

The GLEANER

(A Publication of the Lloyd Laboratory)

Therapeutic Editor, A. F. Stephens, M.D.
Associate Editors, Byron H. Nellans, M.D.,
Margaret Stewart, A.M.

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



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CONTRIBUTORS

To this number of THE GLEANER, either through direct question or by reference to publications. Where no title is affixed to the name, the contributor is a pharmacist.

ASHCRAFT, A. M., M.D.	RABER, W. G., M.D.
BRADLEY, BEN A., M.D.	RICHMAN, W. c., M.D.
BROOKS, G. F., M.D.	RIDDILE, J. P., M.D.
CONALL Y, G. R., M.D.	RIDENOUR, S. J.
COUNTRYMAN, L. E., M.D.	ROUNTREE, W. C., M.D.
CUTSHALL, C. H.	RYAN, W. E., M.D.
DAS, PAUL, M.D.	STONE, W. T., M.D.
FITCH, F. M., M.D.	SULLIVAN, L. L., M.D.
GEMMILL, NORMAN H., M.D.	TAYLOR, C. S., M.D.
GOLTRY, C. F., M.D.	TRACY, EDWARD A., M.D.
HYDE, A. W., M.D.	TROWBRIDGE, WM. M., M.D.
KILBURN, DALE G.	VAN AMBURY, L. E., M.D.
LAHN, C. F., M.D.	WELBOURN, O. C., M.D.
MARCUS, H. O., M.D.	WIEST, M. A., M.D.
MILLER, ALLEN H., M.D.	WILLIAMS, ELMER K., M.D.
MILLER, JOHN F., M.D.	WILLIAMS, F. H., M.D.
MURRAY, WM. W., M.D.	WRIGHT, G. O., M.D.
PRICHARD, J. M., M.D.	

THE GLEANER

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Number 35

EDITORIAL

WHITHER ARE WE HEADING?

A. F. STEPHENS, M. D.

The present seems to be a time of rapid firing, all along the line. We are setting a pace that kills. It may be that length of life in years does not furnish the measure of the man. Perhaps, not how long one lives, but how much one accomplishes in a material way, is the measure of one's life. But may not a moderate pace be more sensible than one at break-neck speed? Taking stock of ourselves, we find that ambition, the desire to do, carries us on, regardless of consequences. Thus our physical and mental balances are thrown out of gear. We become restless, nervous, jaded. Soon there comes a slow-down, then a show-down. Moving at high speed with all the power we are able to generate, parts begin to wear. Our motor develops a "knock," and we are laid up for repairs. The nervous system needs adjusting, the stomach and bowels an overhauling, while other organs are not in the best of shape. These deficiencies develop headaches, other diffuse aches and pains, all summed up in general discomfort. In the absence of physicians trained in therapy, the "dear people" turn to the advertisers of "cures." If there is anything that men and women dislike it is to bear discomfort of any kind. They will have none of it. The way out seems so simple.

Why suffer the petty ills of life when it is so easy to get away from them? Many things are at hand which advertisers tell us will allay the disturbance; remove it, at least for a time. We resort to drugs of various kinds. We are told that these are harmless. The manufacturer tells us so. The doctor assures us that we need not feel alarmed; they will not harm. And so we swallow them, then wobble on to the next time and repeat the performance. At last we find ourselves enmeshed in a drug habit which, in the end, destroys. May I not ask, in all seriousness, if it be possible to destroy sensation without doing harm to the person? The brain receives and registers pain. To destroy, for any length of time, the conducting power of the nerves or the receptive faculty of the brain, is to do something that we may not measure with certainty. To relieve one of sensation is not to eradicate the cause of painful sensations. To dull for a time the normal conditions of life is to bore into the very foundation of that life. It may be that a little mortar crumbles away, but a repeated attack upon the body structure is, eventually, to destroy that structure. Let us follow the action of these so-called "harmless" agents to their ultimate or end effect.

To do so one will find that they lessen the conducting power of the vasomotors, interfere with capillary circulation, disarranging the normal, creating the abnormal. The heart is also weakened. At each succeeding dose a notch is slipped, and many times a victim is found dead at his desk, or falls off his chair while at dinner, or is picked up in the street where he falls. Then the mortuary certificate tells us he died from a heart attack. Why is "heart disease" now so prevalent? The heart has suddenly become the center of attention as disease of that organ is rapidly on the increase. Let me say again that no drug can be harmless which so profoundly affects the nervous system as to destroy its function, even though the maker, the seller, and the physician so call it from the housetops. One hears tales that would amuse, were they not tragic.

When our Government enacted the "Anti-Narcotic Law" against opium and cocaine, and their derivatives, it should have included others just as harmful. It may be a crotchet on my part; my brain may be astigmatic, myopic, or any other name you wish to apply to it, but I am sure that as much, if not more, harm is now done by the so-called harmless "cures" than was from opium and its derivatives. Opium does not kill the heart. I wish we could say: "Let us have none of them except on the prescription of a competent physician." Never tell a patient that any narcotic is harmless, for all are bad. There are times

when the physician must assume the risk on the harmful side and administer a narcotic, but we have other means more often that will serve our purpose without doing damage to the patient.

FROM THE LABORATORY STAFF

What Might We Expect? In a two-page editorial of the magazine titled *The New Republic*, June 5, 1929, we find a world of opportunity for reflection connected with this question, whether one is concerned in pharmacy and medicine, or is a civic member of this great republic. To some of us it is an old, old story that has, apparently without warning, come before the people as a whole. The lay press is now awakening, and pharmaceutical, we well as medical organizations, sooner or later, must listen. Let us extract one sentence from the article to which we have referred:

"A recent report states that in a certain county of North Carolina, having a population of 18,000, there are only four physicians capable of active practice." The editor then passes, with the remark, "There is no hospital in this county. There are dozens of other counties in the States embracing the Appalachian and Blue Ridge Mountains, where conditions are as bad or worse, and in the sparsely settled districts of some of the Western States and New England, similar conditions exist. On the other hand, most of the larger cities are overflowing with practiceless doctors. Much of this maladjustment of distribution of medical personnel is due to the unwillingness of younger practitioners to go into general practice in country districts. They wait, hope, and struggle for the evanescent lucrative practice of the great cities."

With this thought in mind, let us ask, in the language of our sidehead, "What Might We Expect," under ideals now being engrafted upon the minds of our young medical graduates? Let us in part answer our question, briefly, and we hope fairly, as follows:

When, through ultra-idealistic desires of parties enthusiastically engaged upon a problem, processes long established, even for a hundred years or thereabouts, are abruptly changed, might we not expect exactly what has happened? It matters little what may be the ultra-mind reasonings of the instigators of these changes, who do not foresee the wreckage that follows. The answer is one and the same. The so-called "common people" must expect to suffer, as they now do, in the direction of needed medical service. This is shown by present conditions, not only in the section of country mentioned in the editorial we have quoted, but elsewhere. Let us not resist the fact that the processes of the enthusiastic "reformers" who, with the purest motives have raised the slogan, "Higher Medical Education," have resulted in NO medical service, over mighty sections of our country. Some of these advocates have been frank enough to say, "If you cannot have what we decide is best for you, you shall have nothing!" Perilously near to the consummation of that ideal do we now find great sections of our country.

By the way, we are at a loss for a word to apply to these crusaders. Perhaps the term "ultra-ups," if used in a not unfriendly spirit, would best distinguish the ultra-specialists from the general practitioners. Pass further to the thought suggested by that editorial, "There is no hospital in this county!" Think what that means, when we consider that the county mentioned has 18,000 inhabitants, and only four physicians! Were it not so pathetic, we might consider it as pure satire. Should one argue, "But that is a mountainous section, where it would be difficult to get the patients to hospitals, if hospitals existed. Physicians must necessarily go horseback." In that case, is not the need for physicians in such a section even greater? But let us compare that county with another, that is without a mountain.

Consider what Professor Beal, Past-President of the American Pharmaceutical Association and Chairman of the Board of Trustees of the Pharmacopeia of the United States, states regarding the section of Florida in which he resides. Said he: "This part of Florida, a section one hundred and twenty-five miles in length by twenty-five in width, is practically without either physicians or pharmacists. I must go twenty-five miles to reach a physician!" Ponder well the condition presented. What does it mean to the families of the poor, who live far from the conveniences enjoyed by the well-meaning philanthropists, who, in a few moments can secure the services of a well-qualified physician, or even endow a hospital for their own special needs.

To the readers of *THE GLEANER*, this is not a new, but an old, old story. It is a story told, time and again by this writer, under some such predictive title as "The handwriting on the wall." Why repeat it? one may ask. "Is it not a painful subject? Better would it be left to rest in oblivion."

But enough. Read the two-page editorial in The New Republic, with its apt comments, its pathetic laments, and its perhaps hopeless suggestions.

Pass now to a connected feature of this problem, as shown in the present GLEANER. Note a personal dilemma, as presented to ourselves, in the article following this editorial, titled, "Lloyd Literature Not Supplied to Laymen." Include that feature, and then consider the problem as a whole. The question is, "How can the ideals of the past in both medicine and pharmacy be now applied to the people who once were under the direct care of the medical profession? How can former codes of ethics be now maintained, in the face of pathetic letters, such as come now, in an ever-increasing stream, to our desk?

How can the apothecary and the physician best serve the people of America in sections of our land where neither physician nor pharmacist now exist? Turns naturally thought to the increasing joy that this condition must bring to the makers of "home-cure remedies," who will not fail to seize upon the opportunity thus presented them. Again we repeat the heading of this editorial, "What Might We Expect?"-J. U. L.

GLEANNING'S AND COMMENTS LLOYD LITERATURE NOT SUPPLIED TO LAYMEN

Question.-Through a professional friend, I obtained a copy of Dr. Niederkorn's Handy Reference Book, and from a careful study of this I have nearly recovered from an ailment pronounced incurable by the doctors in a large sanitarium. I will not tell you which of your customers gave me your literature, lest you get sore at him, but I would very greatly appreciate the favor if you would send me your other literature. I am neither a doctor, pharmacist, nor a thief, but I feel that your literature has, in a way, saved my life, and if you will send me what other printed matter you supply, I will keep it in strict confidence.

Comment.- The above illustrates some of the problems we encounter in our efforts to serve best the profession, and through them, the people. From the very beginning of our establishment, we have consistently refused to place our literature in the hands of non-professional people. This, not because we wished to "throw business" into the hands of the profession, but because it is impossible for us to draw the line between individuals who may safely be trusted with professional literature and those in whose hands it might prove harmful. In our opinion, the Eclectic "Fathers" followed the proper course, placing in the hands of the people under their care literature that was helpful and emergency remedies for use when the doctor could not be obtained. The responsibility lay with the physician, who knew his patients, and could personally instruct them regarding the remedies he placed in their hands. This responsibility it is impossible for us to assume. Our remedial agents go to every part of the United States and to nearly every country in the world.

We gladly cooperate with our professional friends in meeting the needs of their people, but we cannot assume the responsibility of placing professional literature in the hands of any who may ask for it. In this we believe all thinking readers will agree.

LLOYD'S IRON IN NERVOUS DISEASES WITH ANEMIA (Contributed)

In many cases of nervous diseases in which anemia was present, I have witnessed the beneficial effects of your preparation, Lloyd's Iron. It is frequently prescribed by me for nervous and epileptic children, in the clinic at the Forsyth Infirmary, Boston.

Comment.- This report is a voluntary contribution from Dr. Edmund A. Tracy, of Boston, an authority on the treatment of epilepsy and nervous diseases. Those who are not familiar with his paper on the use of Oenanthe Crocata (Colloidal) in the treatment of incipient epilepsy, should write to us for the Drug Treatise on Oenanthe. This, like our other Drug Treatises, is sent free to physicians, on application.

RHUS TOX. POISONING

(Contributed)

I am interested in the Rhus Tox. articles in GLEANER 25, as the plant grows nearly everywhere in this section of country. In some years it seems to be more poisonous than in others. I have known many persons so susceptible to its poison that if they passed near the plant, even if they did not see it, they were poisoned. An assistant who was with me for twenty-seven years was so sensitive to its influence that if, when handling Specific Medicine Rhus a drop fell on his fingers, it was always followed by the Rhus eruption. A discussion in THE GLEANER several summers ago (1925) on the subject of rhus poisoning and remedies helpful therein, led to many communications from practicing physicians, who gave their methods of meeting this condition. These varied, from the chewing of the green leaf, to the application of complex mixtures. From these contributions we select a few that stand out by reason of their simplicity. Physicians in rhus-infested sections will perhaps wish to try one or more of these methods of treatment. They are vouched for as having stood the test of many years' successful use.

No. 1.-Wash the parts affected with a strong solution of sodium bicarbonate. When dry, paint with Lobelia every two hours for three applications. If the Specific Medicine Lobelia is used, dilute with an equal bulk of alcohol. With other Lobelia preparations, use the remedy full strength.

No. 2.-Make a thick milky paste of sulphate of quinine and water. I use no stated quantity of quinine, merely adding the quinine to water in a bottle and shaking until I get a strong mixture. Dabbing this on the affected parts cures the eruption in one day. Where little blebs have formed, puncture these with a sharp knife and press out the blood and serum, then rub well with the quinine mixture. In ten minutes the itching will have ceased, and in six hours only a dry sunken scab remains. All the inflammation will be gone, and no discomfort left worth mentioning. Where a whole limb is affected, it should be wrapped in gauze thoroughly saturated with the quinine

mixture. I have myself been dangerously poisoned off and on ever since I could remember, but have found this treatment comes nearer to being a "specific" for this affection than anything else I know.

In fact, I consider it the only true "specific" for rhus poisoning. No. 3.-If the body is the part affected, dissolve a pound of bicarbonate of soda in a bath tub of water, as hot as can be stood. It is very important that the water be kept hot, as hot as the patient can stand it. Three treatments of two hours each will do the work. If the hands alone are affected, dissolve say a quarter pound of soda in a dish-pan of water, and keep the hands immersed in this. If possible, the pan should be in a place where the water can be kept hot, as over a gas plate, turning the gas up and down as needed.

For the face or head, make a strong paste by mixing the soda with vaseline. Keep this on the parts affected, night and day. Above all, refrain from scratching.

No. 4.-In treatment of Rhus poisoning I depend chiefly upon Grindelia, using the Fluid Extract because of the gummy substance it contains. In nearly thirty-five years this has not failed me, but the duration of .the trouble varies. My prescription is as follows:

℞ Fl. Ext. Grindelia	3 ii to iv
Sodium Bicarbonate	3 ii
Spec. Med. Lobelia	3 i to ii
Aquae Dest., q. s. ad.	℥ viii

M. Sig.: Apply with a soft bandage, keeping saturated all the time, if possible. Use no water on the places for a day or two. With this I usually give, internally, the following:

℞ Spec. Med. Rhus	gtt x to xv.
Water:	℥ iv

M. Sig.: A teaspoonful every three hours.

Still another physician commends a mixture of equal parts of Iodized Echafolta and Specific Medicines Gelsemium and Veratrum, first washing the parts affected with a strong solution of sodium bicarbonate.

It is of interest to note that the infection of "poison ivy" dates back to the earliest history of America. Captain John Smith, of Pocahontas fame, speaks of it feelingly, as follows: "This poisonous

weed is in shape but little different from our English ivie; but being touched causeth reddness, itching, and lastly blysters."

Repeated poisoning of course vitiates the blood, causing a disease that stays with the person, unless treated. Here an entirely different eruption is produced in grown people. A systemic treatment then becomes necessary.

Because of the timeliness of this subject at this season of the year, we take the liberty of reproducing from GLEANER 25 a very pertinent discussion by the Pharmaceutical Editor, as follows:

Poison Ivy.-The day of "Rhus poisoning" is again here. It may by some be called "the season of our discontent." Multitudes of "cures" have been commended by word and in print. Perhaps the agent most favored in the treatment of Rhus poisoning now before the profession is Citcelce, which has cured many where other agents have failed. But in our opinion, after the poison has become constitutionally active, local applications are simply palliative. The blood and the tissues, through and through, are threaded by the "third and fourth" generations of toxins. For the benefit of physicians interested, we present in this number of THE GLEANER various phases of the Rhus problem and the methods of treatment of the infection, as given by practicing physicians familiar therewith. To the writer (John Uri Lloyd), the "poison ivy" problem is of exceptional interest, he being now exceedingly susceptible to Rhus poisoning in its most aggravated form. * Having swung around the circle of many "scientific" remedies "warranted to cure," and having tried the remedial agents commended generally, without success, it pleases him to say that relief was obtained through the help of a qualified "country doctor," a physician who for fifty years has had active practice in a Rhus infected country, and has been very successful in his treatment.

Last summer the writer was afflicted by two attacks, the second being of unusual virulence. Having exhausted all remedial agents known to him without obtaining relief, he finally, by long-distance telephone, consulted this physician, Dr. E. L. Welbourn, of Union City, Indiana. Said he in reply, "Let me prescribe as follows:

* From a barefoot boy in Kentucky, until the age of seventy was passed, this plant never poisoned me. I would tread the leaves with my feet and tear the vine from its setting. But after recovery from a very severe attack of pneumonia, in 1921, conditions were different. Comes here a truism to be worked out concerning Specific Medication."

℞ Spec. Med. Belladonna	gtt. x
Alcohol	3 i
Distilled Water q. s. ad	℥ iv

M. Sig. Bandage the affected part loosely, and saturate the bandage with this mixture. Resaturate every four hours if necessary.

Continuing, he said: "For five hours there will be no observable change. Then, on the removal of the bandage, it will be seen that the skin of the affected parts is beginning to dry, and that the excretion from the blisters has practically ceased. From that time the surface affection will dry up rapidly and the swelling decrease. The itching will disappear, to be replaced by a smarting sensation. Within a few days the effect of the Rhus will have passed away."

Because of the many failures previously met, the writer began this treatment without much hope of success, but the result was exactly as had been predicted. The itching disappeared, the blisters hardening somewhat like grains of sand under the skin, the watery serum changed to a thick pus, an alteration that the writer cannot fully comprehend, but the relief experienced was most pronounced. The pus pockets described, (with the writer), started at the bases of hairs, and, if unmolested, might increase to the size of a small mustard seed, finally bursting from pressure from beneath. If the hair in the pus pocket were withdrawn, it was accompanied by a spurt of pus, showing the pressure beneath. Immediately thereafter, so far as pus pockets were concerned, the ailment disappeared, a newly formed cuticle appearing beneath. *

* * * * *

Following this severe attack and recovery therefrom, the writer's system was in a very depleted condition, vitality being apparently completely sapped. Dr. O. C. Welbourn, with whom he was next visiting in California, argued that the poison of the Rhus had produced these changes, and that a systematic corrector was needed as a constitutional treatment. His prescription, which proved very helpful, was as follows:

R̄ Potassium Iodide	gr. xxx
Spec. Med. Stillingia	3 iv
" " Phytolacca	3 ii
" " Rumex	3 iv
Glyconda q. s. ad	℥ iv
M. Sig. A teaspoonful at bedtime.	

* * * * *

We note that exceptional authorities state that actual contact with the Rhus plant is necessary to produce the effect of "ivy poisoning." In the writer's case this is surely not true. A most pronounced attack followed walking in a Rhus section one sultry, hot day, without any contact whatever with the plant, particular pains being taken to "keep in the middle of the road."

CONVULSIONS OF CHILDREN

(Contributed)

I note in your Lobelia booklet a prescription by Dr. Felter for convulsions of children, carrying Specific Medicines Lobelia and Gelsemium, with Potassium Bromide. I have often used this prescription, but substitute for the Potassium Bromide Specific Medicine Solanum. The prescription then reads:

* A hypercritical person versed in technical language, will probably be shocked by the absence of long words and recondite expressions. These he can doubtless supply, for his own use.

R̄ Specific Medicine Lobelia.	
Specific Medicine Gelsemium a a	3 i
Specific Medicine Solanum	3 ss
Water, q. s. ad	℥ iv

M. Sig.: A teaspoonful of the mixture every five minutes for six doses, then every two hours for a day. Wash out the colon with Echinacea added to enema. The doctor who knows the Specific Medicines can enjoy his work.

Comment.- This prescription is very good. We have employed the same, with good success.

CRATAEGUS AND VERATRUM IN HIGH BLOOD PRESSURE

Question.-What would you commend for a case of high blood pressure, ranging from 175 to 220? Patient is fifty-eight years of age, weighs 185 pounds. Has always been active, and does not appear to be sick in any way. Heart seems to beat too hard, with slight exertion.

Reply.-In the case described, we would think of Specific Medicines Veratrum and Crataegus. Veratrum would be given for its effect in reducing the high blood pressure, the dose being from one to four drops, given every four hours. The action of the remedy should be carefully watched, and when the desired result is obtained, the dose should be decreased. As a companion to Veratrum we would think of Crataegus, which serves to impart tone to the cardiac muscle. The usual dose of this is from five to twenty drops, given four times a day. Crataegus may be administered over long periods of time, being neither poisonous nor cumulative in its effects. In extreme cases, thirty to sixty drops may be given at a dose.

IMPROVED WHITE LIQUID PHYSIC

Question.-I am using your Improved White Liquid Physic in treatment of dysentery, now prevalent here. I made some of this remedy after a formula I found in Dr. Thomas' work on Practice, leaving out the alum and using 1/2 oz. each of nitric and hydrochloric acids. This does not make nitro-muriatic acid, according to the Pharmacopeia, in which the proportion is one part of nitric acid to about four and a half parts of hydrochloric acid. Dr. Thomas states that his father used this formula (leaving out the alum) with great success during an epidemic of dysentery many years ago. I think that White Liquid Physic, as you make it, is a fine preparation, but I am wondering if in some cases the addition of alum might not be an improvement. Does it not owe its astringency to the alum?

Reply.-White Liquid Physic, or "Dow's Physic," has, from very early times, been a favorite with Eclectic physicians, but the old form of the remedy was so disagreeable in taste that its usefulness was very largely impaired. Our improved form of the remedy conforms very closely to the original formula, but leaves out the alum. It is made with a mixture of nitric and hydrochloric acids in amount sufficient to produce the reaction desired, no attempt being made to follow the pharmacopeial or U. S. Dispensatory proportions for nitro-muriatic acid. In fact, the proportions employed in this formula antedate the Pharmacopeia. The proportion employed by Dr. Scudder was equal parts of nitric and muriatic acids

For the benefit of physicians not yet acquainted with this valuable remedy, we reproduce the label following:

Improved White Liquid Physic

History: The basis of this delightful preparation is White Liquid Physic, a favorite of Professor John King, M.D., who described it in the American Dispensary, 1852. During seventy-five years it has been prescribed by thousands of physicians, but the improved form is now (1912) for the first time offered the profession generally.

Description: It is transparent, colorless, saline, and of a pleasantly acid taste. The menstruum is aqueous. Hence it freezes at low temperatures. In winter, it must be protected from cold. Uses: In dysentery, as a laxative, and as a cathartic wherever saline waters are employed, and wherever laxatives are prescribed, as in rheumatism, gout, etc.

Dose: "In dysentery, a teaspoonful in a half glass of water, the patient sipping at pleasure."-THOMAS.

As a Laxative: A teaspoonful to a tablespoonful in a half glass of water on retiring.

As a Cathartic: One or two tablespoonfuls in a half glass of water on retiring. Habitual users of cathartics should be governed by its action. With such persons, large doses are often necessary.

In Rheumatism, Gout, and affections needing saline laxatives, the physician should be governed by the needs of the patient.

To Cure the Cathartic Habit: Begin with full cathartic dose, at bedtime, in a full glass of water. Decrease the amount of the Improved White Liquid Physic very gradually each week, but do not decrease the water. Finally when no cathartic is needed, the process of medication can be suspended, a glass of water being taken at bedtime.

RASPBERRY LEAVES IN DOMESTIC MEDICATION

(Contributed)

In this section of country, dust and sand storms are prevalent. In one of these my eyes suffered severely, with serious results. I proceeded to use hot boric acid baths, then tried other soothing applications, and finally went to a specialist, with but little relief for the conjunctivitis and palpebral. Finally I recalled my father's treatment for inflamed eyes-an infusion of fresh raspberry leaves, freely applied. I at once gathered a handful of green leaves, washed them thoroughly, then poured over them boiling water and kept it hot for about fifteen minutes, then used it as hot as the eyes would permit. I received much relief, and continued my treatment, later adding boric acid, which was, I think, an improvement. There is no pain nor exaggerated condition due to this treatment.

contact, in our opinion, regardless of the presence of alcohol. The dose given on the label applies to a comparatively freshly made mixture. Indeed, with all organic mixtures with water, it is better that the prescription be kept only for a reasonable time, and then replaced. This is especially true of the plant remedial agents. Experiments made some years ago with the "ultra microscope," and the "Brownian" star-like vibrations shown thereby, proved conclusively that with organic remedial agents, a freshly made prescription was much more effective than one of some days' standing. The empiricists of the days gone by, who were close observers of the clinical action of medicines, had established this fact, empirically, though a scientific demonstration of the cause was not then possible.

Specific Medicine Phosphorus

A Saturated Alcoholic Solution of Phosphorus,

Specific Use.- To relieve irritation of the bladder, prostate, testes, and urethra. To improve the nutrition of the nervous system.

Dose: ℞ Sp. Med. Phosphorus	gtt. x to 3 i
Water	℥ iv

Misc. Sig.: A teaspoonful of the dilution four times a day. Poisonous in over doses.

A vital stimulant in the extreme prostration of such acute diseases as typhoid fever and typhoid pneumonia. A remedy for old neuralgias, such as those following severe attacks of neuritis.

A remedy for paralysis due to organic lesion of the cerebro-spinal centers. Applicable to twitching of the muscles in Parkinson's disease and in similar conditions. For debility of the male sexual organs following extreme venery or masturbation. Useful in chronic rectal disease with recurrent discharge of blood and pus. In old pulmonary lesions, characterized by dry, hacking cough, with sensation of dryness, tickling, and burning in the larynx.-WEBSTER.

Antidote.-Emetic of mustard or blue vitriol, 3 grains, every five minutes until vomiting occurs. A teaspoonful of old thick oil of turpentine (avoid other oils), also epsom salts, half ounce in tumblerful of water.

WHAT ARE THE "SUB-PHOSPHATES"?

Question.-Gravogl's Text Book of Homeopathy, Nuremberg, Germany, 1865, speaks of the sub-phosphates of soda, lime, potash, and ammonia. He seems to regard them as the best tonics, both for nerve exhaustion and to increase the blood supply. I cannot find these in any book at my command, nor do I appear to be able to find anyone who knows about them. Can you give me any information regarding them?

Reply.- The term "sub-phosphate" belongs to the older chemical nomenclature, and refers to that phosphate, as of sodium, which carries the least proportion of phosphoric acid to the sodium of the molecule, or conversely, that phosphate of sodium in which the sodium content is largest, relative to the phosphoric acid content. Thus the sub-phosphate of sodium would be designated, according to the present nomenclature, Na_3PO_4 , or Normal Phosphate of Sodium.

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ECHINACEA IN ANTHRAX

(Contributed)

Man aged forty-five, bitten on finger by small horse fly. In six days the arm was swollen to the shoulder, with symptoms of heart failure. In this case eight ounces of Echinacea were used in forty-eight hours, with Specific Medicine Crataegus for the heart. In ten days the man was pronounced out of danger, though he still had a very bad hand.

BEST VEHICLE FOR DISPENSING SPECIFIC MEDICINES

Question.-Please inform me what is the best vehicle for dispensing the Specific Medicines. I am using such medicines as Chionanthus, Asclepias, and others, with very good success.

Reply.-Where possible, physicians prefer to dispense the Specific Medicines in water. Some of the more unpleasant ones may have the taste disguised by means of a little Specific Medicine Cinnamon, or as with Apocynum, which Dr. Thomas prefers administering in capsules.

In case a remedy precipitates when added to water, the patient should be directed to shake or stir well before taking each dose. The precipitate should not be filtered out, as this will be to the loss of the therapeutic qualities of the medicine. The precipitate may be caused by an oily constituent of the drug, as with Iris, or by some other constituent, as a resin, that is insoluble in water, but is essential to the value of the medicine. Our "Colloidum" Specific Medicines mix, clear, with water, glycerin and syrup.

RHAMNUS CALIFORNICA AND MACROTYS

Question.-I have a patient about seventy years of age, a black-smith by trade, a large, powerful man, who for some time has had more or less lame back, with some accompanying rheumatic symptoms. He now complains of stiffness and soreness in all his muscles, especially in the back of the neck on the right side, and also in the lumbar region. All the muscles in his arms and thighs hurt when used. There is no fever. Kindly tell me whether Macrotys or Rhamnus Californica is indicated in this case. The indications for the two seem to me to be very similar.

Reply.-We have personally had little experience with Rhamnus Cal., due to the fact that we have relied upon other remedies to accomplish the desired result. This is an illustration of the richness of the American materia medica. Rhamnus Californica was introduced to the profession by Dr. H. T. Webster, whose classic indications are given on the label for Specific Medicine Rhamnus, following. Its action is primarily cathartic and antirheumatic. In the treatment of rheumatism, functional dysmenorrhea and muscular pains of a rheumatic character, its use may be continued indefinitely, providing the dose is regulated so that its action is just beneath a laxative effect.

In the case described we would not hesitate to combine Specific Medicine Rhamnus Cal. with Macrotys, or give them alternately, combining the Macrotys with Specific Medicine Bryonia, giving each in the usual dosage, the Bryonia being employed because of the symptom given, "pain aggravated by motion." Another agent to which we would call attention in cases where there is stiffness and soreness of the structures of the neck, either muscular or nervous' (particularly cervical neuritis), is Jamaica Dogwood, *Piscidia erythrina*. This drug is often highly adulterated. A recent consignment of *Piscidia* gave us forty parts of the true drug to sixty of the adulterant.

Colloidum Rhamnus Californica

Indications.-Acute rheumatism, with red, swollen joints, metastasis, etc. Also, wherever macrotys is indicated in painful conditions.

Uses.-Specific Medicine Rhamnus Californica is a prime agent in inflammatory rheumatism, pushed gradually to catharsis, then lessened in dose until tolerated by the bowels; then continued until convalescence. It is adapted to all forms of rheumatic pain, both acute and chronic, but it is especially applicable to sthenic cases.

Dose.-From 15 to 60 drops, repeated every two hours in urgent cases; four or five times a day in chronic rheumatism. Where pain is excruciating, an excellent vehicle is half a teacupful or more of hot water.-WEBSTER.

Specific Medicine Rhamnus Californica is made from the bark of Rhamnus Californica (not *Cascara sagrada*) commonly known as the California Coffee Tree. It represents the drug minim to grain according to our study of the crude material. In doses commended on the label, it mixes clear with water, glycerin, syrup, or dilute alcohol.-L. B.

Colloidal Rhamnus Californica relieves myalgic conditions of both the striped and unstriped muscular fiber. It is adaptable to all kinds of pain referable to this condition, whether that commonly regarded as muscular or that involving the internal organs. It thus relieves myalgic pain attending various acute affections, being especially valuable in cardio-spasm, angina pectoris, gastralgia, enteralgia, vesical pain of spasmodic character, etc. Its greatest triumphs, however, have been found in the treatment of inflammatory rheumatism, where it may often be combined with Specific Medicine Jaborandi, both remedies to be employed in rather full doses, especially in sthenic states. It is not contra-indicated in asthenic cases, though extreme catharsis should be avoided.-WEBSTER.

OIL OF THUJA NOT SUITABLE FOR USE IN EYE

Question.-Have you an Oil of Thuja for use in the eye? I do not want the alcoholic preparation, nor the volatile Oil of Thuja of camphoraceous odor found on the market. I want it expressly for eye work.

Reply.-As stated by us many times in print, we do NOT commend our preparation Oil of Thuja for use in the eye, it being, in our opinion, too irritating for use in that direction. We have, however, two Thuja preparations that for decades have been used with much satisfaction in treatment of eye affections. These are known as "Long's Thuja," from the name of the oculist, Dr. D. Thomas Long, for whose use it was first prepared, and "Thuja Ointment," an oleaginous preparation, less than half the drug value of Long's Thuja, much used as a local agent for the relief of granulated eyelids. The labels for these preparations follow:

Thuja-Long's Formula (Non -alcoholic)

A non-alcoholic plasma, prepared from fresh Thuja. This preparation can be used where an alcoholic extract is objectionable. It readily mixes with vaseline. When "Non-alcoholic" Thuja is ordered we send Long's Formula, as it is the preparation first used under the non-alcoholic name.

Thuja Ointment

Use.- Thuja Ointment is one of the best of local agents for the relief of trachoma, or granulated eyelid. A boric acid solution should be used to cleanse the parts, and then a small coat of ointment applied. It also relieves some forms of hemorrhoids and rectal irritation, and eczema of a dry character.

SICK HEADACHE (Contributed)

Some time ago, in talking with a young woman physician, she asked me, "Have you any headache tablets? I feel one of my sick headaches coming on, and nothing seems to help me but these tablets.

The headaches usually last four or five days, and I am not myself for fully a week." I told her that I did not have these tablets, nor did I ever prescribe them, but would give her something better, that would leave no bad after effects. She reported to me later that after the first dose her nausea left her, and next morning she was up and dressed and ready for breakfast. She was amazed at the promptness with which the remedy acted. This prescription I have used for years. It is as follows:

℞ Sp. Med. Iris
Sp. Med. Chionanthus a a 3 i
Glycerine 3 vi
Water, q. s. ad ℥ iv

M. Sig.: A teaspoonful every fifteen minutes until headache and vomiting cease, then three times a day.

PHYTOLACCA IN COMBINATION WITH BRYONIA IN LUNG DISORDERS

Question.-Phytolacca has been recommended to me for a congestive lung process. Could this remedy be combined with Bryonia when a pleurisy is a complication? Just how would you direct its use?

Reply.-Phytolacca is often combined with Bryonia. While the field of phytolacca is not confined to the treatment of glandular disturbances, its use is not contra-indicated in such cases as above described. We would suggest the following:

℞ Spec. Med. Phytolacca 3 i
Spec. Med. Bryonia gtt. v to x
Water, q. s. ad ℥ iv

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

Question.-Can you tell me where I can get information on the making up of formulas given in the U. S. Pharmacopeia? For good and sufficient reasons, that volume merely "hits the high places." It gives an objective, but does not tell us how to reach it. There should be compiled information to which one could refer with reliance, that will enable one to get a line upon some particular thing he is called upon to dispense. The old Dispensaries used to be of material help, but the later editions seem to leave one more muddled than before consulting them.

True, trade secrets may be involved, but surely there must be compiled information that will tell us the hows and whys of making needed preparations. For example: This morning I had a prescription calling for Elixir of Glycerophosphates of Lime and Soda. I had none of this in stock, nor the salts from which to make it, nor had any other pharmacist in town. Another thing for which I have looked in vain is the technique of making sodium hydroxide from the sulphate. Probably both of these preparations could be readily made, if the proper formulae were available, but neither the Dispensary, the U. S. P., nor any other work on hand gives me even a hint as to how to go about it. I feel humiliated at having to explain to a doctor that I will have to wait until I can mail an order to a jobber. Things like this come up repeatedly.

I am merely a retail druggist, but I love my work, every part of it, especially the technical part. I have been working in drug stores since 1889. Before the days of pharmaceutical specialties we were expected to make our own galenicals, and liked to do so. But to-day nearly every prescription calls for some maker's "own," which is often only the same old thing put up a little differently. It is my belief that if some one on the Revision Committee, with access to information such as only they can have, would do for chemistry what the early Dispensary makers did for pharmacy, a better-selling book might be compiled than either the Dispensary or the U. S. P. If you can refer me to such a "multum in parvo," I will certainly appreciate the information.

Reply.-We sympathize with our correspondent in the dilemma in which he finds himself, and the more because we too find the same difficulty in searching through the various editions of the Pharmacopeia, Dispensaries, and other works of reference in the Lloyd Library.

Of the two preparations mentioned in this letter, the Glycero-phosphates are described in the 1900 edition of the U. S. P., but not in the last edition. The method of making, however, is not given, as noted by our correspondent. This, indeed, is not considered to be in the field of the Pharmacopeia. The last edition of the U. S. Dispensary, 1926, gives the method of making Sodium Hydroxide, but this, like many other preparations, especially those that have recently come into use, requires so much special apparatus for its manufacture that it would hardly be practicable for the average pharmacist to prepare it.

TREATMENT FOLLOWING DIFFICULT EXTRACTION OF TOOTH, WITH INFECTION

Question.-Recently I extracted a lower molar for a patient; had to use leverage to get it out. The socket had been infected for some time, but not actively congested. After the operation the patient developed some temperature, and a swelling in the throat which may perhaps develop into peritonsillar abscess. What remedies are best indicated in cases like this? Would you use some glandular remedy, or an alterative, or a combination of both, with something to reduce the fever? Would belladonna act better than aconite for the throat? What combination would you suggest? In cases of this type on the lower jaw there is poor drainage, and if the socket is packed, it is difficult to heal. Would you give some glandular stimulant immediately after an extraction?

Reply.-Several questions are asked, which may be answered as one. As a mouth wash and gargle after extraction of teeth, we would first think of Aseptafolta, which marvelously relieves the pain and tends to prevent or allay sepsis. Locally, we would advise the use of Libradol on the outside of the neck, over the painful and swollen glands. Internally, we would employ Phytolacca for its effect upon the glandular structures, and Echinacea for its alterative qualities. The choice of a remedy for the fever will depend upon the appearance of the tissues and the character of the pulse. Occasionally we encounter a full, bounding pulse, which calls for Veratrum, but most frequently the pulse calls for Aconite. Belladonna is the remedy for congestion. If we see the throat in the early stage, we often employ this

remedy in conjunction with Aconite, the two being often combined and given with Phytolacca to abort an attack of tonsillitis.

In all cases where one is led to believe the healing will be slow following the extraction of a tooth, we would suggest the use of Lloyd's Iron, Phytolacca and Echinacea, in combination. The Iron is fine for overcoming impoverished conditions of the blood stream, while the Phytolacca acts upon glandular structures, and Echinacea is one of our best alteratives. This combination will do much to prevent a threatened peritonsillar abscess. Once this has occurred, time should not be wasted in lancing and effecting a thorough drainage of the pus from the abscess pocket. Should abscess formation actually occur, Aseptafolta is most certainly indicated, with the remedies above mentioned for internal medication..

SPECIFIC MEDICINE ASTHMA WEED

Question.-A prescription copied from your literature has come into our hands, calling for Specific Medicine Lobelia and Specific Medicine Asthma Weed. As we understand, Asthma Weed is another name for Lobelia. Is there any difference between your Specific Medicines of these two names?

Reply.- The two remedies mentioned are entirely different, although both are frequently employed by physicians in the treatment of asthma. "Asthma Weed;" so called from its use by the early settlers of this country for the relief of that ailment, belongs to the Spurge family of plants, its botanical name being Euphorbia Pilulifera. As explained in the "Companion" to our Dose Book, while it is our custom to distribute vegetable remedies under their botanical names, in a few instances, to avoid confusion, the common name of the plant is used on the label. "Asthma Weed" was one of the remedies that led us to this method of nomenclature. Three of the Euphorbias are largely used by physicians, and have found a place among the Specific Medicines. To the one first used, Euphorbia corollata, the leading title "Euphorbia" was affixed, the others being designated by their common names, "Asthma Weed" and "Spotted Spurge."

The Eupatoriums illustrate even better the necessity that arose for distinguishing between the varieties employed in medicine. Many varieties of this large family of plants have medicinal virtues, three of them having been admitted to the Specific Medicine list. The two most commonly employed, Eupatorium perfoliatum (used in medicine since 1785), and Eupatorium purpureum, have not only the name Eupatorium in common, but the names of their varieties. These, when abbreviated (E. per. and E. pur.), are so nearly alike when written hurriedly with pen or pencil, that the pharmacist filling the prescription was frequently at a loss to know which was intended.

Since we have distinguished between these important remedial agents by giving to the one first introduced into medicine the leading name, Eupatorium, designating the others respectively as "Gravel Root" and "White Snakeroot," we have had no further trouble. While we recognize the fact that the botanical names of plants should have preference in designating plant preparations, in such cases as the above we believe that it is better to sacrifice scientific precision, rather than to run the risk of a confusion that might prove very disappointing to physicians wishing to secure definite results in their practice.

HIVES RECURRING INTERMITTENTLY FOR MANY YEARS

Question.-Please suggest treatment for hives, recurring intermittently for many years, and apparently not caused by foods. Elimination is poor, with constipation and other digestive disturbances, intestinal fermentation, and gas. There is also a nervous condition and insomnia.

Reply.-In this particular case, we believe that treatment, to be successful, must be directed toward the gastro-intestinal tract. The symptoms described all point to the need of correction of the gastro-intestinal canal. Many agents come to mind that are valuable in this condition. To overcome constipation, we would consider such remedies as Cascara sagrada, Podophyllum, Sodium Phosphate, etc. Agents acting to overcome torpidity of the liver and also to assist in toning up the liver and bowel, are Chionanthus, Leptandra, and Chelidonium.

Alteratives, often indicated for their action in promoting better elimination, improving the blood stream and acting upon the skin are Berberis, Iris, and Kalmia. A simple combination of the remedies indicated may be given, with Glyconda (a sugarless Neutralizing Cordial), as a vehicle. This, alone, or with the addition of Nux Vomica, often improves the appetite and stimulates better digestion. To overcome intestinal fermentation and the formation of gas, such stomachics as Nux, Xanthoxylum, Capsicum, etc., may be considered.

We are confident that a careful study of the remedies named, and their application according to the specific indications presented, will assist in effecting a removal of the condition. It is difficult to give a formula or prescription applicable to all cases. Each case must be studied and the remedies selected in accordance with the indications presented.

DEWEES' PODOPHYLLUM LAXATIVE

Question.-For the past thirty-five years I have been using the Specific Medicines, and with the best of success. Recently I saw Dewees' Podophyllum Laxative commended in treatment of constipation and in diabetes. I would like to know for how long a period this medicine may be given. May it be combined with simple syrup?

Reply.-Reports from physicians indicate that this remedy may be used for an indefinite length of time, as long as the indications for its use are presented. It may be mixed with simple syrup.

FRAGRANT SUMACH IN BLADDER TROUBLES

Question.-Specific Medicine Fragrant Sumach has been commended to me for inflammation of the bladder. Kindly advise me as to dosage and best method of dispensing.

Reply.-Where active inflammation of the bladder is present, Fragrant Sumach is contra-indicated, as this remedy is stimulating in action, and would tend to increase the inflammation. For over-activity of renal origin, for enuresis of childhood, for weakness of the sphincter vesicae, and for painless diarrhea, we know no better agent than Specific Medicine Fragrant Sumach. This is best dispensed in glycerin, as follows:

℞ Sp. Med. Fragrant Sumach	3 i to 3 iv
Glycerin, q. s. ad	℥ iv

M. Sig.: A teaspoonful of the mixture three times a day in a little water.

Excessive urination may be caused not only by inflammation, but by weakness of the bladder and urinary apparatus. This point must be carefully determined by the physician, and the remedies chosen to meet the condition presented.

Specific Medicine Colloidum Fragrant Sumach (Rhus Aromatica)

Specific Use.--In renal and urinary affections; painful catarrhal maladies; diarrhea, with profuse and painful discharges; and in some hemorrhages.

Dose: ℞ Sp. Med. Rhus Aromatica	3 ss. to 3 j
Water	℥ iv

Misc. Sig.: A teaspoonful every hour or two.

Specific Medicine Fragrant Sumach is made from the bark of the root of Rhus aromatica, one of our small indigenous shrubs, common in dry, rocky soils. It represents the desirable constituents of the drug minim to grain, according to our study of the crude material. Before the discovery of the Colloidum it was accepted that the unpleasant and objectionable wax, fat and oil of the drug constituted the therapeutic constituents. This imperfection is herein overcome. In doses commended on the label, this Colloidum mixes clear with water, glycerin, syrup or dilute alcohol.-L. B.

Colloidum Specific Medicine Fragrant Sumach is a remedy used in over-activity of the renal organ, in the absence of active inflammation, and for this purpose has attained a great reputation. Also in diabetes, insipidus and mellitus. The urine is pale, of high specific gravity, the patient debilitated, and there is thirst, chills, and constipation. Few remedies have been so successful in enuresis of children, with chronic urethral or vesical irritation and atony. A peculiar form of debility calls for fragrant sumach. The

indications in bedwetting, bowel disorders, and hemorrhagic troubles are profuse stools, cool and sallow skin, small, feeble pulse, loss of flesh, trembling of the lower extremities, and a general sense of languor and lassitude. Useful in chronic bronchitis, with profuse blood-streaked expectoration, passive hemorrhages from the bowels, and in chronic malarial hematuria.-LOCKE.

CHLOROFORM WATER AND ASEPSIN AS VEHICLES IN DISPENSING PRESCRIPTIONS

Question.-What can you say of Chloroform Water as a vehicle in dispensing medicines?

Reply.-Chloroform Water is especially useful as a vehicle for dispensing cough mixtures and carminatives. It is also sometimes used as a preservative for prescriptions in hot weather. For this purpose the writer prefers Asepsin. Add a grain or two of Asepsin to the four-ounce mixture. This is sufficient to flavor the water, and it also imparts its excellent preserving quality to the prescription.

MEDICINAL DOSES OF MEDICINE (A Letter From Mexico)

Question.-Having studied medicine in Europe, I am not familiar with the U. S. measures. Does ℥ iv mean 120 Cc.? In that case, there is hardly any medicine in the prescriptions commended on the labels of the Specific Medicines. . Colocynth, for example, has minims v in 120 Cc. water? Is this correct?

Reply.-Our correspondent is correct in that ℥ iv is approximately equivalent to 120 Cc., and that where minims v are added to ℥ iv of water, the amount of medicine given in a teaspoonful dose is very small. But in the judgment of those under whose authority the dosage of the Specific Medicines was established, where this amount is commended on the label it is sufficient, under ordinary conditions, to accomplish the desired result. In the case of non-toxic or innocuous remedies, the dosage may be increased without harm, according to the judgment of the physician, but in the case of energetics, such as Specific Medicines Aconite, Belladonna, or even Colocynth, we would urge caution before increasing the dose much beyond that commended on the label.

In connection with the problem of dosage, we would suggest rereading of Dr. Stephens' many editorial comments in THE GLEANER. Perhaps no better can be cited than that in GLEANER 5. As this number of THE GLEANER is now completely out of print, we reproduce the article, as follows:

IS THIS DOSAGE EXCESSIVE?

Question.-Kindly give me your opinion of the following prescriptions and the dosage:

No. 1.-℞ Specific Medicine Veratrum, 3 ii; Specific Medicine Gelsemium, 3 iv; Aquae dest. q. s. ad ℥ iv; M. Sig.: A teaspoonful four times a day.

No. 2:- ℞ Specific Medicine Apocynum, 3 i; Aquae dest. q. s. ad ℥ iv; M. Sig.: A teaspoonful three times a day.

The first prescription to control heart action and irregular menstruation, the second for exophthalmic goiter. The doses greatly exceed those on your printed labels, and seem to me to be excessive. I have used both prescriptions frequently, and in some cases toxicity has followed. Can the same results be obtained with smaller doses?

Reply.-The doses of veratrum and gelsemium are too large; that of apocynum is not so. In the main, we always advise to follow the instructions on the printed label, and if a change is sought, then lessen instead of increasing the dose.

Under ordinary conditions, the small dose, frequently repeated, is the medicinal or curative dose, a fact that should not be forgotten. We do not desire the so-called physiological effect in the treatment of disease, unless, as in some grave disorders, such as give rise to spasmodic action, we wish for hurried relaxation through the action of larger doses, say of gelsemium. In such cases, the one, maximum, dose is to be followed by smaller ones, frequently repeated there after. Or, as in eclampsia, where we desire the quick and profound action of veratrum, we give the maximum dose hypodermically. It seems a very difficult matter for physicians to get away from the large and dangerous dosage.

ASCITES

Question.-I have now a case of ascites in which the etiology is not very clear. The accumulation of fluid is not yet very large, and the patient is not as yet suffering much, save of course mentally, fearing an operation.

Reply.-In this particular case, the etiological factors are not definitely established. This is quite important, inasmuch as it gives us very definite pathways to work along, therapeutically. For example, if the condition be the result of weakened heart action, the end result of a break in cardiac compensation, it will be necessary, in the main, to direct our medication towards the heart, prescribing heart tonics, rest in bed, and the withdrawal of all activities that would increase the demands on an already weakened myocardium. Among the most frequently employed remedies for overcoming ascites accompanying weakened heart action, are Specific Medicines Digitalis, Cactus, Crataegus, Strophanthus, and Convallaria. If the ascitic accumulation be the result of cardio-renal disease, we would think of Specific Medicines Apocynum, Digitalis, Polytrichum, Apis, and Elaterium. The diet should here be carefully regulated, and the bowels kept well opened. The intake of water will depend upon the permeability of the kidneys to water.

In our personal practice we have not been able to influence very greatly the ascitic complications resulting from hepatic disturbances (cirrhosis). If one can anticipate these conditions, or diagnose them in their incipiency, a careful attention to the diet, with avoidance of all stimulating drinks, the maintenance of good elimination, plus the administration of the remedies that exert their influence upon hepatic structure, one may expect to accomplish something. Among the remedies to be considered in hepatic disturbances are Specific Medicine Chionanthus, Chelidonium, Podo-phyllum, Nux Vomica, and occasionally Berberis.

If we were asked to state concisely the sheet anchor of our treatment of ascites, we would name Apocynum, usually combined with Potassium Acetate, in the following proportions:

R _x Spec. Med. Apocynum	3 i to iv
Potassium Acetate	℥ i
Water, q. s. ad	℥ iv

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

We consider the above one of our best prescriptions for ascites. It has served us well in many cases. If the patient's condition permits the use of Spec. Med. Elaterium as a cathartic, this will markedly eliminate the water from the tissues, via watery evacuations. It must be remembered, however, that Elaterium is a very positive cathartic. Our good Professor H. W. Felter, M.D., used to call it "the daredevil" of the cathartics, but where indicated, one could always rely upon its action. Our personal experience has proved the truth of this assertion.

GLANDULAR SWELLINGS OF NECK AND HEAD

Question.-I am an old doctor, now nearing my eighty-fourth year. I am of the so-called "regular" school, having received my degree of M.D. in 1869, but in 1884 I came in contact with the writings of Dr. John M. Scudder, and through them, with Lloyd's Specific Medicines, which I used in all my subsequent practice until my retirement in 1916 because of an attack of hemiplegia.

I am writing in behalf of a friend about sixty years of age, who has appealed to me for help for a swelling of the glands about the head and neck. For about a year he has been treated by various physicians, but without benefit. It seems probable that the infection, whatever it may be, found entrance into his system through an ill-fitting plate that irritated the mucous membrane of his mouth. Other than this, his health is very good. Though I do not now practice, I would be glad to be of service to my friend. I put him on equal parts of Specific Medicines Echinacea and Phytolacca, gtt. x of each, giving teaspoonful doses every hour for a while, then every two hours, with proper sanitary observances. Kindly inform me if my treatment is the proper one to follow. If not, what else should be done?

Reply.-Echinacea and Phytolacca are most certainly indicated, but we are not clear as to the dosage in which they are being administered in this case. If but ten drops of each are given in four ounces of water, teaspoonful doses of the mixture every hour or two, the dosage is not large enough. If, on the

contrary, ten drops of each are taken at a single dose, the Phytolacca is being given in too large a dose. In severe sepsis, we have often administered Specific Medicine Echinacea in that dosage, but not Specific Medicine Phytolacca. We would advise that these two remedies, Echinacea and Phytolacca, be continued, but in the following proportions:

℞ Sp. Med. Echinacea	3 ii-iii
Sp. Med. Phy.tolacca	℥ i-iss
Water, q. s. ad	℥ iv

M. Sig.: A teaspoonful of the mixture every two or three hours, as indicated.

We would say in passing that in aphthous stomatitis and in such infections of the oral mucous membrane as described in this case, we like to use chlorate of potassium, 3 i, to ℥ iv of syrup of raspberry, using this as a mouth rinse, and a dram of the medicine internally, providing the breath is fetid and there is no contra-indicating kidney remedy, remembering that chlorate of potassium is not to be used if the renal organs are impaired.

GALL BLADDER ADHESIONS

Question.-I am sixty-nine years old. Some forty years ago I began having trouble with my gall bladder, but as the attacks were widely separated, years sometimes intervening between them, I paid little attention to the trouble, and gave it no treatment at all. For the past five years it has become much more acute. The inflammatory part has largely if not entirely subsided. Roentgeno-grams with dyes seem to indicate that adhesions of the bladder, pulling it somewhat out of shape, are causing most of the trouble. At any rate, every time the gall-bladder empties itself, I have the most excruciating pain. I have tried a great variety of remedies to control the pain, but when it once begins, nothing but opium will ease it. Since I have an attack almost every day, I am fearful of taking morphine or codeine so frequently.

Dioscorea upsets my stomach to such an extent that it seems not to be absorbed. Would Lobelia or Gelbia, hypodermically, be likely to relieve such a pain? I am such a poor surgical risk that even the surgeons do not urge an operation. The thing I am most anxious to know is, what will help me to get rid of the constant use of opiates. As yet I have not developed any desire for morphine for any other purpose than to relieve this pain, but am somewhat afraid of an almost daily dose.

Reply.-Adhesions of the gall-bladder to the adjacent structures, all in the case described by our physician friend, present a very knotty therapeutic problem, one that has not as yet been successfully solved by the use of internal medication. It is indeed unfortunate that he is a poor surgical risk, as this is the usual mode of procedure to break up adhesions and remove such pathological tissue, as may be indicated.

This condition, as the physician states, is very painful when the gall bladder empties itself, its mechanical drainage being interfered with by adhesions, which prohibit its proper functioning. The physician in his letter anticipates splendidly the two remedies we would suggest for controlling the pain and supplanting the use of morphine, namely, Subculoyd Lobelia and Gelbia. These remedies are safe, not habit forming, have no ill effect upon the system, and may be safely repeated, should the occasion require, in from ten to fifteen-minute intervals. Beyond the hypodermic use of these two preparations, in doses sufficient to meet the requirements, we have but little to offer. There come to mind, however, such remedies as Specific Medicines Chionanthus, Chelidonium, Podophyllum, Colocynth and Dioscorea, which act upon the bile passages. These should be given a trial, remembering that Glyconda may well be used as a vehicle. The complaint that Dioscorea upsets the stomach may be answered by stating that we usually add a small amount of Nux Vomica to Dioscorea and give it in hot water, sipping the mixture a little at a time until the desired results are obtained. One of our favorite prescriptions for acute pain in the hypochondriac region, is a simple combination of Nux Vomica and Dioscorea, sometimes with Colocynth added as a synergist, given with plenty of hot water.

* * * * *

A later report from this physician introduces a most interesting problem, namely, the influence of tobacco in precipitating the attacks to which he is subject. It is as follows:

"Since writing to you, I became convinced that the use of tobacco was playing a large part in precipitating the attacks I am having. I have smoked for fifty years, and love my pipe. Like all smokers, I care most for smoking just after eating. I quit smoking within one hour of meal times, both before and after meals. From having an attack every day, or at most every second day, they immediately jumped to an interval of four, five, and six days, and in every instance due to carelessness in eating too much at a meal. Of course I am aware that abstaining from tobacco will not cure my trouble, but it does make it more bearable."

SIZE OF DOSE DEPENDENT UPON LOCALITY

Question.-Since leaving the E. M. I. in 1902, I have never written a line for THE GLEANER, but now I come with a question. Professor Kent O. Foltz, M.D., taught us Specific Medication as applied to the eye, ear, nose, and throat. For certain ailments of the eye he commended Rhus tox., gtt. v to ℥ iv of water, the mixture being given in teaspoonful doses. I told him that in my practice in Florida I had used gtt. xxx in ℥ iv of water. He questioned the truth of my statement, but it was nevertheless a fact. I attribute the necessity for the large doses I have found to be required here, to the fact that the people are in the open air most of the time. They work hard, eat corn bread, bacon and "Yankee beans" three times a day, and live in houses with cracks wide enough for a cat to crawl through. I now have a case of burning when passing the urine. I tried several of the Specific Medicines (I use no others), but without results. I was sure the case called for Rhus tox., so gave my usual dose of gtt. xxx to ℥ iv water, with slightly better results.

Knowing the case as I did, and knowing the medicine as I did, I doubled the dose, giving 3 i to ℥ iv water. Results were much better, but still not satisfactory, so I again doubled the dose, giving 3 ii in water ℥ iv. The patient, instead of using a spoon, took the medicine from the bottle, and no doubt got much more than a spoonful at a dose.

The results were just what I desired, and in a few hours' time. I find that all the Specific Medicines, excepting Belladonna, act in much the same way. Is it true that more medicine is required in this section to accomplish a desired result than in the North? I use the Specific Medicines all the time, but give them in three or four times the doses commended on the labels. I would like to hear from other doctors on this problem.

Reply.- The above letter is of unusual interest, and we would like to have it discussed by other physicians. Personally, we are not qualified to speak by authority on the problem presented, our practice having been exclusively in Cincinnati and neighboring localities, but from association with other doctors from all parts of the United States, we believe that dosage does vary, as dependent upon climate and locality. Just why this should be, we do not know. Possibly differences in soil and water in different localities may establish in the people of certain sections a tolerance to the action of vegetable remedies, thus necessitating a larger dosage. But while agreeing in the main with our correspondent, we would add this word of caution. One must work gradually, increasing the dose of the indicated remedy slowly to the point of toleration or effect. In this connection we take the liberty of reproducing a like question and answer from GLEANER IO, long since out of print, as follows:

Dosage of Specific Medicines as Affected by Climate (Contributed)

What I have to say may not interest many, but it is of intense interest to me. Most of my life was spent about fifty miles east of Cincinnati. I have been in Oklahoma now for six years, and have used at least 100 per cent. more of Lloyd Brothers' remedies than I ever used in Ohio in the same length of time. What seems strange to me is that it takes 100 per cent. more of a given remedy to produce a certain result here than it did in Ohio. In other words, it takes twice the size dose of the same remedy to produce a certain effect here that it did in Ohio. In order to get the results I formerly got I find I must give more than the maximum dose designated on your labels. This applies to all the Specific Medicines so far as I have observed, and is especially true of cathartics.

Let me give an example: While in Ohio I was accustomed to taking Specific Medicine Gelsemium, gtt. xxx, at bedtime, in order to break a new cold, which it never failed to do. I tried the same

remedy out of the same bottle here, in the same sized dose, with negative results. Of course a slight effect was produced, but in order to get the results formerly obtained I had to take twice the quantity. The only reason I can see for the difference is the difference in elevation. The height above sea level is 2,200 feet, while my home in Ohio was less than half of that. Could this produce the difference I have noticed?

Comment.-The above letter concerns a difficulty that interests all physicians. For many years we have argued that a writer on therapeutic subjects gives naturally the dosage he has found proper in his own locality, and too often accepts that this is the proper amount to be used in other localities. We were first led to the consideration of discrepancies such as our correspondent mentions, when, many years ago, in the bottom lands of the Tradewater Rivers, as well as the Cumberland and Tennessee Rivers, we met the chills and fevers there prevailing. Parties were not in the least affected by the dose of quinine sufficient for treating like cases in our Northern home. Since that time we have had even more conspicuous examples brought to our attention in the action of this same drug in the tropics of South America, where enormous amounts are required to accomplish the result produced by a reasonable amount of quinine in the temperate zones. We had not, however, thought of the question of the altitude as a factor in this problem, and would like to present this for the consideration of the profession at large.

WEAKNESS FOLLOWING INFLUENZA

Question.-Is Avena the best remedy for weakness following influenza, with low blood pressure?

Reply.-Avena is a remedy to be considered for overcoming post-influenza weakness and exhaustion, with accompanying low blood pressure. Among other agents for combatting this condition are Specific Medicines Nux Vomica, Ignatia, Belladonna, and Lloyd's Iron. Nor should we forget strychnine, ephedrine, and the role played by organic-therapy. One of our favorite prescriptions for the condition described is as follows:

R _x Sp. Med. Nux Vom	gtt. 20
Sp. Med. Belladonna	gtt. 10
Lloyd's Iron	3 4
Water, q. s. ad	℥ 4

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

In this we get the stimulating effect of Nux and Belladonna, with the tonic effect of the iron upon the hematopoetic viscera. It also is probable that the strychnine in Nux acts upon the adrenals, stimulating them to greater activity. The role of the adrenals in sustaining blood pressure is still a very interesting problem.

A CASE OF DIABETES MELLITUS

Question.-I have a case of diabetes of about six years' standing, in which I would like your advice. Patient is lady, thirty-nine. Before coming to me her only treatment had been regulation of diet, with insulin. I put her on Dewees' Podophyllum Laxative and Specific Medicine Fragrant Sumach, and the improvement, though slow, was unquestionable. The excessive flow of urine was soon reduced, and she was slowly gaining in strength. About that time she fell under the influence of one of the cults of drugless healing, but after a year of this she realized that she was growing worse instead of better, and came back to me. She is now forty pounds below normal weight, and tires easily on exertion. Analysis of urine shows it to be nearly normal in most respects, but with slight excess in specific gravity and in solids, and nearly two per cent sugar. She now sleeps better, and says she does not tire so easily, but the case has been hanging on so long and the improvement, if any, is so slow, that I am wondering what the outcome will be.

When she came back to me she complained of an almost unbearable itching of the vulva. I directed her to bathe the parts with a solution of permanganate of potassium, and then to use an ointment I prepared for her, using Specific Medicines Geranium and Mangifera in white vaseline. This has given great relief, but has to be used regularly, as the itching returns if the treatment is neglected.

Reply.- The remedies mentioned are those that have been found most efficacious in treatment of diabetes. Many reports are at hand showing the efficacy of Dewees' Podophyllum Laxative, while Specific Medicine Fragrant Sumach is a capable remedy in checking the excessive flow of urine. The diet must be carefully superintended, though since the advent of insulin as an adjunct to the treatment of this condition, more latitude may be allowed in the diet. We should not be discouraged because improvement in such cases is slow. That is characteristic of the disease. Judging from our personal experience, this patient will, throughout her life, have to be subject to strict regimen of diet, and be under medical supervision. The advent of insulin, properly supervised, has been a great therapeutic help, but it should always be used as an adjunct to, not a replacer of, other methods of treatment, namely, diet, with hygienic and therapeutic treatment. In addition to the remedies named, we would suggest for the physician's study such remedies as Specific Medicines Chionanthus, Lycopus, Lloyd's Iron, etc.

We have read with much interest the method followed by our correspondent in allaying the terrible pruritus accompanying diabetes. This is exceedingly difficult to allay.

ANGELICA

Question.-A patient tells me of results obtained from taking an infusion of the leaves of a plant called Angelica, which she also called "Ark Angel." I fail to find this plant in my Materia Medica, and would be glad to know its botanical name, or if it has a place in medicine.

Reply.- Two species of Angelica are named in the American Dispensatory as having medicinal properties: Archangelica Atropurpurea, or Purple Angelica, and Archangelica Officinalis, or Garden Angelica. Of the former, the parts used are the root, herb, and seed; of the latter, the roots and seeds. From this we judge that the plant in question is of the variety atropurpurea, which is recognized by the National Formulary. From the root of this we make a fluid extract, but it is not in much demand among physicians. Of this variety of Angelica the American Dispensatory speaks as follows:

"Angelica is aromatic, stimulant, carminative, diaphoretic, expectorant, diuretic, and emmenagogue. Used in flatulent colic and heartburn, and nervous headache. The root has been candied and eaten. It is said to promote the menstrual discharge. In diseases of the urinary organs, calculi, and passive dropsy, it is used as a diuretic, in decoction, with uva ursi and gravel root (Eupatorium Purpureum). The Archangelica Officinalis may be substituted for this variety."

DWARF HEMLOCK

Question.-Kindly advise if I can secure from you the leaves, or the extract made from the boughs of dwarf hemlock. In Northern Wisconsin, where the shrub grows in profusion, it is used in form of decoction for rheumatism and lumbago. In a crude form, it is claimed to produce very excellent results.

Reply.-We make no preparation of this plant, nor do we find a record of its use in any of the dispensaries. This should not deter research in its direction, not one plant in a thousand having ever been tested, even in domestic medicine. Whatever is discovered must, however, run the gauntlet of "authority," that will probably damn the drug if it has not the power to kill a dog or a rabbit, and excommunicate the discoverer. This reminds us of the old Kentucky motto, "Why not try it on the dog?" Solomon, these centuries ago, declared that there was nothing new under the sun.

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THE greater number of THE GLEANER readers are graduates of schools of medicine that have not made specialties of remedial agents derived from the vegetable kingdom. The prescriptions and suggestions given by the therapeutic editor of THE GLEANER lead the questioners, continually, to expressions illustrative of their appreciation of the replies given, which in the restricted pages of this little publication. are necessarily much condensed, Indeed, the larger number are answered by mail. Greater opportunities would unquestionably come to inquiring physicians were the publications centering upon the therapeutic uses of the different agents named at their command.

The following publications cover many phases of the problems physicians meet, with descriptions of ailments and valuable therapeutic agents of the vegetable materia medica. Their scope is shown by their titles. which we hope to follow later with brief mention of the contents of each work. The authors are all practicing physicians of great experience. These publications may be obtained from the publisher, direct.-L. B.

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