

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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The AMERICAN MATERIA MEDICA:

Decades of study and research with plants of the American Materia Medica have enabled us to produce therefrom pharmaceutical representatives of superior quality and purity. Their reputation has become world wide. Without the continuous co-operation of thousands of physicians, our products could not have been brought to their present usefulness in the treatment of disease. By us the practicing physician has always been recognized as the only authority competent to establish the values of medicines used in general clinical practice. We should like to place in our files the names and addresses of all physician readers of this journal who are now engaged in practice.

To each we will mail, free, studies of the Materia Medica and booklets concerning the uses of vegetable drugs, not to be elsewhere obtained. The one now in press is Lobelia. Among the prominent authorities quoted therein are Bartholow, Hale and Scudder. Please address Dept. B.

LLOYD BROTHERS, PHARMACISTS INC.
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THE GLEANER

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EDITORIAL*

A. F. STEPHENS, M.D.

To discover truth, to establish facts, to verify these by exact observation and then to correlate them into a systematic whole, is the duty of those intent on building a rational system of medicine. Necessarily, such a system of medical practice is evolved slowly, and rests upon the known facts that form the basic principles of its evolution. In its slowly evolving process, many changes occur in medical practice, as well as in medical theory. Multitudes of remedies are investigated, most of these proving of little, if any, value, and are discarded. Some stand the test of time and experience, and become firmly established in the practice of physicians generally.

Unfortunately, however, many invaluable remedies, of undoubted and proven worth, remain unknown to many physicians, because of prejudices that exist between the rival schools, many practitioners refusing to adopt anything that has not been brought before them by teachers in their own school. Such physicians are thus debarred from great professional opportunities, and their patients from care that should be given. Instead of accepting the Biblical injunction, "Prove all things; hold fast that which is good," many physicians, thus blinded, ignore facts and lose opportunities that come to them from the outside.

On the other hand, a certain class are wanderers, and illogically abandon long-established and successful methods of practice, to adopt others of unknown and uncertain value. Unwilling to abide by their own experience, as well as the verdict of thousands of intelligent and careful observers, they continually chase fleeting shadows, and thereby become involved in the whirlpool of uncertainty and doubt. They are the easy prey of exploiters of little known substances; they discard well-known remedial agents, and adopt others whose properties have not been established, whose effects upon the human body in disease expressions have not been as yet determined, and whose dangers are equally unknown.

Heedless of the consequences to suffering mankind, this class of physicians permit themselves to be drawn into the maelstrom of wild speculation and extravagant experimentation in human life, behind which lies the commercial spirit of the times. By such physicians, the evidences established by balanced teachers, as well as by pharmacists and therapists of responsibility, are disregarded, and the chimerical reasonings of the theorist substituted. In haste to recognize the fanciful and unproved theories of those who know but little of the new agents they so freely commend, such physicians as these trample upon all that has been proven of worth in the practice of medicine.

Notwithstanding this lamentable condition, an increasing number of physicians throughout the country are breaking down the barriers of prejudice which, up to recent times, have prevented the adoption of remedies developed and established by other schools in medicine.

* Reproduced from October, 1914. GLEANER. It is more important now than then.-Editor.

This is true Eclecticism, and we know that our century of study is to such as these, of much importance. In this connection it may be stated that by far the greater number of inquiries received by the GLEANER for information concerning established remedial agents, come from physicians outside the Eclectic school. These inquirers have faith in medicine, they are not believers in the superlative knowledge of any set of men, and they are anxious to learn the facts that have been demonstrated concerning the therapeutic value of plant remedies used by others, regardless of who discovered the facts. Many such as these have been disappointed with the widely exploited and expensive serum treatments,

the German synthetics are viewed with alarm, and after a lamentable experience, these men are making every effort to get back upon safe ground, back to a rational and successful practice of medicine.

It is a patent fact, and a distressing one, too, that the teachers of therapy in many of our larger medical schools which assume authority in matters medical, are unacquainted with the most valuable and useful remedies, upon which thousands of physicians depend for their success in the practice of medicine. Naturally, the graduates who go out from these institutions are fully prepared in therapeutic directions, for the calling they have chosen. They are at a disadvantage, when competing with physicians who know how, when, and where to apply well-known remedial agents employed in the treatment of disease. They are too often the prey of the man with a new remedy. The attempt to discredit and destroy practical therapeutics in order to make it less difficult to exploit an unproved theory, is bound to fail in the end. A return to balanced therapeutics is inevitable. The chimerical vision of a therapeutic structure founded on laboratory experimentation is beginning to be comprehended by those who think. The painstaking, careful physician who proves his remedies at the bedside of the sick, has for a time been hidden in the background, while the laboratory expert, obsessed by his animal experimentation, under the guidance of the commercial exploiter of experimental products, has occupied the limelight. An unproven theory, founded on nothing more than test-tube experimentation, expounded by parties who never witnessed a bedside demonstration, and pushed commercially by others devoid of either pharmaceutical or professional experience, cannot forever maintain a position in the scientific field.

The people of the United States are acutely interested concerning their physical welfare, and are beginning to think over problems once forbidden to laymen. They are asking all sorts of questions of physicians. They want to know all about the certainties of practice, as well as the dangers to human life, and they no longer accept that there is any "authority" in any medical sect. They ask, before submitting themselves to treatment, "Are the methods employed safe and sane?" And these questions are being asked with increasing insistence. Let us not mistake the ominous import of these questions, for they are vital to every earnest and honest physician. If any reader doubts their importance, let him take note of the increasing numbers of people who are discarding medical practice altogether, and adopting some other methods of cure, partly because their physician has been unable to convince them that his new faddism treatment will cure them, and partly because the people believe the synthetic processes are fraught with danger to life. It can be plainly seen that the time is not distant when the people will demand a safe and rational treatment at the hands of the physician, or they will have none of him.

Balanced drug therapy, that has been developed by careful study of vegetable remedies, offers now, as it has for all time, the most rational and curative treatment known in either the past or the present. It will remain so, as long as material remedies are used for the relief of sickness. It behooves us, then, not only to learn all we can of those means that have been long established as certainties in medicine, but to help one another by giving to others the best of our little store of knowledge. A fair exchange is the best means of universal improvement. But while extending hospitality to all, let us hold on to both the processes and the remedies that, at the bedside, have proven their worth.

With these thoughts in mind, we ask the reader of the GLEANER to reciprocate for what others give him, by extending, through the GLEANER, any information he may possess, concerning any useful remedy in the scope of this publication.

FROM THE LABORATORY STAFF

The unexpected (to some persons) result of a well-intended crusade, designed to reconstruct by law the American medical profession by welding the various sections into one harmonious serviceable whole, seems destined to failure. Apparently, the realization of this condition is coming sooner than was anticipated by any other than persons conversant with the enormity of the problem. Although the "regulation" of the Colleges of Medicine progressed satisfactorily from one angle, the result has been the upbuilding of outside opportunities, probably unthought of, perhaps unthinkable.

* * * * *

This may be concretely emphasized by the statement that a million-dollar structure is being erected in Cincinnati to manufacture a single advertised "cure," the building being illustrated in a Cincinnati newspaper, and that the sum of three million, five hundred thousand dollars was the reported amount paid for the right to make another Cincinnati proprietary medicine, both being outside "authoritative" control. This being true of one city leads us to question the condition of the country as a whole.

Safe is it to assert that few if any readers of the legitimate medical journals ever heard of either of the preparations cited. Probably no physician reading these lines ever prescribed either of them. Probably, too, the promulgators are not concerned in any way regarding ethics, other than that conditions now give them their opportunities. Content are they to seek the ear of the public, knowing full well that the American people are demanding in increasing amount, "cures" for home use.

* * * * *

This leads us to refer to the well-meant proposition, now a prominent fad under the catchy term, "preventive medication," whereby, if the theories of some of the promoters are correct, one result would be that physicians and apothecaries would become unnecessary. This idealistic view seems applicable so long as ailments do not prevail. But it evidently does not apply when real illness comes. Then, relief, not theories, are needed. The child struggling with croup, the man or woman gasping for breath in laryngitis, the sufferer shaking with chill, demand relief. Advice as to how to evade or anticipate the enemy does not apply after the enemy has taken possession.

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A prophylactic may be of service in stimulating the system or strengthening vitality so -as to assist nature in warding off an attack. But that the remedial agents that constitute the "corrector" should be those commended by discriminative and qualified physicians seemingly needs no argument. In cases that unconsciously grow gradually upon the victim, or those that come abruptly without slightest warning, or injuries that demand the immediate service of a surgeon, there can be no "preventive medication" other than general care.

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Are the people always to be blamed for not calling a physician? A reply might be, "Are they to be criticized for endeavoring to preserve their health where there is no physician to call?" Great sections of this country are now devoid of both physicians and apothecaries. To people thus situated the newspapers and magazines, the descriptive circulars, and advertising leaflets concerning "cures" pass in a stream. Is the mother of a family unwise if she purchases and places in her medicine chest a bottle of a "cure" that is guaranteed in a secular journal advertisement to meet an emergency she dreads?

Are not these million-dollar palaces now being built in order that the people's need for "home cures" may be supplied? But we may ask, Would it not be better if members of the profession of medicine devised and the legitimately schooled pharmacists compounded and supplied the "cures," even if they went directly to the public?

* * * * *

Were not the far-seeing "Fathers of Eclecticism" wise when in the day of "no physicians" they instituted their crusade in the people's behalf, making every effort to properly instruct as well as care for the people? Dr. King, with this object, wrote the "American Family Physician," and Dr. Scudder his "Family Physician," works designed to advise and help the people. That, too, while they were teaching classes in a medical college. For doing this the Eclectic School was berated and these talented physician-authors ostracized. Both these great teachers also designed "Family Medicine Chests." The medicines therein were pharmacopoeial or otherwise legitimate in that they were useful, and all apothecaries could supply them. In fact, the people were being advised and guided by qualified physicians.

* * * * *

This great country was then thinly settled, sparingly supplied with physicians and less so with apothecaries. Now it is a greater country, thickly settled, in which over great distances there are no

physicians. One hundred years ago and subsequently, a few almanacs carried the "home-cure" advertisements to remote sections. The American Press, in millions of copies, has now taken the almanac's place. What can be done to correct the difficulty? Seemingly, law is inadequate. The well-meaning experiments of enthusiastic believers in regulation by means of State boards or city boards has not proved to be a panacea. What must be the answer?

* * * * *

Let Eclectic physicians again turn thought to the cause of the people. Let them take their patrons, the public, into their confidence. Let the home cure and emergency remedies of the family of each physician's patients be those of his personal selection or device. Let such compounds as *Stillingia Liniment*, *Compound Powder of Lobelia*, *Neutralizing Cordial*, *Composition Powder*, and others similar, as well as new agents that have established values and can be used as emergency remedies, again constitute the Family Medicine Chest. Let the remedies commended be the products of skilled apothecaries, their selection the responsibilities of the physician.

To the foregoing suggestion unexpected resistance may be the result, especially from one or more angles unmentioned in this number of the GLEANER.

GLEANINGS AND COMMENTS INCONTINENCE OF URINE

Question.-Somewhere in Eclectic literature I remember having seen mention of a remedy for "bed wetting," but I cannot now locate the one named. I have tried several remedies, but so far have failed to get results. I have now a case of a little girl, three years of age. She is not troubled during the day, but at night only. Please advise me.

Reply.-We have in mind two agents commended for incontinence of urine, either of which may be the one to which the doctor refers. These are *Thuja* and *Mulleined Oil*, both of which are highly commended for this distressing condition. *Thuja* is indicated when the trouble is due to weakness, and not to irritation, while *Mulleined Oil* is not contra-indicated by irritation. *Thuja* may be administered in two or three-drop doses, every three or four hours. *Mulleined Oil* may be given in like-size doses, at like intervals. If the urine is highly acid, it is necessary to render it less so. Careful examination should be made so as to remove all local causes of irritation. Sometimes we find that the external genitalia are irritated because the proper safeguard of cleanliness has not been employed, and the difficulty is caused by the resulting irritation. Look well to all conditions that may give rise to irritation of the urethra, vagina, and labia.

Among the agents that may be indicated are *belladonna*, *ergot*, *nux vomica*, *eryngium*, *fragrant sumach*, *santonin* (in trituration, 1x to 2x), *ferrum phos.* 3x, *kali phos.* 3x, and *sodium phos.*, in small doses. The diet should be carefully inquired into. Also, an effort should be made to break the habit by seeing that the bladder is emptied just before putting to bed, and further, by awaking the patient a couple of hours thereafter. All factors contributing to the condition must be eliminated. Study particularly the label description of "*Fragrant Sumach*," known also under the botanical name "*Rhus Aromatica*."

In connection with the foregoing we reproduce another item from GLEANER 12, which is of timely interest in this connection. It is as follows:

SCALDING OF URINE

Question.-Can you suggest a treatment that will relieve an in tense burning and scalding of the urethra on voiding the urine?

Reply.-We would recommend trial of the following:

R̄. Specific Medicine *Cantharis*, gtt. v; Specific Medicine *Apis*, gtt. v; Specific Medicine *Eryngium*, 3ii; *Aquae dest.*, q. s. ad :ʒiv.

M. Sig.: A teaspoonful every hour until relief follows; then every two hours.

In addition we suggest the study of Specific Medicines *cannabis*, *triticum*, *chimaphila*, and *galium*.-S.

PROSTATIC NEURITIS

Question.-I have a case of prostatic neuritis that is very painful. What would you advise in treatment?

Reply.-The physician does not state the cause of the disturbance. If it be gonorrhoeal in origin, all injection treatment should at once be stopped until the acute complication has subsided. (See Drug Treatise on Hydrastis.) The patient should take plenty of fluids, and the bowels should be kept liquid. Such conditions are very painful, and, as the physician states, the patient's call for relief is urgent.

In acute prostatitis and in "prostatic neuritis," as the physician calls it, we would think of Specific Medicines Hyoscyamus, Gelsemium, occasionally Belladonna, as well as Strontium Bromide.

Carefully study the case, and select the remedy from the above list. In our hands, Specific Medicine Staphisagria has proven very helpful in these conditions. We often combine Staphisagria with either Gelsemium or Hyoscyamus, whichever may be needed, as follows:

R̄ Sp. Med. Staphisagria	3 i
Sp. Med. Gelsemium	3 ss
Water, q. s. ad	℥ iv

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

Or:

R̄ Sp. Med. Staphisagria	3 i
Sp. Med. Hyoscyamus.	5 i
Water, q. s. ad.	5 iv

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

In chronic prostatitis, Staphisagria combined with Specific Medicine Thuja is a very positive remedy. In the chronic cases, massage of the prostate will often assist very materially. But if the gland is acutely swollen or painful, massage should not be given. In acute cases, hot Sitz baths are often beneficial

BURNING OF URINE

Question.-Have used a number of the Specific Medicines for years, with great satisfaction. For frequency of urination, Thuja is fine. For epididymitis, I have found Pulsatilla to be a specific. Please tell me what to use in this case. Male, thirty-six, with gonorrhoeal history, prostate apparently normal, no discharge, urine clear and clean, good stream, passing freely and easily and not too often. Urine quite acid, burning for years, ever since an infection of gonorrhoea. For six weeks following an attack of hives he has experienced hot, muscular pains and some muscular soreness, and the burning of the urine has been worse. Appetite is good, bowels regular. I used sounds in urethra, and internally gave passiflora and milk of magnesia, but after one week's treatment there is no improvement.

Reply.-For controlling burning of urine we have some very excellent agents. One of the most positive of these is Specific Medicine Apis, which is particularly indicated in the case above described.

In our opinion, Apis can not be excelled for relieving the intense burning and itching of the skin in hives. Another very valuable remedy is Specific Medicine Eryngium. In the case described, Apis and Eryngium may be combined very nicely. To control the muscular soreness, Specific Medicine Macrotys may be added. The urine should be rendered alkaline, and diet regulated. Then, in our opinion, the proper prescription for this condition would be as follows:

R̄ Sp. Med. Apis	gtt. 10
Sp. Med. Eryngium	gtt. 60
Sp. Med. Macrotys	gtt. 60
Water, q. s. ad	℥ iv

M. Sig.: A teaspoonful of the mixture every three hours until relieved, then every four hours. In acute conditions, give every hour for six doses, then every two or three hours, as necessary.

USES OF LEONTIN

Question.-Kindly send me literature on Leontin.

Reply.-So little is found regarding this remedy, and so frequently do we receive calls for information concerning it, that we republish from GLEANER 18, now completely out of print, the following, as being of continued interest to our professional friends: The term Leontin has been applied to an aromatized liquid containing one per cent of the isolated glucoside derived by our process from the root of "blue cohosh," *Caulophyllum thalictroides*. It is the emmenagogue principle of the root. Its indication, according to Fyfe's *Modern Materia Medica and Therapeutics*, are "Amenorrhoea and dysmenorrhoea, as from exposure to cold; amenorrhoea of young girls." Fyfe says of Leontin:

"I have used this remedy in my practice for several years, and seldom find it necessary to employ any other in amenorrhoea and dysmenorrhoea. It is especially valuable in the amenorrhoea of girls."

Numerous cases have been reported where Leontin has established the flow where other remedies had failed, with girls who had never menstruated; also where the flow was reestablished after being stopped by cold or other causes. In dysmenorrhoea it is also valuable, making the flow normal and free from pain. In suppressed menses, due to anemia, the remedy seems to be less adapted, and reports of failure from the use of Leontin are mostly of this nature.

Dose.-The dose of the remedy, as established on the label, is from five to ten drops mixed with water, repeated every hour, to a teaspoonful four times a day. Many patients can employ only the small doses.

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Leontin was authoritatively introduced to the profession by the celebrated surgeon, Dr. A. J. Howe, who, in October, 1887, contributed the following article to the *Eclectic Medical Journal*:

Leontin.- The active principle of *Caulophyllum Thalictroides* (Blue Cohosh) has been put in prescribable shape by Prof. Lloyd, and excellent results have followed its use. The medicine is in a liquid form, and has rather a pungent taste. A few drops-five or six-diluted in a tablespoonful of water, constitute an ordinary dose, which may be repeated every three or four hours. The general indications for the use of the remedy are to be found in King's *Dispensatory*, yet later experiments have brought its qualities into an approach to specific action. For instance, the drug, as an uterine neurotic, will arrest the pains of dysmenorrhoea, and promote a normal flow in the amenorrhoea of girlhood. The medicine is not a pronounced ecbolic, and does not excite uterine throes when coagula and a retained placenta are to be expelled. It is decidedly reliable in the lessening of hemorrhagic losses common to subinvolution and uterine myomata.

The medicine is not new, nor are the indications for its use novel, but under an improved pharmaceutical form it is fast gaining patrons. The manufacturers of "concentrated medicines" thought they had the active principle of caulophyllyum in their "caulophyllin," but in the laboratory they lost what is now "leontin." The materia medica needs overhauling occasionally, that jewels long buried in rubbish may be made to sparkle through the aid of artistic settings. Pharmacists have not been largely the discoverers of therapeutic virtues in drugs, but they have contributed wonderfully to the facility of prescribing, and the possibility of securing specific effects. They have enabled us to get at the kernel without the bother of the husk. If we would consult practical pharmacists oftener than we do, we would find it easier to prescribe with an approach to precision. Following Howe's introduction of the remedy, it was employed by many physicians who reported favorable on its use, in print and by verbal commendations to brother practitioners. From one of these reports, which appeared in the *Eclectic Medical Journal*, February, 1888, we quote as follows:

Leontin.-By W. C. Cooper, M.D., Cleves, Ohio.

I want to say a word for this new agent that Prof. Howe has brought to our attention. I say new because, although the plant from which it is obtained has for a long time been used by Eclectics, this solution of the active principle is new. Some months ago I obtained a sample of Leontin from Lloyd Brothers with a view of testing it. Since obtaining the sample, I have had the good luck to have fifteen opportunities for a trial, and the remedy has not disappointed me in a single instance. So far I have used it for amenorrhoea only. This variety of menstrual suppression has been called the functional or idiopathic type, and it is manifestly the class which calls for emmenagogues.

The most remarkable of these cases was that of a girl fifteen years old, who, on her fourteenth birthday, came unwell without pain or trouble of any kind. The discharge continued four days, and was quite profuse. Then from some unknown cause she fell into an amenorrheal condition, for which she had been treated by several physicians, but without results. I gave her leontin, not as an outcome of my own phenomenal acuteness in diagnosis, but because it seemed to be about the only drug she had not taken. I gave it in half-teaspoonful doses, in sweetened water, three times a day. In a week from the time she began to take it the flow was established, and she has since had no further trouble. The other cases all furnished indisputable evidence of the close relationship that leontin bears to the menstrual function.

LEONTIN

This preparation to which we have given the term Leontin is an aromatized liquid, containing in a pleasant form one per cent of the isolated glucoside derived by our process from the root of Blue Cohosh (*Caulophyllum thalictroides*).

According to the reports of physicians it is a valuable remedy in amenorrhea and dysmenorrhea; especially if the suppression of the menses is due to congestion, as from exposure to cold. Numerous cases are reported where the flow was established in amenorrhea of girls who had never menstruated and where other remedies failed; also, in many cases the flow was reestablished after having been stopped by cold or from other causes. In dysmenorrhea it is also valuable, bringing the flow normal and free from pain. In suppressed menses, due to anemia the remedy seems to be less adapted, and the reports of cases of failure to bring on the flow are mostly of this nature.

Dose.-From five to ten drops mixed with water, repeated every hour, to a teaspoonful four times a day. Many patients can employ only the small doses.

VALUE OF DRUGS AS DEPENDENT UPON SOIL, CLIMATE, ETC.

Question.-Recently, in conversation with a chemist claiming considerable knowledge of botany, I remarked that climate, altitude, and soil have as much influence upon the alkaloidal content of plants as they have upon color and vitality, and that plants of the same species grown upon opposite sides of a hill may not have the same percentage of alkaloidal content. He seemed to ridicule my claim.

Can you refer me to any literature bearing on this subject, or give me any positive information that will be helpful in this direction?

Reply.-While our correspondent cites a rather extreme case as regards the varying character of plants growing "on opposite sides of a hill," even this might, in our opinion, be true, particularly if, by a "hill," he refers to a long mountain ridge, such as those extending through the States of Kentucky and Tennessee, on opposite sides of which the soil and products may be of widely different character. In making the Specific Medicines, we must take under consideration the section of country from which certain plants come to us. For example, Echinacea growing in States east of the Mississippi River lacks the qualities of the plant that comes to us from the Western States. Digitalis, which grows freely in some sections of the United States, even becoming a "wild crop" in Oregon and elsewhere, refuses to propagate itself in and about Cincinnati. We have made no special study of the alkaloidal content of a plant, as determined by locality of growth, but we see no reason for believing that this should not be influenced by conditions favorable or unfavorable to its production, as is the case with other constituents of the growing plant.

PHYTOLACCA FOR NODULES IN BREAST

Question.-What have you for soreness or tenderness of the breast, or for nodules in the breast? One frequently meets this condition, but surgery seems so radical a measure that I am trying to find, if possible, some medicine that may be given a fair trial before resorting to drastic means such as surgery.

Reply.-One of our sheet anchors in treating diseases of the lymphatic structures which has won a high position by reason of its constant reliability in treating lymphatic affections, is Phytolacca. In mammitis, where the breast is sore and inflamed, and where there are palpable nodules in the breast,

Phytolacca is the remedy par excellence. The more acute the condition, the better the remedy seems to act. Its sphere of usefulness, however, is by no means limited to acute conditions, as it is often employed with the best of results in chronic lymphadenitis, where it exerts a positive alterative effect. Specific Medicine Echinacea, which aids in combating any sepsis that may be present, is often combined with Phytolacca. In the treatment of mammitis and other nonmalignant affections of the lymphatics, where there is swelling, hardness and inflammation, Specific Medicine Phytolacca is without a peer. But while it is one of our most important remedies, and we would hate to try to practice medicine without it, in case of malignant growths of the breast we would not want to depend upon this or other internal medication.

When the diagnosis of malignancy is established the case becomes surgical, and proper surgical measures must be taken if the disease process is to be eradicated. Too large a toll has already been extracted by reason of procrastination in dealing with cancer of the breast.

ALSTONIA CONSTRICTA IN MALARIAL CONDITIONS

(From a Florida Physician)

Having tried in vain many remedies to overcome the soreness and aching that are so commonly presented by those coming to Florida from higher, colder sections, I at last remembered the fine results we used to get farther north in like conditions from *Alstonia Constricta*. The original cause is from malaria, but in a new section of country the trouble is slower in development. *Alstonia Constricta* has at times proved wonderfully effective.

HEART AFFECTION WITH DROPSICAL EFFUSION

Question.-Have been suffering from a severe heart attack, with dropsical effusion in legs and body. The heart now seems stronger, but I can not get rid of the dropsy, which at times improves, but returns.

Reply.- To strengthen the heart, we would advise Specific Medicine *Crataegus* in fifteen to twenty drop doses, four times a day.

With this we would advise the use of the following:

R̄x Spec. Med. <i>Apocynum</i>	3 i
Potassium Acetate	ʒ i
Water, q. s. ad	ʒ iv

M. Sig.: A teaspoonful of the mixture every four hours.

The *apocynum* should assist in overcoming the dropsical effusion, and the potassium acetate will aid in eliminating, via the kidneys. Should the *apocynum* be well tolerated, it may be raised, in this prescription to 3 ii. Occasionally it is necessary to give *Apocynum* in capsules.

These two prescriptions have worked very nicely in our hands. Occasionally we have to resort to the infusion of *Digitalis*, and this should be borne in mind where the above fails to produce the desired results. The diet should be regulated and the bowels kept well opened.

LOBELIA BOTANICAL HISTORY

From *Drugs- and Medicines of North America*, 1886, we reproduce the botanical history of *Lobelia*, as follows:

"The genus *Lobelia* has always been considered a type of a natural order, *Lobeliaceae*, established by Jussieu, 1811, and maintained by Endlicher, De Candolle, and most systematists, including all writers on American botany, even Dr. Gray in his very recent work, 1878.

By Bentham and Hooker, however, 1876, these plants are included as a tribe *Lobeliae*, of the natural order *Campanulaceae*, and we have followed these authors to give uniformity to our work, theirs being the last general work on plant classification that has been published. "In old times, plants of this genus were described in common with widely different ones under the family name of *Rapunculus*. It was Tournefort who first clearly defined the genus, in 1719, giving it the name *Rapuntium*, and as his genus is very natural and most of the species are still retained, it is unfortunate that the name has been replaced. The history of the present name of *Lobelia* is as follows: In 1703, Charles Plumier, in his work on plants

of the West Indies, dedicated to his friend Matthias de Lobel, a genus founded on a plant collected in the West Indies. Linnaeus referred this plant to Tournefort's genus, Rapuntium, and adopted the name Lobelia for the genus, probably because it was the prior name.

Afterwards, when his attention was directed to the fact that under the name Lobelia, a large number of plants were included entirely distinct from the original plant described by Plumier, Linnaeus deemed it best to retain the name for the plants to which it had become most generally known, and to originate a new name for the genus of Plumier."

"The original collector of Lobelia inflata is not known, but it was evidently sent to Europe early in the last century. The first authentic mention we can find of it is by Linnaeus, 1737, in his catalogue of the plants in the garden of George Clifford, hence it was evidently in cultivation at that time. It is probable that Tournefort also refers to this plant, 1719, but we can not say with certainty.

"Previous to the appearance of Linnaeus' Species Plantarum, 1753, the plant was specified by a number of descriptive adjectives. Linnaeus named it Lobelia inflata, from the inflated seed-pods, which name it has retained to the present day, with the single synonym of Rapuntium inflatum, given to it by Miller, but used by no one else."

Readers of THE GLEANER may (some of them) argue that a drug known as long as Lobelia, and employed for decades both empirically and by members of the profession, but passed by "authority" as unimportant, would naturally have little, if any, value in medicine. Compare the record of Lobelia with that of Cinchona. Introduced empirically into Europe in 1639, it was for decades both neglected and resisted by the medical profession. Introduced into England by a drug clerk (about 1655), Cinchona was for decades considered a "nostrum," until brought prominently to notice by King Charles II, who was cured of malaria by the use of this empirical "Jesuit's Powder," "Chinchona" bark. Lobelia, introduced by Thomson, the empiricist, over one hundred years ago, seemingly closely parallels the record of Cinchona.

SUBCULOYD LOBELIA IN MIGRAINE.

Mr. M., a patient of large and fine physique, came into my office two weeks ago, suffering from migraine, in very severe form. He was pale and had every evidence of intense pain, which came in spasms, at frequent intervals. He begged me for a hypodermic of morphine. I dissolved two tablets containing respectively 1/4 gr. morphine and 1/150 gr. atropine, and injected the solution in his arm. Tried to get him to lie down on the couch. He made several attempts to do so, but a prone position seemed a signal for a spasmodic return of the pain, and he would bound up and beg for another injection.

I did not like to risk further use of the drugs named, but told him I could give him relief by another substance; which would be attended with no danger. I then injected 1/2 dram Subculoyd Lobelia, and in less than five minutes he was entirely relieved and completely relaxed. Next time I shall try Subculoyd Lobelia before using the other remedies.

GELBIA (TRADE MARK)

A compound representing Subculoyd Gelsemium, 1 part, and Subculoyd Lobelia, 3 parts. For hypodermic use.-A Subculoyd used in treatment of spasm of any part of the urinary tract-as in the passage of a renal calculus, or the very acute forms of cystitis and urethritis. It facilitates the passage of a renal calculus and relieves the pain in a remarkable manner. The dose injection is 20 to 30 minims. It may be repeated every few minutes until drooping of the upper eyelids develops.-
WELBOURN.

THIS "NEW OLD REMEDY"

Much has been written covering Libradol, this "new old" remedy. Much remains to be written. Its chief field of operation lies in diseases of the thorax, such as bronchitis, pneumonia, pleurisy, etc., but it is applicable, as well, in all painful conditions elsewhere.

Libradol is to be spread upon a prepared paper, or upon cloth, if the paper is not at hand, and is readily applied to any part of the body desired. It is not greasy, it is easily removed from the skin, and may be used to great advantage in many painful conditions, irritations, inflammations, neuralgias, and rheumatisms. Libradol is a powerful agent to relieve pain, especially all superficial pain.

As an application to the chest in pneumonia, there is nothing, in the way of an external medicament, that approaches Libradol. In the first place, it is light in weight, as the amount required is small; and weight counts much in pneumonia. If you have not thought of this weight trouble, do so; you will readily see that, even though a pound only is placed on the chest, the patient will have to lift an enormous weight in twenty-four hours. The weight of a plaster of Libradol is expressed in grains only. For the pleuritic pain- in pneumonia there is no other external application so good. Try it in all neuralgias especially those of superficial nerve branches. Try it in arthritis, either simple or rheumatic. Use it in painful conditions of the throat, especially in threatened tonsillar, or peri-tonsillar abscess. Use it in painful swellings, anywhere. Think of it in earache of children.

Spread a little on a pledget of cotton, insert gently in the ear, and allow it to remain. It can do no harm, and will often relieve the most distressing pain. Do not overlook it in the pain of sprains and bruises, as well as in injured joints. In fact, there are many, many places and conditions wherein this century-old combination, under a new name and in its improved dress, can be used to great advantage and with comfort to the patient.

Caution.-one more word in caution; before you resort to the hypodermic needle, before you administer a coal-tar derivative, try Libradol. It will usually remove the necessity for narcotics. It does not lessen secretion or excretion, and thereby saves the patient a lengthened spell of sickness. It leaves no seeds of "drug desire" behind.

GERANIUM MACULATUM AS A STYPTIC

Question.-A short time ago an old doctor showed me a preparation of dark, lustrous scales that he said was the dried extract of Cranesbill, or a concentration of that drug. He said it was a styptic, and that for many years he had used it in hemorrhages. Dissolved in hot water, it made a very pretty green solution similar to a solution of iron ammonium citrate. Can you give me any information regarding the preparation, and where it may be obtained?

Reply.- The term "Cranesbill" is a somewhat elastic one, applied commonly to many varieties of drugs furnished by the diggers of crude drugs, but we suspect that our correspondent refers to the official species, *Geranium Maculatum*, from which Specific Medicine Geranium is made. This is the true cranesbill. As concerns its astringent constituents, Geranium is a remarkable drug, standing alone, in our opinion, among plant astringents as regards many of its reactions. It is perhaps the most pronounced of all the tannates, or so-called tannates or near-tannates with which we have ever experimented, having characteristics even more pronounced than those of tannic acid.

As regards the "scaled" salt mentioned by our correspondent, we will state that half a century ago the writer (John Uri Lloyd) made a line of scaled compounds from vegetable substances as well as from inorganics, one of these being from *Geranium Maculatum*. This, however, was never, so far as we know, placed on the market in a commercial way. It was a purified geranium abstract, having about the composition of the materials found in Specific Medicine Geranium, and possessed of the same reactions. It was a powerful styptic, perhaps in some respects the most pronounced vegetable styptic known to us. Geranium stands in that light to-day. However, it did not make a green solution, which leads us to infer that in the scaled material described there was a something present besides the cranesbill. This may possibly not be necessary to account for the green color, because of the infinite opportunities for producing different materials from the same -drug, through different manipulative methods employed. Dr. J. T. Lloyd is now making a study of Geranium in its relationship to other vegetable astringents.

In our opinion, if the astringent principle of Geranium is desired, this will, be very satisfactorily obtained through the use of Specific Medicine Geranium. Following is the label for this preparation, used over fifty years ago. Geranium was a favorite of Dr. John King.

Specific Medicine Geranium, Colloidum

Specific Use: From the very active and efficient astringency of this remedy, it is specifically indicated in diarrhea with constant desire to go to stool, and in chronic diarrhea or other troubles attended by profuse mucus discharges.

Dose: ℞ Sp. Med. Geranium	3ss to 3vj
Water	℥iv

Misc. Sig.: A teaspoonful every one, two or three hours.

Specific Medicine Geranium is made from the root of Geranium maculatum, a plant that grows luxuriantly in low lands and open woods of temperate Eastern United States. It represents the desirable constituents of the drug minim to grain according to our study of the crude material. It is very astringent. In doses given on the label, this Colloidum mixes clear with water, glycerin, syrup, or dilute alcohol.-L. B.

Specific Medicine Geranium is a powerful nonirritating astringent, adapted to the relief of conditions exhibiting relaxed, atonic, and enfeebled mucous tissues, with copious, debilitating discharges. It is of value in chronic diarrhea with mucous discharges; chronic dysentery; menorrhagia; diarrhea of subacute character; with constant desire to evacuate the bowels. Passive forms of hemorrhage are often controlled by it. It is said to be useful in the night sweats and diarrhea of phthisis, it exerts a good influence in hematuria, and is of considerable value in catarrhal gastritis. It should not be employed during active inflammation.-KING.

PODOPHYLLUM LAXATIVE

Question.- I would like to ask a question concerning Dewees' Podophyllum Laxative, which I have been using recently for diabetes mellitus. It eliminates the sugar, but given in teaspoonful doses on retiring and on an empty stomach, it seems often to irritate the stomach. I notice that we are warned about the use of acids before taking this remedy, but I cannot understand why it should produce the effect described unless the dose is too large. I notice that the recent label gives an alternative dose, much smaller than that given on the old label.

Reply.-Podophyllum Laxative was originally made by us at the request, and after the formula, of Dr. N. M. Dewees, a specialist in treatment of diabetes mellitus. For years he had made and used this remedy, which, with Fragrant Sumach, he pronounced to be the only ones he had found of material benefit in this disease. The label for the preparation, giving uses and dosage, was written by Dr. Dewees. As the dosage he advised proved occasionally to be too large, the alternative dose mentioned by our correspondent was established by Prof. L. Thomas, M.D.

It not infrequently happens that a remedy made under improved facilities such as our laboratory affords, is stronger than is possible under office pharmacy. Then it becomes necessary to reduce either the potency or the dosage. Such was the case with the old Eclectic favorite, "Neutralizing Cordial." This we restudied at the request of the New York Specific Medication Club, with the object of omitting the sugar that, through fermentation, had proved an irritating constituent. This established "Glyconda," now much used. Our only change in that formula was the omission of the sugar, but so much more effective was the remedy without the disturbing factor, sugar, as to necessitate reducing the dose used for "Neutralizing Cordial." So it may be with Dewees' Laxative. We would suggest that the physician begin its use with the dosage suggested by Dr. Thomas, increasing this, if needed. In this connection, read "From the Laboratory Staff," this issue of THE GLEANER. A note therein touches this subject.

CRATAEGUS IN VALVULAR HEART DISEASE

Question.-In a case of valvular heart trouble, I would like to use Crataegus. Please give me some information regarding its action.

Reply.-Specific Medicine Crataegus, correctly prescribed, is one of our best heart tonics. It seems to be of more positive effect in the organic than in the functional disorders of this organ, though many use it with effect in the functional disturbances. It imparts tone to the heart muscle, and has the admirable property of having no toxic or cumulative effect. Continued over a long period of time, and in proper therapeutic dosage, it is unattended by any gastric disturbance-something to be considered in all cardiac cases. Being a tonic to the myocardium, we find Crataegus indicated in those conditions where there is cardiac weakness, cardiac hypertrophy and dilatation, precordial pain or oppression, rapid and feeble or irregular heart action, dyspnea, valvular heart disease following in the wake of "rheumatic" infections attended with anemia. Alternated with Cactus, it is beneficial. Occasionally, for quick service, Convallaria, or even Digitalis, may be cautiously employed.

COMPARATIVE 'STRENGTH' OF HYDRASTIS PREPARATIONS

Question.-How does Lloyd's Hydrastis (colorless) differ in strength from Specific Medicine Hydrastis?

Reply.-No comparison as concerns relative drug strength can be drawn between these preparations. As stated by us many times in print, the drug Hydrastis carries a number of different constituents, some of them chemically antagonistic and therapeutically opposite in character. In this drug we find inorganics, oils, resins, and acids, together with three different alkaloids, which severally possess qualities that make the study of each a separate necessity. In fact, there is no drug that requires more pharmaceutical study, or more exact chemical experience, than Hydrastis. Its working, other than the making of a common "tincture" or "fluid extract," necessitates the use of special apparatus, and very careful manipulation, both for the thorough extraction of the root and for the making of the various preparations employed by physicians.

"Lloyd's Hydrastis" carries no berberine, and only the needed amount of the white alkaloid hydrastine, which should not be in excess. Specific Medicine Hydrastis carries much berberine, and practically no Hydrastine. Consequently, from this viewpoint, they are altogether different preparations. Clinically, they are used for very different purposes. For a fuller discussion of this subject, see our Drug Treatise on Hydrastis, sent free to physicians on application.

CHRONIC DYSENTERY

Question.-I have a patient afflicted with chronic dysentery, a maiden lady of forty years who has not menstruated for the past twenty years. She is up and around the house, but does not go out. She is neurotic and greatly emaciated, as is natural with the bowels moving so frequently. They often move in the night before she awakens. When she can get a little morphine, she takes about 1/4 grain doses, a dozen in the month, the condition checks up temporarily.

At the instance of a fellow practitioner, I put her upon Specific Medicine Echinacea in large doses, half a teaspoonful three times a day. She has now taken eight ounces of this remedy, the evacuations being reduced from forty to about twenty in twenty-four hours. Should I add rhus or ipecac to the prescription?

Reply.-We are interested to note the action of Echinacea when given in the large dose administered in this case. Probably it supports the vital force, enabling nature to recover control. Has any reader of THE GLEANER a like experience? In the condition described, we would not use rhus or ipecac, although, when indicated, ipecac ranks well as a remedy for dysentery.

We would, for this case, think rather of Specific Medicines Geranium, Nux Vomica, Hydrastis, and Krameria. We would advise the following prescription:

R̄ Sp. Med. Geranium 3 iv to vi

Water, q. s. ad. ʒ iv

M. Sig.: A teaspoonful of the mixture every three hours.

In several cases of this type this prescription has been in our practice quite effective. "Specific Medicine Geranium is a powerful, non-irritating astringent, adapted to the relief of conditions exhibiting relaxed, atonic, and enfeebled mucous tissues, with copious, debilitating discharges." -KING.

A careful study of the remedies named will prove helpfully suggestive in treating this and similar cases. See other articles on Geranium in this and other numbers of THE GLEANER.

THAMNOSMA MONTANUM

Question.-I am sending a plant that is claimed to cure skin diseases "commonly considered incurable." It is from the deserts of Southern California. Can you tell me its name?

Reply.- This plant is identified by Professor Aiken, botanist of the Lloyd Library and Laboratory, as *Thamnosma Montanum*. Our nearest relative to this plant in this section of the country is *Xanthoxylum Americanum*, commonly called "Prickly Ash." According to Professor Ellingwood, *Xanthoxylum* was used by the early physicians of America in chronic skin diseases, which were believed to depend upon faulty conditions of the blood. In recent years, *Xanthoxylum* has received little attention, but the older physicians, versed in the uses of the American *Materia Medica*, were enthusiastic concerning its virtues. Dr. John King valued it highly, prescribing it and its compounds continuously. The fact that domestic experience in California concerning this relative of "Prickly Ash" fortifies that of the early Eclectics, is to us of much interest. The uses of *Xanthoxylum*, as given by Professor Ellingwood, are as follows:

Specific Medicine *Xanthoxylum*

Indications: When with general torpidity and sluggish capillary circulation there is relaxation of the mucous membranes with hyper-secretion due to the lack of tone in the nervous system, this remedy is indicated.

Uses: It is useful in chronic catarrhal conditions from any mucous surface. In inflammatory conditions of the bowels, with relaxation and tympanites, it is especially indicated. Gastric catarrh and conditions of weakness depending upon imperfect tissues, and malnutrition, are benefited by it.

Dose: Sp. Med. *Xanthoxylum*, gtt. v to gtt. xxx, every hour. As a tonic and restorative where the above conditions are present or after debilitating fevers, or after prostrating diarrhea or dysentery, this remedy is found useful. It stimulates the secretions from the mucous membranes of the mouth and salivary glands, and is also a stimulant to the nervous and circulatory systems. It encourages the flow of the gastric and intestinal fluids, as well as increasing their activity in the processes of digestion.

In conditions of marked atonicity it should be given in full doses. Where there is hyper-secretion, with relaxation and feebleness, better results will sometimes be obtained from small doses frequently repeated.

The earlier physicians used it constantly as a remedy for rheumatism, and also in the cure of syphilis, and scrofula as well; also in chronic skin disorders which were believed to depend upon faulty conditions of the blood.

It stimulates the capillary circulation of the skin and promotes perspiration. It is valuable also in torticollis, lumbago, and myalgia. It has had but little attention in recent years, but the older physicians were very enthusiastic concerning its virtues.-ELLINGWOOD.

GONORRHEAL ARTHRITIS

Question.-Have you experience with a good treatment for gonorrhoeal arthritis?

Reply.-Every effort must first be made to clean up the primary gonorrhoeal infection. The urethra, prostate, and seminal vesicles should be rid as nearly as possible of the infection. This is, admittedly, not always an easy thing to do. Such local measures as may be indicated should be used. Among the agents that rank with highest favor are the silver salts, Lloyd's *Hydrastis*, and some of the mild astringents, such as zinc sulphate. Thorough cleanliness should be observed, with good elimination via the kidneys and bowel, and right living. By this we mean good rest, and abstaining from alcoholics and other stimulating drinks and foods.

Gonorrhoeal arthritis usually manifests itself in one joint. The local application of Libradol often serves to relieve from the severe pain and inflammation. In fact, Libradol should be considered whenever

or wherever there is a painful joint or muscle. The relief is often quick and marvelous. Internally, the administration of Bryonia, Rhus tox., Apocynum, Echinacea, Gelsemium, Pulsatilla, etc., should assist in overcoming the condition, the agent being selected according to the indications presented.

LIATRIS SQUARROSA, COLIC ROOT

Question.-I am sending you a plant called here "Colic Root." The root is scraped and eaten for the relief of abdominal pains. A tea made also from the root is used for both man and beast, for the relief of pain of that description.

Reply.-This plant was identified by Professor Aiken, of the Lloyd Library, as *Lacinaria Squarrosa* (older name, *Liatris Squarrosa*); common names, Scaly Blazing Star or Colic Root. As its name indicates, this plant was held in high esteem in pioneer days, but it has largely passed out of use, along with many other excellent remedial agents. Indeed, so rich is the American Materia Medica as to lead often to neglect of valuable agents that otherwise would be standards.

INFECTED GALL BLADDER

Question.-What have you to suggest for infected gall bladder?

Reply.--In studying and using drugs for infections, we group them in two classes: first, those having a special affinity for the organs involved; and, second, those which build up the vital forces of the body, thus raising the fighting power and resistance to infection. In the first group are *Podophyllum*, *Chionanthus*, *Chelidonium*, *Bryonia*, and *Sodium Salicylate*. In hepatic disturbances one would think of these remedies as our first line of defense. Carefully select the individual drug to be used, according to the specific indications presented. The drug employed may be admirably masked by using *Glycyrrhiza* as a vehicle. In the second group are *Echinacea*, *Baptisia*, and *Sodium Sulphite*. These are valuable as structural supportives, serving to combat infections by strengthening or fortifying the vital forces of the body.

In the management of gall-bladder infections, it is well to select one or more drugs from each group, combining them in prescriptions best adapted to the individual needs of the patient. Surgery should be considered in all such cases, but even where surgery is a necessity serviceable treatment is of the utmost value.

IMPOTENCY

Question.-Please suggest treatment for impotency.

Reply.- The successful management of a case of impotency presents a rather knotted problem. Each individual case must be carefully studied and the basic underlying factors determined. It is beyond the scope or inclination of *THE GLEANER* to enter a discussion of the causes and conditions of these cases. Therapeutically, we would suggest *Avena Sativa*, *Pulsatilla*, *Nux Vomica*, *Helonias*, *Yohimbe*, and *Damiana* as being probably the agents best adapted for the relief of impotency. Study their records and actions, as given in textbooks on the subject.

NO SPECIFIC FOR RHEUMATISM

Question.-Have you a specific for rheumatism?

Reply.-We have no "specific" for any disease, as such. For "specific indications" (symptoms), we have remedies that are "specifically indicated." To illustrate clearly what is meant by this, we cannot do better than ask our readers to go over Dr. Scudder's article on "The Tongue as a Factor in Prescribing," reproduced in *GLEANER* 20. More than twenty remedies are mentioned by name as "specifically indicated" by certain conditions of the tongue, besides such general classes of remedial agents as the alkalies and acids, etc. Among those not versed in Eclectic phraseology, much confusion has arisen regarding the use of the word "specific." Preceding the year 1868, that word as applied to medicine carried with it the thought of a remedy infallibly capable of curing a disease, as, for example, a "specific

for consumption." In that year, Dr. Scudder gave a new meaning to the term "specific." Let us quote from his Specific Medication, published in 1870, as follows:

"Many persons are in error regarding our use of the term Specific. They think of a Specific Medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonia, dysentery, diarrhea, albuminuria, phthisis, etc., and a person looking at the subject in this light, and guided by his experience in the use of remedies, would say, There are no Specifics.

"We use the term 'Specific' with relation to definite pathological conditions, and propose to say that certain well-determined deviations from the healthy state will always be corrected by certain specific medicines."

Bearing the above well in mind, let us now turn our attention to rheumatism. For combating this disease certain remedies have been found exceptionally valuable, such as Bryonia, Macrotys, Apocynum, Rhus Tox., Echinacea, Colchicum, etc., but no one of these can be considered as a "Specific" for rheumatism, as such. As with other ailments, each individual case must be studied, the "specific indications" established, and then the indicated remedy, or remedies, prescribed. Each case must be carefully analyzed, and the cause determined and removed, as far as possible. One of our best local applications for the relief of pain in rheumatism generally is Libradol. This is especially serviceable when the affection is muscular, rather than when the joints are affected.

MALARIA, CHRONIC

Question.-I have a patient from the South with chronic malaria. Will you kindly outline treatment?

Reply.-Before considering the chronic form of malaria, let us consider the type where the chill can be definitely timed. Such cases we treat as follows: Let us say, for example, that the time of the chill has been determined to be at 2 P. M. Mixing well together 10 grains quinine sulphate and 1 grain capsicum, we divide the mass into three powders. We direct that the first be given at 9 A. M. (five hours before the chill), the second at 11 A. M., and the third at 1 P. M., timing the doses so that the last may be given an hour before the expected chill. Usually this accomplishes the object; the patient does not "chill" However, to prevent a recurrence, the patient must be put upon a tonic. So we prescribe as follows:

R̄ Carbonate of Iron	3 i
Tincture Capsicum	gtt. xxx
Water, q. s. ad	℥iv

M. Sig.: A teaspoonful of the mixture before meals and at bedtime, continuing for twenty-one days. To assist in preventing a return If the chill it is well, every seventh day, to repeat the quinine-capsicum treatment. The iron and capsicum we consider an excellent tonic in chronic malaria. If desired, Specific Medicine Xanthoxylum may replace the capsicum, and some physicians like the addition of Hydrastis. This will depend upon the individual requirements of the case. Of "cures" for "chills" there are legions. All depend on either quinine or arsenic.

CONTINUED FEVER IN CHILD

Question.-Child six years old had cerebrospinal fever four months ago, followed by mastoid trouble from which she is now recovered, but fever still continues, with slight retraction of the head when the fever is high. There is no paralysis; eyes, ears, and nose have returned to normal; digestion is good, and she is well nourished.

Have thought of wearing out the fever by building up the system by use of Echinacea, Manganese, and Lloyd's Iron.

Reply.-In a case like this, a very thorough search must be made for remaining infections in the body. A careful examination of the urinary tract, heart, and lungs should be made, as a possible complication in any of these organs would keep up the fever. Of the Specific Medicines we would think of Echinacea, Gelsemium (this because patient has a tendency to retract the head), Lobelia, and Lloyd's Iron. We have had a few cases where fever remained, with no apparent cause for its presence. Specific Medicine Jaborandi was the agent that dispelled it. This suggestion is made for what it may be

worth. The patient should be put upon a nourishing diet and the kidneys, bowels, and skin kept in good condition, with a view to carrying off the waste products from the body.

DERANGEMENT OF DIGESTIVE APPARATUS WITH HEART TROUBLE

Question.-I would appreciate your aid in prescribing for a patient having a symptom complex of stomach trouble with torpor of the intestines and congestion of the liver, together with hysteria or other nervous disease, and heart trouble.

Reply.-Conditions such as described would lead us to give two separate prescriptions. We would first direct attention to the gastric, hepatic, and intestinal disorder. A prescription that we have found very helpful for torpor of these organs is as follows:

R̄ Sp. Med. Nux Vomica	gtt. viii
Sp. Med. Chionanthus	gtt. Ix
Sp. Med. Podophyllum	gtt. xxx
Glyconda, q. s. ad	℥ii

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

A careful study of the above-named remedies, with special reference to their specific indications and their application to each case presented, will be not without profit. We would then direct attention to the hysteria or other nervous manifestations, along with the "heart trouble." Cactus and Pulsatilla might well be combined in this case, in accordance with the following prescription:

R̄ Sp. Med. Cactus	gtt. xxx
Sp. Med. Pulsatilla	gtt. xxx
Water, q. s. ad	℥ii

M. Sig.: A teaspoonful of the mixture every four hours.

This prescription may be given very nicely in connection with the one for gastric derange-ments, as there is nothing incompatible with the remedies named.

DIABETES MELLITUS

Question.-Please suggest treatment for diabetes mellitus.

Reply.-Wherever possible, we hospitalize our patients, so that careful blood examination may be taken and insulin calculations made. The use of insulin, after four years of trial, has proven of much sound therapeutic value. We do not mean to give the impression that we rely upon the insulin alone, because we do not. The diet must be rigidly controlled, and the Specific Medicines employed as they are indicated in the various cases, each drug being selected according to the individual needs of the patient.

Among the remedies that we thus employ are Chionanthus, Fragrant Sumach, Dewees' Podophyllum Laxative, Lycopus, Nux Vomica, and Lloyd's Iron. Let us repeat that a careful supervision of the diet must be employed, regardless of other treatment. This is important, regardless of drug or treatment.

TORTICOLLIS

Question.-In the long ago, I used to get from you a green ointment for the relief of pain, but have forgotten its name. I want something for the relief of the pain and rigidity of the sterno-mastoid muscles in a case of torticollis, the first I have ever been called upon to treat. If the sainted Howe or Locke were alive, I would go to them for help, but this is now impossible. If not too much trouble, please hand this to someone who will give me much-needed suggestions in this direction.

Reply.- The "green ointment" desired is unquestionably Libradol, which is (or should be) in every doctor's office. We know of nothing better to relieve the pain and rigidity of the sterno-mastoid muscles in torticollis than its local application, with the internal administration of Gelsemium and Macrotys. A very serviceable prescription for this acute and painful condition is the following:

R̄ Specific Medicine Gelsemium	gtt. 30
Specific Medicine Macrotys	gtt. 60
Water, q. s. ad	℥ii

M. Sig.: A teaspoonful every hour, to effect, then every two or three hours, as required.

To this prescription may be added ten to fifteen drops of Specific Medicine Bryonia, should this agent be indicated.

VEGETABLE ASTRINGENT REMEDIES

Question.-Which are the best of the Eclectic astringent remedies?

Reply.-Perhaps the best known of the vegetable astringents are Geranium, Pinus Canadensis, Mangifera Indica, and Quercus (White Oak). Perhaps the most delightful for administration is Mangifera, which was introduced to the profession by Dr. M. P. Linné, of New Haven, Conn. Its properties as described on the label for Specific Medicine Mangifera, are as follows:

Specific Medicine Mangifera Indica

Specific Use: Tonic-astringent to enfeebled mucous tissues, with profuse discharges. In catarrh, leucorrhœa, gleet, diarrhea, dysentery and all passive hemorrhages.

Dose: ℞ Sp. Med. Mangifera. 5ss to 5j

Water ℥iv

Misc.

Sig.: A teaspoonful every one or two hours.

Specific Medicine Mangifera Indica is tonic and astringent. It can be used both locally and internally, wherever we have profuse discharges from mucous surfaces, especially if there is a bad odor and ulceration. Hence in diphtheria, catarrh, leucorrhœa, diarrhea, and dysentery it may be freely used by swab, spray, or injection. Given internally in these cases, it has also rendered great service.

In passive hemorrhages from the head, kidneys, bowels, lungs, or uterus, nothing has given me greater satisfaction. I have now had it under observation for over thirty years, and have never seen harm result from its use.

Internally, give it in doses of from gtt. ij to gtt. x in a little water, often repeated. Locally, ℞ Sp. Med. Mangifera Ind., ℥iv. Water, ℥iv. Use in spray, or apply directly to parts affected.-FEARN.

CHELIDONIUM AND CHIONANTHUS COMBINED

Question.-Is it ever advisable to combine Specific Medicines Chelidonium and Chionanthus? If so, what would be the dose and frequency of administration?

Reply.-Specific Medicines Chelidonium and Chionanthus are both often indicated in the same case and may then be combined with advantage. The dosage is rather large. Ten drops of each may be given in a little water four times a day. Personally, we often give them in this dosage, using Glycyrrhiza as a vehicle. In cases of urgency, the remedy may be given more frequently. We have often employed Chionanthus in ten-drop doses every half hour, as a gentle hepatic stimulant.

YERBA MANSA, ANEMOPSIS CALIFORNICA

Question.-What can you tell me regarding "Yerba Mansa"? I am wondering if an aqueous fluid preparation of this plant, instilled by medicine dropper into the nostrils and allowed to run into the post-nasal space, would effect a shrinkage of adenoids. Would it be irritating or painful if used in this way?

Reply.-"Yerba Mansa" (Yerba del Mansa) is a common name applied in California to Anemopsis Californica, a perennial of wet places, native to Southern California and Northern Mexico. This is the plant used in making Specific Medicine Anemopsis. Its principal constituents are a heavy, aromatic oil, and a very characteristic form of tannic acid.

Anemopsis is employed chiefly for its astringent and tonic effect, hence it is indicated principally where there is profuse mucous secretion, or serous discharge from mucous membranes. (See label, following.) It is of special value in nasal catarrh and diseases of the upper respiratory tract. Dr. J. A. Munk, of Los Angeles, who is to be credited with its development and introduction, uses it largely as a spray to the nose and throat, employing from ten to thirty drops of the Specific Medicine, in slightly glycerinated water.

When applied as a spray or nasal douche, it is not painful or irritating; rather pleasant, instead. It has a stimulating and astringent action upon mucous membranes, probably on account of its peculiar tannic constituent and the volatile oil, that appears to possess healing properties. Sufficient reports concerning its use in the direction of shrinkage of adenoids are not at hand. However, in cases deemed inoperable, Anemopsis should be given a trial. Another remedy to which we would call attention in such cases is Hydrastis. One preparation of Hydrastis (Lloyd's Hydrastis), is among the leaders in catarrhal affections of the nose and throat, for which it is used both locally and internally. It is particularly effective in catarrhal hypertrophy and engorgement of the turbinates. Professor Locke favored it in nasal catarrh attended with thick, tenacious mucus, with an accompanying frontal headache. Some physicians value Hydrastis as a local application for the relief of chronically enlarged tonsils. Hence it is rational to assume that it may be of service for adenoid hypertrophy. We advocate removal of the diseased tonsil and hypertrophied adenoids, but there are many instances where operation is inadvisable on account of the physical condition of the patient. Here, with a rational hope of success, either Anemopsis as a spray, nasal douche, etc., or Hydrastis, as may be indicated, one or both, should be considered.

Following is the label for Specific Medicine Anemopsis:

Specific Medicine Anemopsis Californica

Indications: Profuse mucous or serous discharge from mucous membranes.

Use: In nasal or pharyngeal catarrh, acute or chronic; in diarrheal or dysenteric 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.

NEURASTHENIA WITH NERVOUS INDIGESTION, SLEEPLESSNESS

Question.-For years I have suffered from neurasthenia with nervous indigestion and flat-ulence. Would Lloyd's Iron be of benefit for this condition? I am also much troubled with sleep-lessness. Can you suggest something for this?

Reply.-For the neurasthenia with nervous indigestion we would suggest the following:

℞ Sp. Med. Nux Vomica	gtt. 15
Sp. Med. Pulsatilla	gtt. 60
Lloyd's Iron	gtt. 120
Water, q. s. ad	54

M. Sig.: A teaspoonful of the mixture one-half hour before meals and at bedtime.

The Nux Vomica should stimulate digestion and assist in overcoming the flatulence. Pulsatilla acts upon the nervous system and quiets it so that digestive processes can go along unhampered, while the Lloyd's Iron is a splendid builder. If persisted in, this prescription should give relief. Hydrastis may very nicely be added to this prescription. If desirable, the remedies can be separately prescribed. Specific Medicine Passiflora, in from ten to fifteen-drop doses in warm milk at bedtime, often assists in treatment of sleeplessness. For this annoying condition we would advise the study of such remedies as Specific Medicines Avena, Scutellaria, Gelsemium, Hyoscyamus, Rhus Tox., and Cypripedium. The indicated remedy being carefully selected, good results will be obtained.

HARDENING OF THE ARTERIES

Question.-For more than two years I have been afflicted with hardening of the arteries. Can anything be done for a case of such long standing? I am seventy-three years old.

Reply.-We know of but one agent that will theoretically increase the elasticity of the vessel walls. This is Calcium Fluoride, in 3x to 6x trituration, taken four or five times a day, and constantly. As an

adjunct in high-blood pressure, maximum doses of Specific Medicines Veratrum and Gelsemium, combined, should be taken every two to four hours, as the case requires.

MUSCULAR PAIN

(Contributed)

To relieve the soreness from a bruised muscle, use a liniment made from an ounce each of turpentine and tincture of camphor with two ounces of alcohol. This is wonderfully effective.

Comment.-Libradol is also extensively used as an application in the above-named condition. Under the title, "Quick Relief of Pain," it acquired its initial reputation.

LIBRADOL. HOW LONG IS A PLASTER EFFECTIVE?

Question.-How long may a plaster of Libradol be left, effectively, on the skin?

Reply.-It has been our experience that as long as the Libradol remains moist it is still effective. When it begins to dry and crumble at the edges, it should be removed. The length of time that it remains moist depends upon several factors. If the patient's temperature is quite high, with a hot, dry skin, the Libradol dries in a few hours. If the accompanying parchment papers are not used to act as a protective covering, much of its effectiveness will be lost. If the Libradol be applied hot, which is often desirable, or if a hot-water bottle be placed over the plaster, the volatile ingredients are partly liberated and its effect is sooner exhausted. There is no question but that heat enhances the quick action of Libradol, although the plaster does not last as long. Results are what we desire to obtain. This leads to another phase of the problem of how long the plaster may be worn after its application. As already stated, if it crumbles, which seldom occurs, it should be removed. Otherwise, wear until parchment crumples or is torn. With super-sensitive persons, dizziness or lightness of the head may occur. In this case remove the plaster, replacing as needed. Our personal experience has been that best results are obtained by removing the plaster altogether for a time after it has been worn for some hours, replacing it as needed.

LAPPA OFFICINALIS, BURDOCK

Question.-Is Specific Medicine Lappa Officinalis made from *Arctium Lappa*, *Lappa Mexicana*, or another variety of Lappa? Because I need to be sure of the variety of plant from which my medicine is made, I occasionally order a bottle of Fluid Extract Lappa, instead of the Specific Medicine.

Reply.-Lappa, like many other medicinal plants, has suffered much from the wanderings of botanists, who have caused more or less confusion by their different classifications of the same plant. *Macrotys* is another well-known remedy that has suffered in like manner, as related in our Drug Treatise No. 13. But regardless of changing nomenclature of botanists, this latter remedy has ever been known by Eclectic physicians by the name under which it was introduced a hundred years ago, *Macrotys*. No doubt it will continue to be thus known.

The Pharmacopeia, in its attempt to keep up with the technicalities of research botanists, finds it difficult to induce either physicians or pharmacists to change long-established names of remedies. For example, thirty years ago the Pharmacopeia attempted to establish the name *Chemrelirium* in place of the long-used name *Helonias*. We venture to say that no physician using this drug in his practice has changed its name.

Burdock, both seed and root, was a favorite with early Eclectic physicians, and is yet their choice. The variety commonly employed in medicine, and the one used in making Specific Medicine Lappa, is the official species, *Lappa Officinalis*. This was called by Linnaeus, *Arctium Lappa*; by Allioni, *Lappa Officinalis*; by De Candolle, *Lappa Minor*; by Gaertner, *Lappa Major*; and by Lamarck, *Lappa Tomentosa*. The American Dispensatory says, "The plants named by these botanists are now considered as varieties, only, and are all, at the present time, included under the one term, *Arctium Lappa*." Since but little therapeutic information is now taught concerning Lappa, we take this opportunity of presenting to our readers selections from Eclectic literature regarding it, as follows:

"Burdock acts directly and very kindly upon the genito-urinary organs, increasing secretion and removing irritation. Its action in this respect is especially beneficial in some forms of chronic disease. It is also a remedy of corrective power in bronchial irritation, and in coughs it exerts a checking influence. In any disease presenting the general indications for that class of remedies known as alterative, Lappa may be employed with an assurance of beneficial results. The dose of Specific Medicine Lappa is from five to thirty drops."-FYFE's Specific Medication.

"The dock family of plants at one time had quite a reputation as active alteratives, etc. The newer remedies seem to have pushed them aside, but we are not sure they are deserving of the neglect at present awarded them. This one, the common 'burdock,' had, we believe, more extended use and better reputation than other members of its family. Special activity is claimed for it along diuretic lines. It lessens irritation of the urinary apparatus, and at the same time increases both the watery and solid parts of the urine; it increases waste, in the true sense of the term. The fact that it does this without causing irritation or disturbance, recommends it in cases where the salines cannot be given. Under its administration, the amount of water, uric acid, and urea are all increased." Eclectic Medical Journal, 1901.

The properties of Lappa are given, briefly but very comprehensively, on the label, as follows:

Specific Medicine Lappa Officinalis, Colloidum

Specific Use: To lessen irritation of the urinary apparatus, and increase secretion of urine, especially in cases where saline diuretics are contra-indicated. Also useful in chronic diseases due to abnormal condition or taints of the blood.

Dose: ℞ Sp. Med. Lappa 3ss to 3iv

Water ℥iv

Misc.

Sig.: A teaspoonful every one, two, or three hours

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A booklet on the therapeutics of Glyconda will be sent to physicians on request.

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