others are still subjects for investigation. Of the number given, Lobelia far outstrips all others.

The question is often asked, May the Subculoyds be administered internally? To this we reply, Yes, in the dose commended for the Specific Medicine of the same drug. However, the reverse does not apply. We do not commend the use of any Specific Medicine hypodermically. Even the "Colloidums" are not intended for hypodermic use.

However, seldom will an emergency arise to necessitate the hypodermic use of any remedy not in our list of Subculoyds. There are now few physicians, or pharmacists filling prescriptions, who do not have the active Subculoyds in stock. They are now standards.

In this connection, physicians are increasingly writing us to express their satisfaction with the Subculoyds. They are also asking questions concerning them which are, we hope, answered in these notes.

The subject of subcutaneous use, as contrasted with intravenous, seems to be an often repeated question. This we hope to feature specially in the next GLEANER, through an article by a physician who is deeply interested in behalf of hypodermic medication, when it is necessary to employ it..

*For many years known as "Lloyd's Ergot."

One of the questions physicians are asking is, "May 'Lloyd's Iron' be used hypodermically?" The probabilities are, No, unless it be dispersed to Homeopathic dilutions. In the concentrated form in which we supply it, Lloyd's Iron is too strongly acid for hypodermic medication.

Our experiments show that in the sunshine the eighth (Homeopathic) dilution of Lloyd's Iron is active enough to change white paper to a tan color. That dilution, in our opinion, is so nearly acid-free (and theoretically iron free) as to permit of its use hypodermically. Perhaps even the stronger dilutions may be safely employed, but this we only surmise.

A favorite process of combative physicians, or rather we may state authors, was that of showing by argument that in the Homeopathic dilutions all evidence of a drug disappears. Just how little iron there may be in the eighth decimal dilution we have not figured, but, even though theoretically unweighable, there is enough to color white paper when the sunshine acts upon it.

Whilst on the subject of Iron, the statement is made by J. T. Lloyd that in insects, iron is replaced by copper. This is remarkable, not the least being the fact that the universal distribution of copper is sufficient to give the decided amounts found in insects, as well as in other creatures. The subject as a whole is exhaustively treated by Richard A. Muttkowski, Ph.D., who accepts that the copper is derived from both water and plant food.

We receive many calls from physicians for the set of Drug Treatises, complete, but regret to say that numbers 15, 17, 22, and 27 are long since out of print, and can no longer be supplied. Physicians who have preserved their set, from its inception, are to be congratulated. This applies also to THE GLEANER.

GLEANINGS AND COMMENTS HYPODERMIC REMEDIES IN EMERGENCIES

Question: I am writing to know if you put up a preparation of Echinacea to be used hypodermically, and also Veratrum. I have several times observed that you mention that you cannot see where the physician gets much better results from the hypodermic use of remedies than by the mouth. I think perhaps this is true, as a whole, but in emergencies I have had fine results from hypodermics. I have just lost a case of malignant influenza that ran into pneumonia, a young woman seven months pregnant, which makes a very grave case. I was called first on Friday, and she passed away Sunday night at eleven o'clock. You can readily see what rapid progress the disease made. I feel the patient did not get the best that was in me, because she could not retain any kind of medicine, in any kind of dose, not even those medicines that are given to relieve irritation of the stomach. A few years ago I had a similar case, but at that time I had a preparation of Echinacea that could be used hypodermically, and got fine results. Had I been able to use such remedies as Echinacea, Veratrum, Gelsemium, Bryonia, and Eupatorium, as they were indicated, hypodermically, I believe I might have saved this patient.

Reply: We do not condemn the use of hypodermics, as our correspondent seems to infer, only their indiscriminate use in place of their oral administration, when indicated. In emergency cases, where time is a factor, or where, as in the case described above, the stomach will not retain medicine in any dosage whatever, the plant hypodermics are invaluable, and have so proven themselves. As a rule, the indications for their use are the same as for the remedy given orally. With Lobelia, the hypodermic use of the remedy has widely broadened the field of that long-established drug.

*The article following these editorials on Subculoyds has stood in type since the last GLEANER was printed. It comes in good place now. See Copper: Its Occurrence in Insects and Other Animals." Transactions of the American Microscopical Society. Vol. XL, No. 3, July, 1921.

Soon after the discovery by Doctor Jentzsch of the therapeutic qualities of Lobelia as a vegetable antitoxin, came many requests from physicians who wished to try some favorite remedy hypodermically. As our custom is, whenever possible, to assist in scientific investigations by physicians by making for them remedial agents best adapted to their lines of research, we put many plant remedies into form for hypodermic use. The reports of physicians, however, indicated that the use of the majority of these agents gave results no better than when the same remedies were administered orally.

A few, however, more than justified themselves, and were admitted to our "Subculoyd" list. Those that we now consider to be established, clinically, are: Apocynum, Echinacea, Ergot, Gelsemium, Lobelia, Lycopus, Stramonium, and Veratrum, with two combinations, Echinacea and Inula, so favorably known in the treatment of tuberculosis, and Gelbia, a combination of Gelsemium and Lobelia, which has proved invaluable for the relief of pain, where otherwise a narcotic would be required.

Occasionally, as every physician comprehends, an extreme case appears in which any form of medication is a failure. This because of some abnormal condition that overcomes the good effect of the remedy that would otherwise follow. For example, a cancer of the stomach would probably be sufficient to more than counteract the kindly action of any remedy taken into the stomach. In our opinion, however, such a condition would likewise counteract the action of the remedy if injected into the blood. In other words, where Nature has been overcome by a something impossible to correct, all medication must fail. The case reported was perhaps of that nature, an exceptional case, where any treatment whatever that might have been used would have failed.

Closing the argument, let us repeat that it is not the use of plant hypodermics that we deprecate, but their indiscriminate abuse, where such medication is not a necessity. This applies to all other agents. As Professor John King remarked, "It is not the use of a substance, but its abuse that constitutes the wrong."

PALPITATION OF HEART

Question: I need help in a case of very severe palpitation of the heart. Patient, female, sixty-three, has been in bed thirty days. Attacks come on every three to eight days, and last about twenty-four to thirty-six hours. Appetite is fair, weight about 100 pounds. Sleeps some under influence of Specific Medicine Hyoscyamus. Has undergone much worry over financial reverses. Unless these frequent attacks can be controlled, I fear they will wear out the heart. Would Subculoyd Lobelia be helpful in these attacks?.

Reply: Having carefully gone over the symptom-complex described, we are confident the following will aid in controlling this condition:

R̄ Specific Medicine Cactus,	3i.
Specific Medicine Pulsatilla,	3i.
Specific Medicine Ignatia,	gtt. x.
Water, q. s. ad,	℥iv.

M. Sig: A teaspoonful of the mixture every three hours until the patient is relieved, then three or four times a day, as necessary. Cactus is one of our most positive agents in controlling palpitation of the heart. Pulsatilla will attend to the worry and "nervous" element in this case, due to the financial reverses. Ignatia is added for its tonic effect upon the system.

Subculoyd Lobelia is an emergency remedy, and we would not hesitate to use it if the indications for its use are presented. We are inclined to think, however, from the physician's description of the case, that if the above prescription is persisted in, it will not be necessary to resort to emergency medication.

YARROW: ACHILLEA MILLEFOLIUM

Question: I am enclosing a plant that has a local reputation in the treatment of hemorrhoids. I am not very familiar with medicinal plants as they appear when growing, and hence am not able to say whether it is a well-known plant remedy or not.

Reply: This is the common Yarrow, or Milfoil, *Achillea millefolium*, which grows abundantly by the roadside in many sections of the country. From it we make Specific Medicine *Achillea*, whose properties are as given on the label following:

Specific Medicine *Achillea* (Colloidum)

Uses: It acts directly on the urinary apparatus and the reproductive organs of the female. It is employed with advantage in atonic amenorrhea, menorrhagia, and vaginal leucorrhea.

Dose: Sp. Med. *Achillea*, gtt. v to gtt. xxx, every hour, in a teaspoonful of water.

Achillea has a special action on the urinary apparatus and the female reproductive organs. It constricts capillaries and relieves irritation, thus overcoming passive hemorrhage. Its influence on the urinary organs makes for natural activity, and it is employed with marked success in strangury, suppression of urine, and conditions presented in the early stages of Bright's disease. It is often used with advantage in atonic amenorrhea, vaginal leucorrhea, diarrhea, and dysentery. It is also highly esteemed in hematemesis, hemoptysis, and hematuria; and in passive hemorrhages from the uterus its action is decidedly corrective. It is beneficial in suppression of the lochia, and is of much usefulness in piles, hemorrhoids with bloody discharge of bloody mucus. *Achillea* exerts a decided action on the skin, relaxing it and causing free diaphoresis. It is especially adapted to cases characterized by debility.-Fyfe.

HEART'S EASE

Question: Please give me the botanical name of the drug commonly known as Heart's Ease.

Reply: According to Gray's Botany, the name Heart's Ease applies to all the different species of the violet. In the American Dispensatory we find the name applied also to the cultivated varieties, including the pansy and the common "Johnny-jump-up."

DOSAGE OF COLLOIDAL OENANTHE

(With Reference to Children)

Question. The directions for administering Colloidal Oenanthe, as prepared for Dr. Edward A. Tracy, say nothing regarding the age of the child, whether four, eight or sixteen years of age. To a child of ten I gave gtt. viii in ℥i water, to be taken in teaspoonful doses of the mixture four times daily. Is that too much?

Reply (by Dr. Tracy): The directions on the label for Colloidal Oenanthe apply to the safe usage of the remedy in all cases. In each case, begin with a small dose, and increase carefully. Personally, by using my vaso-motor tester, I can determine immediately if there be hypertonia (over-irritability) of the sympathetic nerve fibers; and if this condition is manifest, I do not hesitate to employ the largest dosage mentioned in the directions, at once. The dosage has nothing to do with the age of the patient, but depends upon the condition of the sympathetic nerve fibers. The directions, as given, are the result of careful experience, with "safety first" as the underlying thought.

Comment: It pleases us much to present the above note from Dr. Tracy, as no doubt many of our physician friends have questioned whether the dose of Colloidal Oenanthe should be varied in proportion to the age of the child, as is customary with other remedial agents. Dr. Tracy replies definitely to this question.

An editorial by Dr. Felter in the October number of the Eclectic Medical Journal is devoted to a recent book by Dr. Tracy, titled "The White Spots of Epilepsy." Concerning this Dr. Felter says:

"Dr. Tracy is the discoverer of the 'white spots of epilepsy'-the results of vaso-motor reaction-while stroking the skin-spots which aid greatly in the diagnosis of the disease. His symptoms indicating epilepsy are herewith reproduced:

"The diagnosis of incipient epilepsy is made when, in a case presenting the history of fainting spells, attacks of dizziness, sudden pallors and periodic irritability, there are found present: (1) A sympathetic hypertonia; (2) unbalancement of the vaso-constriction reflexes, and (3) chronic vaso-constriction spots." Dr. Felter says further:

"The treatment and conclusions are interesting, coming from an investigator unbiased by any affiliation with the Eclectic school, and upon the use of a remedy of Eclectic introduction and development."

Dr. T. D. Adlerman, of Brooklyn, N. Y., a specialist in nervous diseases, has contributed a valuable paper on the treatment of epilepsy to our Drug Treatise on Oenanthe,* from which we extract as follows:

"Dosage: As with all my other drugs or diets given to any patient in any case, I always first consider the morphology of my patient, the bodily makeup of all my patients, and prescribe accordingly. For those of you, however, who are not acquainted with the morphological theory of disease I would suggest as the beginning dose for Oenanthe, one-sixth of a drop; give for about a week, then increase slowly according to results obtained or effects produced. I have given thirty drops in five ounces of water, in teaspoonful doses, as the highest dose administered. In administering Oenanthe the increase in dose, if same is necessary, should be gradual, never jumping from a small dose to the highest at once. Small doses persistently given will produce results, but increases are necessary in some cases.-National Eclectic Medical Quarterly, September, 1923.

In the March (1926) number of the Eclectic Medical Quarterly, Dr. Adlerman points out another field in which this remedy is proving of great service. He says: "I desire to call attention to the great powers of Oenanthe in puerperal eclampsia and in uremic convulsions. The results are positive."

EXTREME CARDIAC DILATATION

Question: My partner, Dr. J., entered the service with high blood pressure. He engaged in the aerial service, and frequently went up in the air over two miles, stretching his heart all out of shape. It measures nineteen inches across by tape, under the fluoroscope.

He has severe attacks of angina occasionally, but his most harrowing symptom is short periods of unconsciousness. He complains bitterly of dry mouth, distress in the chest, dyspnea, radiating pains in the left chest and shoulder, shooting around the waist, and distressing numbness and dizziness.

The most marvelous point in his condition is that he evidences no signs of breaking compensation, such as puffiness under the eyelids, swelling of the ankles, or general anasarca. No fluid ever collects in the abdomen, nor is there evidence of back-pressure. From what I read in your literature regarding Cactus, it seems to me that it is indicated in his case. Please advise.

Reply: With the size of heart described, it is remarkable that there is no general evidence of broken compensation. The distressing symptomatology surely calls for some immediate measures for relief. Specific Medicine Cactus should assist in overcoming the dyspnea due to the cardiac condition. It should also lengthen the time between the short periods of unconsciousness, due in all probability to a cerebral anemia, a result of imperfect cerebral circulation, which is a direct result of incompetent heart. As the heart tonus is increased, the periods of unconsciousness should shorten in duration, and occur less frequently.

Other cardiac remedies that should be carefully considered with reference to this case are: Specific Medicines Crataegus, Convallaria, Lobelia, and Pulsatilla. The comparative table presented on the back cover-page of the Drug Treatise on Cactus, of the action of these and other cardiac remedies, might well be studied. A very good heart tonic for this patient would be:

R̄. Sp. Med. Cactus	3i.
Sp. Med. Crataegus	3ii to iv.
Lloyd's Iron	3i.
Water, q. s. ad	℥iv.

M. Sig.: A teaspoonful of the mixture every three or four hours. The iron and phosphorus of "Lloyd's Iron" will impart strength to the blood stream and nervous system.

* Sent free to physicians on application.

IODIZED ECHAFOLTA

From a Pharmacist

Question: We ordered Echafolta through jobbers, and same was sent direct from you. You sent Iodized Echafolta, and we do not care for this. Is there no Echafolta that is not iodized?

Reply: When Echinacea was introduced by us to the profession forty years ago, two preparations were made, one for internal administration, Specific Medicine Echinacea, the other, Echafolta, for the use of surgeons, who desired a preparation free from the glucose, coloring matters, and other inert constituents so abundant in the drug. On these two preparations the reputation of the drug Echinacea was established, and both have been held increasingly in favor to the present day. Several years ago it became desirable that Echafolta be strengthened as an external application for the treatment of wounds, and this was done by the addition of a small amount of iodine, which, of course, unfits it for use internally, excepting in the very small percentage of cases needing iodine as an internal remedy. Where Echinacea is to be administered internally, Specific Medicine Echinacea is commended by physicians. This preparation has stood the test of forty years' constant use by physicians, who use it with confidence that it will accomplish what they desire from it. So many inquiries come to us concerning the uses of Iodized Echafolta, that we reproduce from a former number of THE GLEANER the following contributions, which we are sure will be welcomed by new readers of our little publication, while others, to whom the subject matter is now old, will pardon its introduction here, because of its general usefulness.

ECHAFOLTA IODIZED IN TREATMENT OF WOUNDS

(Contributed)

In septic wounds, and in those lacerated or punctured wounds that so often become infected, Echafolta Iodized has been uniformly successful in my hands. It has accomplished all that could be asked from it.

Comment: For saturating bandages, this preparation has proved invaluable. We doubt if any forms of bacteria can live in the water dilution commended by physicians. We reprint, by request, a contribution on this subject that appeared in GLEANER 16, now out of print, as follows:

ECHAFOLTA IN TREATMENT OF WOUNDS

(Contributed)

For several years much literature has appeared regarding the use of Echinacea, both internally and locally. As I have had frequent occasion to use it in treatment of wounds, I am under the impression that our experience here may be of interest to others. In our hospital we have to care for many wounds, mostly affecting the hand and fingers. Being caused by greasy machinery, such as draw-presses, drill-presses, etc., these wounds are usually rough and jagged and plastered with dirt, and in nearly every case they are also heavily loaded with brass or iron filings, very hard to remove. Most of these wounds will suppurate under ordinary means of treatment. For some time past we have had no pus, and we desire to give the credit for this to Echinacea, our method of treatment being as follows:

We first cleanse the wound and the surrounding parts with pure gasoline, thus removing all grease and dirt. The gasoline is poured directly into the wound, and causes no pain or irritation worth mentioning. We then carefully bathe the part with sterile water. Our next procedure is to irrigate the wound with a 25% solution of Echafolta. If stitches are necessary they are carefully employed, after drainage gauze saturated with Echafolta has been placed in bottom of the wound. A thick pad of gauze is finally placed over the wound, and this also is saturated with the Echafolta solution and bandaged.

The following day the drainage is removed, the wound being flushed with the Echafolta solution and redressed. It sometimes happens that the patient does not return for two days. In this case we warn him not to uncover the wound, but to remove a few layers of the bandage and then to saturate the dressing with sterile water. We have treated a large number of cases in this way, and the first drop of pus has yet to appear. We have also treated with this solution a number of cases that have come to us already infected, the results being more than gratifying.

Comment: This contribution came to us early in 1919 from a physician in charge of the hospital of one of the largest munition factories in America, who now occupies a like position in a Cincinnati establishment of international reputation. He has recently employed Iodized Echafolta in the same way with equally gratifying results. Still another contribution on this subject comes to us from a practicing physician in Ohio, as follows:-

IODIZED ECHAFOLTA (Contributed)

I have used this preparation in several instances, and believe other physicians will be interested in results obtained, as follows:

1. After-treatment in operation for appendicitis. It gave great relief, applied locally, in the soreness and tenderness as the wound was healing.
2. Applied locally to the forearm of a factory worker, terribly bruised by a piece of falling iron. It gave much relief.
3. Applied locally, full strength, to a suspicious appearing growth on the temple, about the size of a hickory nut. The growth soon began to get smaller, and in three weeks had diminished to the size of an ordinary pea. The patient was directed to continue the treatment, but neglected to get another supply of the medicine, and about this time was persuaded to try radium treatment. He lived a little more than a year, dying from epithelial cancer. What might have been the result had he continued with the Echafolta, I am of course unable to say.

Comment: As shown by the above contributions, Iodized Echafolta is fast coming into favor with physicians. The iodine adds to its value as a germicide. Although intended for external use only, physicians occasionally employ it internally, where iodine is indicated as a strengthening agent. Overdoses are hazardous.

ECHAFOLTA CREAM IN BURNS FROM ULTRA-VIOLET RAYS

Question: I have been badly burned by ultra-violet rays, and am unable to heal the skin. There is no ulceration or raw surface, just dead skin. Burn extends from ankle to knee. Would Echafolta Cream be helpful here?

Reply: Echafolta has proved very useful in such cases. We often combine with this Salicylic Acid, ten to fifteen grains to the ounce, with most gratifying results. Should there be much pruritus, phenol, in 1 or 2 per cent solution, may be added to the Cream.

LLOYD'S IRON AND RED IODIDE OF MERCURY

Question: Will Lloyd's Iron be compatible with Red Iodide of Mercury, which I use in acute tonsillitis?

Reply: We have never had occasion to test the combination suggested, but in our opinion, even though it might be pharmaceutically without fault, it would be better to give the two remedies in alternation instead of in one prescription. No one can say what molecular rearrangement might result in the stomach when remedies such as these are given in combination.

LIBRADOL IN PNEUMONIA (Contributed)

I graduated in 1881 from an "Allopathic" College of Physicians and Surgeons, and believe in its teachings, but in my forty-four years of practice I have learned that our branch of the profession does not know it all. I wish now to tell you of a recent experience with Libradol from which I have had excellent results in bronchitis and lumbago, also in selected cases of rheumatism. I was called a few days ago to treat a young man suffering from pneumonia. The right lung was involved, and he was in much pain, for which I applied Libradol. On my next visit I found the other lung involved. He said he "did not want to be officious," but he would like me to apply the same plaster that I had used, as it had given him almost instant relief from the pain.

I did so, and with a like result. I have found this remedy such a good thing that, for the benefit of the profession, I would like to help "push it along."

BEST TIME FOR ADMINISTERING MEDICINES

Question: I have been using the Specific Medicines for some time. The ones I most frequently employ are Echinacea, Eryngium, Cannabis, Iris, Gelsemium, Pulsatilla, and Staphisagria. I treat chronic diseases chiefly, and generally give three doses a day, usually in the maximum dose (or nearly) commended on the label. But I am sometimes undecided whether it is best to give these remedies before meals, just after, or some hours from meal time. I have made quite an exhaustive search in your Drug Treatises, as well as in Ellingwood's *Materia Medica*, but find nothing on this point. Please advise me.

Reply: The remedies mentioned may be given at any time the physician sees fit, either before or after meals, or in the interim. There are a few agents, especially the minerals and synthetics, that will "set" better on a full stomach than on an empty one. As an example, sodium salicylate is less liable to irritate the stomach if given after meals.

In connection with this problem, let us quote from Felter's *Materia Medica Pharmacognosy, and Therapeutics*, page 36:

"Bearing in mind that systemic medicines can act only when absorbed by the blood or lymphatics, it follows that, to obtain the promptest results, conditions must be right for their absorption. Drugs, when administered by mouth, act most readily when the stomach is empty; and tardily, sometimes not at all, when diluted by the contents of the stomach.

A full stomach may absolutely prevent absorption, or the medicine may be destroyed by the material present. Nevertheless, most medicines, while undoubtedly some of them and their effects are lost, are necessarily given at short intervals, and in spite of stomachic conditions, the general consensus of opinion is in favor, as has long been advocated in Eclectic therapy, of administering medicines in small and oft-repeated doses. "Medicines probably act best when the circulation is active and slowest when depressed; they also act quicker when the stomach is irritated, and in atonic conditions of both the gastric and intestinal tracts when local stimulants, such as capsicum, are given with them. When diarrhea is present or vomiting occurs while medicines are being administered, naturally less absorption is taking place and a portion of them is being lost through hasty elimination. Local medicines (with a few exceptions) are not absorbed, but act solely by contact with the tissues or their secretions or excretions."

SUBCULOYD LOBELIA IN DIPHTHERIA

Comments On Some Other Remedies
(Contributed)

I would like to report my experience with Subculoyd Lobelia in diphtheria. Two children, boy 9 and girl 12, in same family. Found both with the soft palate, tonsils, and as far down the throat as I could see, covered with the diphtheria membrane. Gave to each Subculoyd Lobelia 3i, and in twelve hours gave to each another dram. Next morning the membrane was entirely gone and the throat cleared up, and in a few days both were out. Was recently called to a case of diphtheria where the tonsils were covered with the membrane, and as far down the throat as could be seen, temperature high, patient very sick. Gave first pilocarpine 1/20 grain, and when the skin began to be moist, gave Subculoyd Lobelia 3ii. I then gave the following:

R̄. Sp. Med. Jaborandi	3i.
Sp. Med. Phytolacca	gtt. xx.
Sp. Med. Belladonna	gtt. v.
Water, ad	℥ iv.

M. Sig.: A teaspoonful every one to two hours.

For diphtheria there is no remedy with which I get better results than with Subculoyd Lobelia. But I give it in larger doses than commended on the label, giving 1 1/2 dram to 2 drams at a dose. I have minutely studied and prescribed Lobelia, and know what it will do.

No drug can give more definite results, when properly indicated. It is one of our perfect remedies. I do not use as many remedies in my practice as many other physicians, but with those I use, I know what I can do. Gelsemium is a great remedy for pneumonia, and will do more to quiet an engorged lung than any other drug known to me, but it required long years of experience for me to find this out. I give it first in a physiological dose, then in medicinal doses.

What a wonderful remedy we have in Veratrum. It is one of our best sedatives, as well as one of our best alteratives. Combined with Lobelia, it will relieve many heart wrongs. In respiratory wrongs, Asclepias is another wonderful remedy. It will do more to equalize and harmonize the action of the nervous forces than any other drug known to me. It is good in insomnia, hysteria, and in all febrile conditions. Try it with that T. B. case that has resisted all other remedies, and note the results.

ARTICULAR RHEUMATISM

Question: I am a regular user of the Specific Medicines and have great faith in them. I would like some help in the direction of a man about 65, taken first with severe pain just above right knee. The pain is now in left side of the knee, which is swollen and very painful, moved with much difficulty. No temperature, bowels a little constipated. My diagnosis is articular rheumatism.

Reply: This is a case of articular rheumatism, infection localized in right knee. Careful search must be made for foci of infection, and same removed. Maintenance of good elimination and proper functioning of excretory organs must be observed, together with attention to the diet and restriction of nitrogenous foods.

Local measures. Nothing will more contribute to the comfort of the patient, and assist in relieving the swelling and pain, than the local application of Libradol. Internally, Specific Medicine Bryonia is a remedy, par excellence. Small doses, often repeated, will serve to allay the severe pain of the initial attack. Other very useful remedies are Sodium Salicylate, Specific Medicines Apocynum, Rhus Tox. and Echinacea, and Sodium Sulphite. The last two remedies' are of especial value as systemic antiseptics. The patient should be alkalinized, and the best agent for this is Sodium Bicarbonate, with the free drinking of water, which serves to flush the kidneys freely, and assists in elimination through this avenue.

ANEMIA WITH DROPSY

Question: I have a case of an elderly man with anemia complicated with dropsy. He complains much of numbness in his feet. Would Lloyd's Iron be of use here?

Reply: Lloyd's Iron would be an excellent preparation to overcome the anemia. It may be admirably combined with Specific Medicines Apocynum, Cactus, Echinacea, or any other drug that may be indicated. The numbness will leave when the anemia is overcome and a better circulation established in the body.

BRONCHIAL ASTHMA

Question: I shall greatly appreciate any suggestions you can give me in treatment of a case of bronchial asthma, in which the chief factors are cough and shortness of breath.

Reply: For the relief of the acute attack, a hypodermic of Subculoyd Lobelia, dose dependent upon severity of condition, has proven in my hands to be the most efficient agent. This is followed by the administration, internally, of Specific Medicines Lobelia and Asthma Weed, in combination. Other remedial agents of value, when indicated, are Specific Medicines Gelsemium, Ipecac, Grindelia, and Lycopus: In this condition, I cannot let pass the opportunity to caution against the indiscriminate use of morphine. Subculoyd Lobelia reduces to a minimum the cases that require morphine. The beauty about Subculoyd Lobelia is the Promptness with which it relieves the paroxysm without any untoward after effects, and with absolutely no danger of any habit-forming effect that too often accompanies the use of morphine. This in itself is a great argument for the use of Subculoyd Lobelia in this type of medication. In all cases of bronchial asthma a careful search for the cause should be instituted. In some cases, this is a rather easy process, while in others it tries to the limits the diagnostic skill of the physician.

MULLEINED OIL IN OTITIS MEDIA

Question: Have you anything better than Mulleined Oil for catarrhal otitis media?

Reply: In chronic conditions, the use of Mulleined Oil must be persisted in. Internal medication will also assist very materially in eradicating the disturbance. Among the more commonly employed remedies for this condition are Specific Medicines Euphrasia, Belladonna and Pulsatilla, and Calcium Chloride. The condition of the nasal passages must be carefully determined. Often the local use of some of the silver salts is necessary, in order to overcome the nasal infections that so often are productive of the middle-ear disturbance. As far as direct medication to the ear alone is concerned, we question if we have a more valuable agent than Mulleined Oil.

PETIT MAL TYPE OF EPILEPSY

Question: I would like your advice on the use of Subculoyd Lobelia in a case that so far has been beyond all help. Patient, Dane, is a single woman of 44. Never ill excepting the diseases of childhood, until eight years ago when she had an appendectomy, and a year ago the uterus was removed because of fibroid. In three weeks she was entirely recovered. She is very bright, mentally, but since infancy has had slight convulsions, seizing her often in the middle of a word. She will be entirely unconscious from one-half to three minutes, during which time she makes no sound and has no contraction of the muscles of the face. When the seizure passes, she finishes the sentence she had begun. About twice a year she becomes unconscious and remains so for about three days and is then weak for a day or two, when her usual good health and strength return. She has had every test possible, under many surgeons, and has had X-rays of the spine, but no one can find a thing wrong.

Reply: The case presented is very unusual, and very interesting. From the doctor's description we would assume it to come under the Petit Mal type of epilepsy, -fractional epileptic attacks that present an almost endless clinical variety. These cases must be very carefully studied. The first consideration is to establish the etiologic factor, which may be due to local irritation, toxemia, syphilis, heredity, consanguinity, -etc. In many of these cases we can never ascertain the specific cause. Treatment is, in the main, correction of local nerve impingements, remedying of toxic states, attention to the general hygiene of the body, constitutional measures in accordance with the symptoms presented. In this particular case, from the fact that the patient makes no sound and has no contraction of the muscles of the face, we believe that Subculoyd Lobelia is not markedly indicated. If there were convulsive seizures, we would advise this agent, using it in from fifteen to thirty-drop doses, subcutaneously, repeating as the conditions warrant. In this case, we would think of other remedial agents, such as Specific Medicines Ergot, Belladonna, and Colloidal Oenanthe, with Fowler's Solution and the Iodide of Potassium. We would suggest a careful study of each of these remedies.

OENANTHE IN HEROIC DOSAGE

Question: Please give me your opinion regarding the proper dosage of Oenanthe Crocata. I had been treating a young lady for nervous spells with this remedy. I began with one-half drop every four hours, and increased to two drops, but was afraid to go any higher. My patient, without saying anything to me about it, increased the dose to twenty-two drops, and says she feels better than she has for two years past. Another patient, lady, 35 years old, began to take twenty-drop doses, and says she is now well. Has anyone else reported taking Oenanthe in this size dosage?

Reply: The dose taken by these patients was truly heroic. We have employed Oenanthe in epilepsy, and have gone so far as to give teaspoonful doses of a mixture of twenty drops of Specific Medicine Oenanthe in two ounces water. This was given every three hours until a headache appeared, after which the dose was reduced. This we considered a very large dose. Personally, we have felt that Oenanthe is one of the agents concerning which we are still in the dark, and its symptomatology must be more carefully worked out, as well as its safe limitations of dosage. The doctor was right in himself using a smaller dose; even at the present day acceptance, two drops every four hours would be considered a heavy dose.

We wish the physician had informed us if the drug given in this heavy dosage produced in his patients any headache, dizziness, delirium, or any other unpleasant symptoms. Felter states that the fresh plant produces gastro-enteritis and convulsions, often with fatal results.

We are pleased that the doctor has thus reported his observations. We wish that more of our physician friends would write in, giving a record of their experiences. It is only by weighing the testimony of various observers and striking a happy medium that we are enabled to adopt a fair course. This especially applies in the case of new remedies, or remedies for which a new use has been discovered.

COLLOIDAL OENANTHE AND SPECIFIC MEDICINE OENANTHE

Question: I ordered from my druggist a bottle of Colloidal Oenanthe, but when I look at the label I find it says "Specific Medicine Oenanthe." I notice in your Treatise on Oenanthe the statement that all preparations of Oenanthe will bear the name Colloidal Oenanthe. Are they the same preparation?

Reply: At the time of the printing of the Treatise to which our correspondent refers it was supposed that the colloidal form of Oenanthe would take the place of the old form of the Specific Medicine Oenanthe, as has been the case with most of our preparations that have been put into the "Colloidum" form. However, as with Thuja, physicians found special uses for the old form of this Specific Medicine. We therefore distribute the two forms. We would add that in treatment of epilepsy, Colloidal Oenanthe is the form employed by Dr. Tracy, for whose use this was perfected. This is the form employed by physicians generally, in treatment of that disorder. Physicians not familiar with this use of Oenanthe would do well to secure Drug Treatise No. 11, sent free to physicians on application. Read also the labels for these parallel preparations, following.

SPECIFIC MEDICINE OENANTHE

Specific Uses: In epilepsy and diseases resulting from malnutrition and anemia of the brain and spinal cord.

Dose: ℞. Sp. Med. Oenanthe, gtt. v.
 Aqua, ℥ iv.

Misc.

Sig.: One teaspoonful of the dilution four times a day. Should it produce headache, reduce the dose.

Note.-The foregoing uses and directions are by Dr. E. R. Waterhouse.

Poisonous in Overdoses

Specific Medicine Oenanthe

This preparation is made from the fresh root of Oenanthe Crocata, a toxic herb of Europe, found growing in moist situations along streams. It represents the drug minim to grain, according to our study of the desirable constituents of the crude material. Oenanthe has been used with a marked degree of success in epilepsy, especially that form due to anemia of the brain and to malnutrition. Here the circulation is feeble, pulse small, surface pale and cool-a general condition of atony. In such conditions Oenanthe promises much. It should be given in the small dose, gtt. v to x in water ℥iv. A teaspoonful of the dilution every three or four hours.- Thomas.

Oenanthe is a poison, producing in overdoses violent headache and prostration. No chemical antidote is known. Use emetics, such as mustard, ipecac, and zinc sulphate. Give demulcent drinks, such as flaxseed tea, slippery elm tea, etc.-Felter.

Colloidal Oenanthe is twice the strength of the Specific Medicine.-L.B.

COLLOIDAL OENANTHE

A solution of Oenanthe Crocata principles as prepared for Edward A. Tracy, M.D. Each minim of this preparation represents two grains of green Oenanthe root (non-crystallizable energetics).

It mixes clear with water, glycerin, alcohol or syrup, without precipitation. It is energetic in overdoses, and should be employed only under the watchful care of a physician.

Poisonous in Overdoses

Dosage and Use: In the use of Colloidal Oenanthe care is necessary, as in the use of any powerful drug. I have employed as high a dosage as two and one-half minims four times daily (after meals and at bedtime), with a demonstrable hypertonia of sympathetic fibers present, but I advise a cautious approach to such dosage. A safe manner to start its use is to mix ten drops of Colloidal Oenanthe with eight ounces of water, and to give one teaspoonful of the mixture after meals and at bedtime. This dosage can be increased by doubling the amount of Colloidal Oenanthe each time bottle is refilled, every twelve days, until the mixture consists of a dram of Colloidal Oenanthe in eight ounces of water. If increase of dosage causes untoward symptoms, as debility or headache, lessen the dosage. In incipient epilepsy in children, manifested by sudden pallors, dizzy attacks, periodical headaches and fainting spells, these symptoms disappear under this medication. Medication should be persevered in for a year or more. Incipient epilepsy is associated with a demonstrable hypertonia of sympathetic fibers, and has been found responsive to Oenanthe. The drug is a sympathetic paralyzant.-Edward A. Tracy, M.D. (See Boston Medical and Surgical Journal, September 30, 1920, pp. 401 to 403, for article of Dr. Tracy.)

COLLOIDAL OENANTHE IN EPILEPSY

(Contributed)

Recently I had a case of beginning epilepsy in a child four years of age. Used your Oenanthe Crocata, Colloidal, as directed on the bottle, and have been greatly pleased with results. The child had been having from three to five severe spasms daily, but since beginning the use of Colloidal Oenanthe she has had but one light attack.

SPECIFIC MEDICINE ERYNGIUM

Question: The Eryngium recently sent is again highly alcoholic, while the Colloidum I had been using is only eighteen per cent alcohol. The amount of alcohol in the preparation I now have interferes with the prescription I have been giving. Furthermore, the appearance is not the same, and the patient, getting his cue from the appearance, declares upon the almanac that the action is not what it was. These are situations over which I have no control, and from experience I have learned that to attempt to offer explanations is not wise.

Reply: The above well illustrates a difficulty that confronts both physician and pharmacist when from any cause the appearance of a remedy is changed, even for its pharmaceutical betterment. The patient, not being experienced in pharmaceutical methods, judges the remedy wholly by its appearance, and if it be of a color different from that last received by him, he at once jumps to the conclusion that the "medicine is all wrong," and its action is quite different from afore time. As a matter of fact, the therapeutic action of a plant preparation is very seldom affected by a change in color, which, as a rule, depends upon the chlorophyl of the plant, which is green in the growing leaf, and brown in the bark and root bark.

While, as we have said, the chlorophyl of the plant is not one of its therapeutic factors, it is so intimately joined in the plant structures with the more desirable features that in former years we were forced to retain it, rather than run the risk of injury to the delicate therapeutic constituents by its separation. Our studies in Colloidal Chemistry have enabled us in very many instances to remove the chlorophyl without harm to the medicinal qualities of the preparation.

With Eryngium, the reports received from physicians indicated that in some localities the Colloidal Eryngium gelatinized, thus making it unsatisfactory as a pharmaceutical preparation. We were consequently forced to return to the old style of this Specific Medicine, which was that received by this correspondent. We are continuing our experimentation with this remedy and hope that the study we are now making will produce a permanent Colloidum Specific Medicine Eryngium.

This will be to the satisfaction of other physicians, who have perhaps been disturbed in like manner as the one whose letter we reproduce. Letters such as the foregoing are highly appreciated by us, as they indicate the care with which our physician friends guard the interests of ourselves, no less than their own and their patients. It is through such friendly co-operation on the part of our patrons that the Specific Medicines and the other specialties from our laboratory have been brought to their present high degree of perfection.

"ASTHMA WEED" (*Euphorbia Pilulifera*)

Question: I fail to find "Asthma Weed" in any of the *Materia Medicas* at my command. Please send me literature regarding this plant.

Reply: The botanical name for "Asthma Weed" is *Euphorbia Pilulifera*. As stated in the "Companion," page 29, and in our Dose Book, page 42, the reason for this plant being listed under its common name among the Specific Medicines is because of the confusion that arose between this agent and other varieties of *Euphorbia*, also used in medicine. Wherever practicable, plant remedial agents are listed by us under their botanical names; but where several varieties of the same plant are employed, the experience of years, both behind the prescription desk and as a manufacturing pharmacist, proved that it was to the interest of all concerned that the botanical name be reserved for the variety commonly known under that term, while other varieties be designated under their common names.

ERYTHRAEA CALYCOSA (*Centaurium Plant*)

Question: I am sending a plant that grows in the mountain districts of Texas. The natives call it Mountain Pink. For at least a century it has been used by them as a standard remedy for different types of fever. . An old man of 85 told me he had used this medicine in the form of decoction for typical cases of malaria, and the fever had disappeared. At different times when I have been in that country I have known of its use in many other cases. The plant has a pink flower. It grows only in the high places.

Reply (by Professor Aiken): This plant is *Erythraea calycosa*, var. *nana*. Its leaves are all linear, and the inflorescence corymbose. Its anthers twist spirally, making a very beautiful appearance under a glass. Its English name is the Centaury Plant. It belongs among the Gentians.

Erythraea was formerly supposed to have extraordinary medicinal powers, and was said to cure not only fevers, but also the plague and the worst ulcers. Like most of the Gentian family, it is a bitter tonic.

CONVULSIONS IN INFANTS

Question: Kindly state if *Subculoyd Lobelia* may be given to a seven-months old child, with convulsions? If so, how large a dose should be given, and how often?

Reply: The efficacy of the mustard bath for infantile convulsions is so universally known that in all probability this will have been given before the physician arrives. A soapsuds enema should be prepared and given, on general principles. When the child can swallow, castor oil should be given to cleanse the intestinal canal of possible toxins or irritants.

For the vast majority of these cases, the above routine will suffice. Occasionally, however, the attack persists. Then, all our attention is centered on overcoming the attack or symptoms, afterwards carefully searching for the etiological factor. This often proves to be some foreign substance ingested, or intestinal parasites, toxemias, etc. Organic causes should always be borne in mind. It is in the persistent convulsion that *Subculoyd Lobelia* serves us well. For an infant of seven months, ten minims may be given hypodermically, and its action noted. If necessary, repeat in fifteen minutes to control convulsion and produce relaxation. Its action is prompt. Personally, we prefer to give an infant a rather small dose, and repeat, often, as necessary. By using *Subculoyd Lobelia*, we have never had to resort to chloroform inhalation, or give bromides and chloral hydrate, as is so often suggested. It is to be remembered that the convulsion is only a symptom, corresponding to the chill in the adult, and a careful search must be made for the cause of the attack.

In GLEANER 6, page 235, a physician reports giving thirty minims of Subculoyd Lobelia, with most gratifying results, to a child sixteen months old, in a stubborn and severe case of infantile convulsion. In younger infants, the smaller dose, from five to fifteen minims, is our choice. In many instances, a single hypodermic of Subculoyd Lobelia is all that is necessary, a second dose not being required.

ECLECTIC SUBSTITUTES FOR BROMIDES

Question: Can you give me a prescription using Specific Medicines to take the place of the bromides?

Reply: This is a very timely and practical question. Very often are Eclectic physicians asked why they do not employ the bromides, and what we substitute for them. Personally, we have not, in an experience of over twelve years, used more than twenty grains of all the bromides. Why? Because we were so thoroughly grounded by Professor Felter in the Eclectic materia medica, that we have never had to go further than the good old reliable vegetable remedial agents. Were a specific case given, a substitute prescription for the bromides could very easily be written. As the question is general, we must answer by saying that we possess in the rich American materia medica very many remedies that may be successfully used in the place of the bromides, each being selected according to the specific symptoms presented. According to these symptoms we may employ Gelsemium, Passiflora, Lobelia, Hyoscyamus, Rhus Tox., Pulsatilla, Cactus, Stramonium, Cannabis Indica, and Oenanthe Crocata. A great surprise is in store for those who are not familiar with these agents, if they will carefully study them, and apply them where each is specifically indicated. May we not say in passing that one who is familiar with the above-named agents and their therapeutic cases, not only reduces to a minimum his use of the bromides, but what is much more important, he need not, other than in very exceptional cases, resort to the opiates. In addition to these great agents being nerve sedatives they are, through their kindly action, pain relievers (anodynes), and their use does not occasion any habit-forming train of symptoms.

INTESTINAL INTOXICATION

Question: I am hoping you may be able to help me personally. I am enclosing analysis of urine and feces made in March. About one year ago I was operated on for appendicitis and gall bladder trouble, gall bladder and appendix being removed. I recovered and felt perfectly well until about Christmas time, when I ate quite heartily.

About the first of January I began to have trouble, at first gastric pain, but now the stomach does not seem to bother, the pain being low down in the abdomen, sometimes feeling like a bladder irritation, although there is no pain or burning during urination. Do not void an unusual number of times during the day, and do not have to get up nights. The pain disappears for a day or two and then I feel fine, but sometimes after a bowel movement (which is sometimes hard) this dull, dragging pain begins and lasts all day, but it does not prevent me from sleeping. When I rise in the morning the pain is not so severe, but there is a sensation of heaviness, as if the pain would soon begin. Bowels move daily, but stools are not natural, color is brown. Sometimes want to go to stool two or three times after bowels move with only watery passage, there being an uncomfortable feeling in rectum.

Am 48 years of age, weight about 140. Have always been temperate in my habits. This dragging, heavy pain in lower abdomen, with aching in lumbar region, is very annoying, and I have become despondent, perhaps from thinking of it constantly. My trouble has been diagnosed as intestinal intoxication, but remedies give no relief. Tongue has dirty, yellowish-brown coating, except along edges and at tip.

Reply: We are inclined to believe that the condition described arises as a result of adhesions following operation for appendicitis and removal of gall bladder. The interference with normal association of the digestive organs, and the consequent throwing out of balance the relation of the different secretions that carry on digestion, will be followed by more or less derangement. Especially will this be true of the large intestine. The pain in the lumbar region comes as a reflex due to intestinal (colonic) deficiency. Just how far that lost balance is to be restored is a question not easy to answer.

If we can supply what the intestinal tract needs to restore a somewhat normal secretion in that organ, we will be able to accomplish something. If the bile salts can be supplied in some form, it will do much to bring the system back toward the normal. Try bile products in some form. Then, as an adjunct, try the following prescription:

R̄.	Sp. Med. Dioscorea	3ii.
	Sp. Med. Collinsonia	3ii.
	Sp. Med. Bryonia	gtt. x.
	Aquae dest., q. s., ad	℥iv.

M. Sig.: A teaspoonful every two or three hours.

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DRUG ACTION AS DETERMINED BY DIFFERENT SCHOOLS

Question: Why do the different schools of medicine differ as regards the action of drugs?

Staphisagria, for example, is given by the Homeopaths for scrofula, tumors, polypi, etc., while the Eclectics give it for its specific action on the reproductive organs.

Reply: Different schools of medicine differ regarding the action of a given drug because they have different methods of determining the action of that drug. We believe that the Eclectic method of proving drug action is the best, possibly on the principle of the Irishman who said, "Of all me fayther's children I think meseIf the best."

By the Eclectics, drug action is determined by observing the effect (or action) of a given drug upon the individual (a human being); having determined the specific indications present in the patient, the result of some morbid process in the body, and the influence of the agent upon this specific symptom complex. Note that this action is determined by its effect upon a living person, and NOT by either its action upon other agents in a test tube, or by its action upon a rat, guinea pig, dog, or other animal. We are speaking now of the Eclectics, who believe that **CLINICAL APPLICATION AT THE BEDSIDE, AND CAREFUL NOTATION OF THAT ACTION BY THE TRAINED OBSERVER, IS THE METHOD, PAR EXCELLENCE.** This is the method used by the Eclectics in working out drug action, and the specific indications that call for certain drugs. The determination of the specific action of remedial agents is not the product of one mind alone, but is, on the contrary, the result of **THE CRITICAL ANALYSIS OF THE OBSERVATION AND EXPERIENCE OF THOUSANDS OF DOCTORS, WORKING OVER MANY YEARS, AT THE BEDSIDE OF THE SICK.** The actual, clinical application of the drug is for us the final proving of that drug's action.

We cannot here present the arguments for "Similia similibus curantur," nor theorize over the claim that because an agent did so and so in a test tube, or produced such and such an action upon a rat or guinea pig it should be used to cure ills of the human being. But we cannot say too much for the system of therapy based upon the clinical application of remedies proven of worth at the bedside, in innumerable instances, and hence capable of routing disease processes where certain specific symptoms present themselves. We believe that these specific symptoms are the results of disease processes that express themselves by these symptoms, and that when these symptoms are so presented, they "indicate" the agent that should be employed to counteract that morbid condition.

From the above it may be easily seen that the different schools should differ upon drug action. Why, for example, does the Eclectic give Staphisagria for its specific action on the reproductive organs, where the Homeopaths give it for scrophular swellings, tumors, etc.? The Eclectics reason as follows: Careful observation of the action of Staphisagria, when given at the bedside, has demonstrated the beneficial action of this agent upon the reproductive organs, hence our employment of it in disorders of those parts.

While on the subject of drug action, we cannot refrain from referring to the action of Echinacea. It is claimed that because, so far, no "energetic principle" of Echinacea has been isolated, there is no value in the drug. Is there any physician who, having observed its action when applied clinically in diseased states, will argue that Echinacea has no action (or effect) upon disease processes? Echinacea is the "Sampson" of the agents used in combating sepsis, no matter where found.

As a result of thousands of clinical tests where it has NOT failed, we KNOW that it exerts a positive action. In our personal experience, nothing comes anywhere near equalling its efficacy. In close connection with this subject, we take the liberty of abstracting, from the Eclectic Medical Journal, the following splendid article by Dr. Felter:

WHY ECLECTIC THERAPY IS STABLE*

"These are times of rapid and often revolutionary changes. Some of these changes are for the best; some of them are but fads that pass in a day. The physician who attempts to follow every change and every new thing proposed never becomes much of a success as a practical practitioner of medicine. The many changes that have come about in the better understanding of the natural history of diseases are beneficent and desirable. But the introduction of thousands of medicinal agents, usually complex chemicals or galenic compounds of doubtful safety and more doubtful utility, has had the effect of demoralizing therapeutics. Remedies of reputed marvelous power are introduced to-day to be discarded to-morrow. Some of them may have value, but they are used but little before something for which better things are claimed comes in. This new aspirant for therapeutic place displaces them before an actual working knowledge, which comes only from long experience in its use, can be established. This has also had the effect of displacing older and well-tried remedies, whose uses were once well established and to which the experienced, who are not easily lured into the mirage of the newer therapy, still cling with a faith born of working knowledge.

"This leads us to reflect upon a topic of which some may not have thought—the stability of Eclectic therapeutics. This stability is due partly to loyalty to medicines of Eclectic introduction, which loyalty, if not abused, is to be commended. But it comes more largely from the fact that our specific therapy has its basis in the recognition of conditions rather than dis-eases. Our conceptions of diseases, as such, have changed greatly in even a half decade. But conditions once recognized and the relational remedy established have remained as landmarks in medication. It is far easier to determine the specific therapy for a condition, which is but a single phase of wrong life, than to determine it for a complex aggregation of conditions which goes by the name of a particular disease. And more especially is this true when diseases bearing the same name often present in different patients many quite diverse conditions.

"Therefore, it follows that you will find much of Eclectic therapy as first established in specific medicine practiced today for the same conditions as those first determined. The relationship between the condition and the remedy has become recognized through long use as a therapeutic truth. Once learned, it is easier to practice specific medication than any other form of therapy. Moreover, it is far the most satisfactory and successful. For the doctor who has failed to thoroughly and patiently practice specific medication, let us urge him to give it renewed attention; and to those who have never employed it, let us commend it as simple, effective, humane, and remunerative. These will both see why Eclectic therapy has remained stable, while physicians with no such guide have been juggling with the newer and unestablished therapy, reaping as the reward of their evil only a record of failure and disappointment."

"BLOOD PURIFIERS"

Question: What in your opinion is the best combination of the drugs on your list as a blood purifier?

Reply: In a general way, this question is a very easy one to answer. But since the prescription to be written must depend upon the needs of the individual case, we must search for the basic reason and proceed accordingly. For example, the prescription for a man with a syphilitic taint would be quite different from that written for a scrofulitic child with swollen gland.

Some of the best "blood purifiers" known are Echinacea, Berberis, Iris, Kalmia, Rumex, Alnus, Baptisia, Corydalis, Lappa, Phytolacca, and Sambucus. This is certainly a most complete list, and from it we may select agents that in nearly all cases will suffice.

*Editorial by H. W. Felter, M.D., in Eclectic Medical Journal, August, 1926.

It must be remembered, however, that in all blood lesions the remedy must be persisted in, and one must not get discouraged when results are not at once apparent. These lesions are, as a rule, chronic, and to get desired results, one must persist in the use of the remedy. We have used many of the above-named agents singly, and some of them in combination, depending upon the needs of the patient. One of our favorite prescriptions (varied to suit the patient) is as follows:

℞ Sp. Med. Corydalis ʒii.
 Sp. Med. Phytolacca ʒii.
 Sp. Med. Kalmia ʒi.
 Water, q. s., ad. ʒiv.

M. Sig.: A teaspoonful of the mixture four times daily.

Combinations of Echinacea, Berberis, Phytolacca, etc., are frequently employed, such as Echinacea and Phytolacca, where glandular lesions are present, and Baptisia, especially in typhoid states. It may readily be seen that while we have a splendid list of "blood purifiers" from which to make a selection, failure may yet result if the physician is not careful in selecting the individual agents necessary for meeting the required needs of the patient under treatment. In the past many have failed in managing these cases because they have relied too much upon so-called "standard stock" prescriptions for "blood purifiers" that will aid in one case, but not in the other. In the treatment of these chronic disorders, as well as in the acute diseases, "specific medication" has a very important place. Too often do we try to fit a single prescription to the many cases presented. This will not do. Study the needs of each individual, and prescribe in accordance with the indications presented.

HIGH BLOOD PRESSURE

Question: Please give me a formula using Specific Medicines capable of reducing high blood pressure.

Reply: In considering the Specific Medicines with reference to high blood pressure, we at once think of Veratrum and Lobelia. The former is without a doubt the peer of all high blood pressure remedies. Where the blood pressure is high and the arteriosclerosis present is such that an apoplectic attack may be impending, Specific Medicine Veratrum may be given every two or three hours, in from two to four-drop doses. Carefully watch its action, and when it has accomplished its purpose begin to decrease the dose.

Lobelia is a very close second to Veratrum as an equalizer of the circulation. It is particularly efficacious in those cases of high blood pressure where there is extreme nervous excitement. Where an immediate effect is needed in these conditions, Subculoyd Lobelia acts very promptly. Do not prolong the use of the drug when not indicated, as it will produce a low tension in the vessels, which in some cases is as grave a condition as hypertension.

Inasmuch as there is always some cardiac hypertrophy in these cases of high blood pressure, agents acting directly upon the heart are good adjuncts to the treatment. Hence we would think of Specific Medicine Crataegus or Cactus, selecting the agent carefully, according to the indications present. With the above in mind, we believe the following prescription would care very nicely for these high blood pressure cases:

℞ Sp. Med. Crataegus
 Sp. Med. Cactusaa, gtt. 120.
 Sp. Med. Veratrum gtt. 30.
 Aquae, q. s., ad. ʒiv.

M, Sig.: Teaspoonful of the mixture every three or four hours, as required. In all cases of high blood pressure it is to be remembered that therapeutic agents are but one factor of the treatment. Care must be given to the general health, body hygiene, and to the diet.

WHICH REMEDY SHOULD BE USED?

Question: In comparing the "Glossary of Indicated Remedies" with the Dose Book and "Companion," I note that the remedies recommended are not always the same. This is not a criticism, but please advise me which I should follow.

Reply: The seeming contradiction arises from the difference in personality of the physicians whose works are named. The American vegetable materia medica is so rich in the supplies it furnishes that physicians are seldom restricted to a single remedy to accomplish the result desired. So it happens that one comes to rely upon one remedy that he has found helpful, while another selects some other agent. As an example we might mention the cathartics. In our opinion, one would be quite safe in following the suggestions of either of the authorities mentioned.

GAS IN STOMACH AND BOWELS

Question: Kindly suggest a prescription for preventing gas formation in the stomach and bowels.

Reply: The agents we have found most efficacious in this direction are the Specific Medicines Nux Vomica, Colocynth and Dioscorea, and Salol. The following are some of our favorite prescriptions, with indications for their use.

Where there is marked atony of the gastro-intestinal tract, with tongue coated and "congestive headaches," usually the result of auto-intoxication, patient sluggish and drowsy, we give the following, along with the proper eliminants:

R̄x.	Sp. Med. Nux Vom.	gtt. xv to xx.
	Sp. Med. Colocynth	gtt. v to vii.
	Glyconda, q. s. s., ad.	℥ iv.

M. Sig.: A teaspoonful of the mixture before meals and at bedtime.

The Nux Vomica imparts tone to the gastro-intestinal tract, and Colocynth assists in ridding the canal of gases. In atonic dyspepsia with deficient secretion, which is often accompanied by gastric flatulence, Specific Medicine Capsicum is an agent of great value. It prevents the accumulation of gases, both in the stomach and intestines. Capsicum is a stimulant, small doses giving a sensation of warmth to the stomach, producing increased secretion and accelerated movement of the muscles of the stomach and bowels. Hence the keynotes for its use are: depression and debility, secretions repressed, tongue dry, gastric and salivary secretions suppressed, atonic dyspepsia of drunkards' colic with abdominal distension and distress, and in gastro-intestinal impairment, the result of debility, whether due to age or exhaustive diseases. A favorite prescription is as follows:

R̄x.	Sp. Med. Capsicum	gtt. x to xv.
	Glyconda	K iii.

M. Sig.: A teaspoonful of the mixture every three to four hours, to effect.

Salol is occasionally indicated where an efficient intestinal antiseptic is indicated. It is a very good agent in intestinal toxemia, due to fermentative and putrefactive changes in the contents of the bowels; it corrects the intestinal indigestion so frequently produced by these changes. It assists in the removing of the gases and the discomfort due to their pressure is routed. The dose is five grains, given three or four times a day.

LLOYD'S STYPTIC FOLLOWING OPERATIONS

(Contributed)

Have used Lloyd's Styptic in seven tonsillar operations and am indeed pleased with its action. For some years I have used a preparation of my own for this purpose, but while it works nicely, it changes the appearance of the tissue, so that it is impossible to differentiate a portion of the tonsil from the muscle.

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SUBCULOYDS

(Vegetable Hypodermic Preparations of Proved Worth)

Subculoyd Ergot (originally called Lloyd's Ergot). The first preparation of vegetable origin used hypodermically for therapeutic purposes. Subculoyd Ergot is not an isolated, energetic principle, but according to our studies, is a balanced preparation of the desirable qualities of the best Ergot. Since 1880, it has given satisfaction to physicians.

Subculoyd Lobelia. An almost colorless preparation of the utmost purity. When the hypo-dermic use of Lobelia is indicated, this preparation may be used with confidence. Subculoyd Gelsemium. Like Subculoyd Lobelia, this preparation is almost free from inert plant coloring matter. It carries the full desirable qualities of the drug, as determined by our long studies.

Subculoyd Gelbia. A pharmaceutical combination of Lobelia and Gelsemium. It is almost colorless, and is of the greatest purity. Like all other Subculoyds, it represents, we believe, the most balanced qualities possible of the drug.

THE GLEANER, from time to time, has carried articles on the therapeutic uses of the Subculoyds. Back numbers in your files will furnish valuable information on these preparations. On some, we have special literature that will be gladly sent to physicians on request.

The Subculoyds that in our opinion are now firmly established are as follows, their relative importance, as shown by sales, being indicated by their numbers in the list:

- | | |
|--------------------------------|--------------|
| 1 Lobelia | 5 Veratrum |
| 2 Gelbia | 6 Stramonium |
| 3 Echinacea | 7 Ergot |
| 4 Gelsemium | 8 Apocynum |
| 9 Echinacea and Inula Compound | |

These are the cream of the fifty-one Subculoyds prepared by us at various times for physicians' use, the remainder being still subjects for investigation. Of the number given, Lobelia far outstrips all others.

LLOYD BROTHERS, PHARMACISTS, INC.