

The
GLEANER

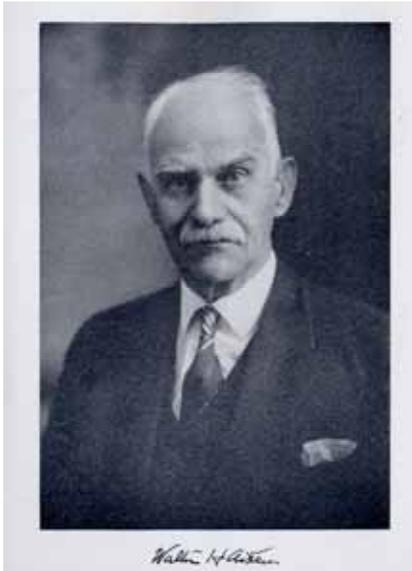


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THE GLEANER

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Number 44

January, 1936

The Treatment of Common Diseases

By E. P. ZEUMER, M.D.

INFLUENZA AND LA GRIPPE

The treatment of influenza often calls for one of our most interesting remedies-Gelsemium. In prescribing it, be careful not to use a dose that is too large. The overdose may cause excessive nervous excitement followed by depression of the nervous system with vertigo, double vision, dilated pupils, ptosis of eyelids and lower jaw and dyspnoea.

The action of Gelsemium is directed toward the nervous system in neuralgic conditions, cerebral hyperemia with irritation of nerve centers, and as an antispasmodic. We find the drug specifically indicated when there is acute determination of blood to the brain or acute cerebral hyperemia. The face is flushed, the eyes bright and pupils contracted. The patient is restless and easily excited. He is a wide-awake patient. How often have *you* seen such a patient with what is ordinarily diagnosed as influenza or la grippe?

During the last big epidemic of influenza the patient with a temperature, flushed face, bright eyes, contracted pupils, congestive headache, aching all over, and very restless, was a daily occurrence. Most patients presenting this picture were full-blooded, strong individuals that were sometimes hard to control and to keep in bed.

Our procedure at that time was to meet the indications with an initial dose of 10 drops of Sp. Med. Gelsemium. This was followed by a prescription containing at least 30 gtt. to 4 oz. of water, a teaspoonful of the dilution every one or two hours, according to the degree of temperature and general condition of the patient

*Reprinted from the Eclectic Medical Journal, November, 1935.

In most instances indications for other drugs were present. Some patients complained of intense muscular soreness of back, of neck and limbs. Macrotys combined with Gelsemium was prescribed with excellent results.

Many patients complained of deep-seated muscular pains of back and limbs and stated that their bones ached. In these cases Eupatorium in full doses took the place of Macrotys.

Bryonia was used if the pains were sharp and lancinating and increased on motion, or if there was tendency to inflammation of the serous membranes.

There really were no two influenza patients exactly alike, but we found that most of the stout, robust individuals showed marked indication for Gelsemium as the sedative.

It often happened, however, that a patient would have pronounced indications for Veratrum. The pulse was full and bounding, a strong, full, hard pulse; the carotids were throbbing to such an extent that sleep was prevented. There was increased arterial tension. A broad, full tongue with a red streak in the center was often noted. Veratrum, 30 drops to 4 oz. water, teaspoonful every two hours, was the indicated remedy. We used it as the special sedative along with possibly Macrotys, Bryonia, or Eupatorium, as indicated.

Quite often respiratory symptoms were manifested, in which case, instead of Macrotys, Bryonia, etc., we found it necessary to use Lobelia, especially if the breathing was difficult and oppressed and of a spasmodic nature. There was a feeling of oppression or weight in the chest. Lobelia is a wonderful expectorant and along with Gelsemium or other indicated sedative produced great relaxation and increased expectoration. Ipecac was sometimes indicated because in many cases there was considerable irritation of bronchial mucous membranes with the characteristic Ipecac tongue.

Frequently the patient presented an entirely different group of symptoms. Just the opposite from the full blooded, robust patient above pictured. Here was a patient with a dull, expressionless face, temperature 101 degrees to 102 degrees, skin pale, eyes partly closed, listless, pulse rapid with a sharp, quick stroke; pupils dilated, muscles of back and legs aching, and dull headache, skin hot and dry: Specific Medicine Aconite, not over 10 gtt. to 4 oz. water, teaspoonful every one or two hours until skin :became moist and temperature declined, was the indicated sedative.

Belladonna was also given. There is no better remedy to equalize the capillary circulation in our Materia Medica than Belladonna. It is the remedy for congestion or capillary stasis. Aconite and Belladonna in these cases is a wonderful combination. If the muscular pains were sharp and cutting and increased on motion, we fell back on Bryonia but did not omit the special sedative mentioned.

Several other drugs may be indicated in influenza patients. Quite a few got relief from pain by constantly changing their position. The pains were relieved by motion. This was the Rhus patient. He sometimes complained that the pain was aggravated by heat.

Nux vomica must be mentioned. A patient will be found occasionally that shows evidence of atony of the stomach and bowels, manifested by the characteristic Nux

tongue-a broad, full, expressionless tongue, showing imprints of the teeth on the edges. No matter what your patient has, if that peculiar tongue is present, Nux is the remedy. Give it in small doses. Not over 5 drops Nux to 4 oz. of water, a teaspoonful every two hours.

In most instances it will be found that Gelsemium, Veratrum, Aconite, in the order named, will be the indicated sedatives. These drugs, along with Eupatorium, Macrotys, Bryonia, Lobelia and Ipecac, and Rhus tox, will meet pretty nearly all indications found in treating the usual cases of influenza.

ACUTE RHINITIS

During the early winter and spring months we meet many cases of acute rhinitis or cold in the head. A fortune awaits the man who discovers a cure for the common cold. However, we need not say that nothing can be done because this discovery has not been made, for we have many remedies that give marked relief for this common affliction.

The average case of acute rhinitis presents an acute inflammation of the mucous membranes lining the nose and posterior nares. It may extend to the throat and eustachian tubes.

The membranes of the eyes may be inflamed. It is not necessary to go into detail regarding the pathology. We are all familiar with that phase of the situation.

If seen early and the patient complains of being chilly with slight temperature, nasal mucous membranes swollen and inflamed, eyes watering and voice becoming nasal, the cold will often be aborted by 10 or 15 drops of Specific Medicine Gelsemium given at bed time. No bad results will follow, but the Gelsemium must not be administered before the patient is ready for bed.

Specific Medicines Aconite and Belladonna, 5 drops of each in 4 oz. of water, a teaspoonful of the dilution every hour, will also give marked relief.

Spirits of camphor, 1 dram in 4 oz. water, a teaspoonful every one or two hours, will give relief in some forms of cold with free secretion. Camphor is used in combination with other remedies in many cold medicines.

Euphrasia is a wonderful drug, especially when there is profuse acrid secretion from the eyes and nose with involvement of the frontal sinuses. Bryonia added to the Euphrasia will help relieve frontal headache.

Should the cold persist, affecting the patient generally and presenting such symptoms as aching muscles, etc., other remedies as Gelsemium, Macrotys, or Eupatorium should be employed. In these cases our remarks on the treatment of influenza will apply.

Of course, the bowels should be kept open, but we do not recommend the use of drastic cathartics. The old-fashioned hot mustard foot bath, on retiring, gives relief in many instances.

SORE THROAT

At this season of the year diseases of the tonsils and pharynx are prevalent. Scarcely a day goes by that does not produce a patient with one of the several varieties of sore throat, such as acute tonsillitis, follicular tonsillitis, acute suppurative tonsillitis (quinsy), or the more severe streptococcic sore throat.

In all of these types of sore throat one pathological condition is always present—inflammation of the mucous membranes covering the tonsils, walls of the pharynx, and soft palate. There are also constitutional symptoms such as chilly sensations, fever, and general arrest of secretion.

The tonsils mayor may not be more affected than the rest of the throat, though usually there is swelling of these glands.

In the early stages, as well as throughout the entire course of the disease, we find that Aconite and Belladonna exert the most good. Our practice is to give Specific Medicine Aconite and Specific Medicine Belladonna of each 5 gtt. to 4 oz. of water, a teaspoonful every hour or two. This treatment usually terminates the disease.

Should the tonsils become swollen and inflamed, Phytolacca can be added to the preceding prescription. We usually prescribe 30 drops of Specific Medicine Phytolacca to the 4-oz. mixture. Teaspoonful every one or two hours.

When the mucous membrane is dark red with a rough appearance, Specific Medicine Guaiacum will sometimes work wonders. Our prescription is:

℞ Sp. Med. Guaiacum ʒi.
 Simple Syrup
 Aq. Dest. aa. q.s. ℥iv. M.

Sig: A teaspoonful every hour.

Many cases complain of extreme muscular soreness of the throat and neck. Gelsemium and Macrotys in the usual doses meet this condition admirably.

Local applications are often beneficial. We prefer a 10 per cent. solution in glycerine of one of the proteid salts of silver such as silvol or argyrol. The throat should be painted thoroughly morning and evening with this solution.

When the disease is complicated by a peritonsillar abscess, the only procedure, of course, is to drain the abscess.

When the throat shows a follicular complication with a cryptic exudation a 25 per cent. solution of Specific Medicine Echinacea used as a gargle will usually give relief and help combat the infection. Continue the internal use of Aconite, Belladonna and Phytolacca.

To summarize-Aconite and Belladonna to subdue the inflammation and relieve congestion, Phytolacca for its favorable action on the glands, Macrotys and Gelsemium when indicated, with the local applications mentioned, will meet most of the cases of sore throat ordinarily encountered.

CHRONIC BRONCHITIS

The patient has suffered for some years with Chronic Bronchitis that has resisted all treatments tried. He has a very hard cough, especially evenings and nights, raising thick, heavy, salty phlegm. The heart is very rapid during these attacks though examination shows no organic heart trouble. However, there is some functional condition (not high blood pressure) causing Tachycardia on exertion.

The following suggestive prescription will probably give some relief.

℞ Sp. Med. Cactus dr. i.
Sp. Med. Lobelia gtt. xxx
Aq. Dest. q.s. oz. iv. M.

Sig: A teaspoonful every four hours. (If necessary it may be used every two hours,)

Thorough study of the chest, especially X-ray, and repeated examination of the heart should be made before any great progress can be hoped for.

Use of InFra-Red in Conjunction with Libradol*

By B. BILLMAN, M.D.

Perhaps no symptom can be more harassing than a tight cough. In the past, I have used the usual line of treatment for this condition with only fair results. Often it became necessary to resort to morphine, which has the secondary action of defeating its own purpose and results in a still dryer condition of the lung.

There is one sure way of getting relaxation and giving relief to the patient. By applying the usual application of Libradol to the chest and "playing" the infra-red over this we soon get the desired results. Even in severe asthmatic attacks much relief is afforded by this means.

The exact physiological effect is unknown. Whether we attach the name biochemic, synergetic, abiotic, or thermal, we may expect results. Superficially it would appear that the infra-red causes a dilation of the sudoriferous glands affording better entry of the Libradol; however, the author has never seen any nausea resulting from this treatment. One would expect this reaction in a heavy absorption of Libradol. It is well known that either agent will give relaxation, and is soothing to a congested lung.

The incandescent bulb or the resistance coil is much preferred to the carbon arc, as we are dealing with the electromagnetic field of longer wave length which does not give the secondary hyperemia so characteristic of the ultra violet band.

For the above article THE GLEANER is indebted to Dr. B. Billman and the *Eclectic Journal*. The use of infrared in conjunction with Libradol, to us, at least, is a new idea, though it seems a logical procedure to combine the two treatments,

Many physicians have learned that heat applied by water bottle or electric pad makes the effect of Libradol quicker and more pronounced. In an occasional, super sensitive patient, nausea sometimes accompanies the application of heat to a large area covered with Libradol, though nil unpleasant symptoms immediately disappear when the Libradol is removed. It is interesting to note that none of Dr. Billman's patients experienced any untoward effects,

Announcement

The November number of the *Eclectic Medical Journal* carries the first article of a series on "The Treatment of Disease," by Dr. E. P. Zeumer. These articles, we feel certain, will prove of unusual interest to the readers of THE GLEANER.

*From Eclectic Medical Journal, November, 1934.

They briefly and concisely state the methods and medication which the author has found most efficient in the treatment of many common ailments. They are written, not in the impersonal style of the text book, but in interesting, personal, physician-to-physician manner. We will add that Dr. Zeumer is qualified by long, successful practice to speak with the weight of experience.

THE GLEANER believes these articles will be of the greatest interest to its readers and takes this opportunity to express appreciation to Dr. Zeumer for making them available to the medical profession, and to thank the *Eclectic Medical Journal* for permission to reprint them. The first of the series is the leading article in this GLEANER.

A Few Favorite Prescriptions

By WM. P. BEST, M.D.

THE GLEANER is privileged to print a few favorite prescriptions which have served me (Dr. Best) well in the past and which I have come to look upon as standard for conditions mentioned with each formula.

Acute Rhinitis.-One of the most common complaints

in this climate is acute rhinitis which when seen in the incipiency, the stage of irritation of the nasal mucous membrane during which time there is sneezing, watery exudate from the nose and sometimes from the eyes, with or without fever, the following prescription is specific:

℞ Sp. Med. Belladonna gtt. x.
Sp. Med. Euphrasia ʒi.
Water q.s. ʒiv. M.

Sig: One teaspoonful every one-half to one or two hours according to effect.

Should the patient complain of general aching, the addition of Specific Medicine Eupatorium, drachm i, to the formula will in most instances be all that is necessary.

Compensatory increase of blood pressure will be safely and effectively relieved by the use of the following:

℞ Sp. Med. Gelsemium ʒi.
Water ʒiv. M.

Sig: One teaspoonful every three hours.

Should the pulse be full, strong and inclined to rapidity, add to the above prescription, Specific Medicine Veratrum, drops xx. This formula is safe, effective, and may be used for any period of time required with perfect confidence. It will be of some value in the relief of high pressure due to arteriosclerosis.

Petit-mal.

℞ Sp. Med. Oenanthe gtt. v. to xl.
Water q. s. ʒiv. M.

Sig: ʒi. t.i.d.

In mild seizures of Epilepsy particularly of nocturnal type, the above prescription will serve a good purpose if given over an extended period of time. Much caution must be exercised in the gradual increase from the minimum to a larger dose. The use of this drug is not productive of mental deterioration which we sometimes witness after long continued exhibition of bromides.

Acute Eczema.-In the treatment of acute eczema, experience suggests the importance of withdrawing excess of carbohydrate foods. The following formula has served a good purpose in the acute outbreaks of eczematous eruption.

℞ Sp. Med. Berberis ʒi.
Sp. Med. Rhus Tox gtt. xx.
Water q.s. ʒiv. M. .

Sig: One teaspoonful every two or three hours.

Intercostal Neuralgia.-Sharp lancinating pain of the intercostal nerves which is frequently mistaken for pleurisy is promptly relieved by the following:

℞ Sp. Med. Bryonia gtt. x.
Sp. Med. Gelsemium ʒi.
Water q.s. ʒiv. M.

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

Menopause.-For the relief of the neurotic symptoms and circulatory irregularities, attending some cases of menopause, the following formula has justified its place in this record:

℞ Sp. Med. Cactus ʒi.
Sp. Med. Pulsatilla ʒi.
Water q.s. ʒiv. M.

Sig: One teaspoonful every three hours.

Either of these remedies alone will sometimes be all that is necessary to afford relief to the above type of patient. However, the combination will sometimes serve a better purpose, but we must not forget the possible use of some endocrines which may be required in some cases.

Hepatic.-For the relief of pain in the hepatic region which closely simulates cholecystitis or cholelithiasis, prompt results may be expected by the administration of Specific Medicine Chionanthus. This remedy should be given freely. If the pain assumes a spasmodic type, the addition of Dioscorea will facilitate the action of the Chionanthus. The following formula will then be found useful:

℞ Sp. Med. Chionanthus ʒii.
Sp. Med. Dioscorea ʒi.
Water q.s. ʒiv. M.

Sig: One teaspoonful every one-half hour to two hours.

It is to be expected that the above formula will not bring relief where the hepatic ducts are occluded by concretions of disproportionate size.

(To be continued)

Glyconda as a Vehicle

It is not as a principal remedy alone that Glyconda has value. It is a pleasant fortifying vehicle for other remedies in its field of usefulness and has remarkable power of masking disagreeable flavors. It will neither freeze nor ferment. When Glyconda is the base, prescriptions need not be replaced even in summer as they neither mould nor sour. It is a valuable and much used agent as a carrier of medicines.

Queries, Notes and Comments **CLOYCE WILSON, M.D., Editor**

JAUNDICE

A physician from Tennessee asks for suggestions for treatment of a case of jaundice. The patient is a male, past sixty-five years of age. The skin and sclerotic coat of the eyes are yellow. The urine is almost greenish black. There is nausea and vomiting, making the retention of food difficult. The temperature is normal.

THE GLEANER feels that Specific Medicine Chionanthus is the indicated remedy, starting with a dose of one minim every hour. Podophyllum* should be studied.

If medicine can not be retained, it may be necessary to use special medication to allay the irritation of the stomach. In this case, study the indications for Aconite, Rhus Tox., Belladonna, Ipecac, Bismuth Subnitrate.

This treatment should be successful unless some lesion, such as malignancy, underlies the jaundice.

*A booklet describing four important liver remedies and their uses will be sent to physicians on request.

ECZEMA--THUJA

While various preparations of Thuja are particularly indicated in dry forms of Eczema, and are so recommended in our literature, Specific Medicine Thuja and Colloidum Thuja may be applied to the moist forms of the disease, especially in the auditory meatus or other apertures of the body. Following its application, full strength, by means of a cotton applicator, a dusting powder composed of equal parts Boric Acid and powdered starch, may be applied. This may be repeated twice daily, thoroughly cleansing the lesion with olive oil, albolene or other mild oil before re-application of the Thuja. Internal use of Thuja is recommended at the same time:

R̄x Sp. Med. Thuja 3ss.

Glyconda

Aq. Dest. q.s. ℥iv. M.

Sig: A teaspoonful every four hours.

Howe's Juniper Pomade much resembles Thuja in its action, but is more stimulating; Echafolta Cream is sedative and soothing.

OBESITY

Many inquiries are received from our correspondents, asking for a prescription or preparation for weight reduction. So far as we know no safe dependable remedy has so far been developed. Nearly all formulae contain active ingredients which by their nature should not be prescribed indiscriminately. Several chemicals of comparatively recent origin reduce weight by increasing metabolism with consequent rise in bodily temperature thus reducing weight by actual increase in tissue (fat) combustion. They stand indicted of serious damage to the blood cells, especially the leucocytes, and are dangerous in many cases even under competent medical supervision. Diet, exercise and proper medication where indicated remain the methods of choice. Phytolacca may often be indicated, and has apparently been of help in some cases of the lymphatic diathesis.

SEXUAL IMPOTENCE IN THE MALE

We hesitate to recommend any set formula for this condition: First, most physicians prefer to treat the underlying causes, rather than the condition itself; second, there are so many factors causing sexual impotence; third, no single prescription, therefore, is efficient in all cases. By correcting general body wrongs and habits, the lost powers tend to return to normal with proper balance of general bodily function.

Remedies which are useful in correcting many of the accompanying genito-urinary lesions such as Salix Nigra Aments, Phosphorus, Fragrant Sumach, Staphysagria, Saw Palmetto, Lloyd's Iron, will repay study. In some cases where there is low tone of sympathetic nervous system fairly large doses of Pulsatilla are indicated.

UTERINE BLEEDING

When functional, so-called, and without underlying malignancy, Capsella is very efficient. The dose should be fairly large depending upon the severity of bleeding, two drachms to a half ounce of Sp. Med. Capsella in a four ounce mixture; a teaspoonful of the dilution every two to four hours. Careful examination should rule out malignancy, ulcer or erosions of any part of the uterus or adnexa. Capsella has a definite value as an antihemorrhagic from any part of the body, when the bleeding is passive in character. Capsella and Caulophyllum are especially indicated in menorrhagia and metrorrhagia with uterine atony. The following is a useful prescription in flabby congested uterus with slow dribbling bloody discharge:

R̄xSp. Med. Hydrastis 3j.

Sp. Med. Ergot 3ij.

Sp. Med. Cinnamomum 3ss.

Glyconda

Aq. Dest. aa. q.s. ℥iv. M.

Sig: A teaspoonful every four hours.

MENOPAUSE--ARTHRITIS--NEURITIS

A thorough and complete physical examination, including special studies of blood, urine, nervous system; as well as a complete personal and family history, is necessary to a full understanding of the case. When the data is complete and conclusions reached, treatment may begin. Possible sources of toxic absorption, such as teeth, tonsils, intestinal tract, sinuses, genito-urinary system; in fact all possible sources of infection should be investigated and corrected if possible. Some one or more of the following may then be indicated: Apis, Gelsemium, Pulsatilla, Macrotys, Belladonna, Passiflora, Piscidia.

CYSTIC IRRITATION--POSTERIOR URETHRITIS

After apparent cure of posterior urethritis, many cases will require prostatic massage and deep instillation of 5 to 10 per cent Silver Nitrate solution, to promote drainage and relieve a chronically enlarged organ. Food must be bland and easily digested and proper attention to bowels and general hygiene given. The following is useful to allay cystic irritation where accompanied by atony:

℞ Sp. Med. Belladonna gtt. x.
Sp. Med. Fragrant Sumach
Sp. Med. Gaultheria aa. ʒj.
Glyconda q.s. ʒiij. M.

Sig: A teaspoonful every four hours.

CARDIAC NEUROSIS--DYSPNOEA ON EXERTION

The necessity for thorough physical examination of chest and especially of heart, to demonstrate presence or absence of gross structural change, is of course selfevident. If no serious lesion is found the following is suggested:

℞ Sp. Med. Cactus ʒj.
Sp. Med. Lobelia gtt. xxx.
Aq. Dest. q.s. ʒiv. M.

Sig: A teaspoonful every four hours.

DIGITALIS--CRATAEGUS--APOCYNUM

Digitalis

Weak rapid irregular heart action, with failing compensation; venous congestion from cardiac weakness; dyspnoea, edema, dropsy with scanty, high specific gravity urine. This is the picture of the acutely failing heart. Digitalis is our most dependable drug to catch up and hold this heart, quiet its irregularity, improve its nutrition, and increase its power.

Crataegus

Praecordial oppression, irregular intermittent pulse, with exhaustion from great mental or physical effort. Crataegus is the remedy for heart fatigue. It may often be used to hold the ground gained by Digitalis. Crataegus improves innervation and nutrition of the heart.

Apocynum

Edema of the extremities, feebleness of heart action with scanty renal elimination. Apocynum much resembles Digitalis in its action, though it is not so powerful a heart tonic and stimulant. It is a remedy for cellular edema due to lessened circulation in arterioles, capillaries and intercellular spaces depending upon cardiac wrongs.

HYPERTENSION

Theoretically heart stimulants are contra-indicated in hypertensive heart disease; but the action of Crataegus in the direction of improvement of nutrition and innervation of the heart, may well be of great value. Digitalis may even be used cautiously, with minimum fear of increasing blood pressure. If urinary excretion is low and hypertension dependent upon lowered output, a judicious use of some mild diuretic may well precede the use of either. Apis, Spts. Nitrous Ether, or Barosma, may be given alone or in combination with heart tonics. General care of diet, rest, exercise, bowel elimination, skin, and general hygiene is here very important.

SPASMODIC COUGH--MEASLES--PERTUSSIS

In the dry explosive nervous cough of measles, whooping cough, and in some cases of acute and sub-acute bronchitis, Drosera is a remedy of real merit. Where the cough is spasmodic the following is suggested:

℞ Sp. Med. Belladonna	gtt. v.
Sp. Med. Drosera	3ss.
Ammonium Bromide	gr. xxx.
Syr. Pruni Virginianae	q.s. ℥iv. M.

Sig: A teaspoonful every four hours, or as indicated.

Other remedies may be indicated and should be studied: Aconite, Bryonia, Ipecac, Gelsemium, Solanum, and Matricaria. *(To be continued in next issue)*

B. & G. Medicine Case

The B. & G. Medicine Case (figured on back cover) was designed by Drs. Charles W. Beaman and Gilbert E. Garvin.

In daily practice these physicians were constantly impressed by the many inconveniences and disadvantages of the medicine cases at their command. To overcome these disadvantages they designed a case which, to a remarkable -degree, possesses the qualities of the ideal case for carrying and for dispensing medicines. Even before the eyes -of the most fastidious patient medicines can be dispensed from the B. & G. case with the assurance that it will leave an impression of accuracy and cleanliness.

The B. & G. Medicine Case is finished in black grained leather.

It contains seven 1 oz. and eight. 1/2 oz. square vials. It is so compact that the entire case occupies little more space than the fifteen vials contained, yet it is strong and durable.

When opened all vials are disclosed with labels plainly visible.

Each vial is closed by a bakelite top with permanently attached dropper designed to produce drops of uniform size.

Special skill is not needed to insure accuracy and certainty of dosage when these vials are employed.

With tightly fitting stopper containing built-in. dropper in each vial, there is but little likelihood of spilling medicine on the case, or of the last drop running over the bottle label. Cleanliness is further insured by the waterproof film over the label, thus permitting cleaning the bottle with a moist cloth.

The messy appearance, almost unavoidable when medicine is poured from the bottle lip, is completely avoided.

Walter H. Aiken, D. Sc.

Many of our physician friends who through the years have sent plants to Lloyd Brothers for identification will be pleased to see the portrait (our frontispiece) of the man who gave his services in this direction. For more than thirty years Dr. Aiken was associated with the Lloyd Library and Museum in the care of its herbarium' of thousands of specimens. His study of botany was to him a diversion from his life work as Supervisor of Music in the Cincinnati Schools.

Hundreds of specimens sent to Lloyd Brothers for determination were carefully identified by Dr. Aiken. We believe there was no man in Cincinnati better versed in the practical knowledge of plants and their determination.

We have sustained a distinct loss in the passing of Dr. Aiken, October 31, 1935.

The "Black Widow" Spider

LA TRODECTUS MACTANS By JOHN THOMAS LLOYD

Everyone who reads the newspapers or the medical journals has seen recent accounts of poisonous effects following the bite of the "Black Widow" or "Hour Glass" spider. The opinion often seems to prevail that this spider was unknown until recent times when it suddenly appeared, ready to inflict pain and even death upon any who come within striking distance of its venomous fangs.

As a matter of fact the Black Widow was common when the first white man set foot on our shores. Originally it lived in its coarse, irregular webs under bark, in hollow logs, and in the protection and gloom of crevices of most any sort. When the white man erected sheds and outhouses these became favorite haunts of the Black Widow. It was its fondness for one such locality, the latrine, that suggested the spider's technical generic name, *Latrodectus*.

The Black Widow is distributed from Chile in South America through the West Indies and our southern states to Massachusetts and New Hampshire. Throughout its range according to James H. Emerton "It is everywhere feared as poisonous and dangerous, probably on account of its large size and conspicuous colors as there is no good reason for considering it more poisonous than other spiders. In the scholarly writings of most arachnologists, uncertainty and doubt concerning the poisonous bite of the Black Widow is expressed, though most authors concede that there is circumstantial evidence of its venomous effects. Concerning the spider's bite, the late Prof. J. H. Comstock, after examining all obtainable evidence makes the following statement in his monumental "*Spider Book*" published by Doubleday Page & Co. in 1912:

"The belief in the venomous nature of the bite of this species is very widespread. An intelligent Negro, who saw me collecting the spider in Mississippi, told me that its bite is poisonous. And Dr. C. Hart Merriam in his volume, *The Dawn of the World, Myths and Weird Tales told by the Mewan Indians of California*, ('IO) states that the Northern Mewuk say 'Po'ko-moo, the small black spider with a red spot under his belly, is poison. Sometimes he scratches people with his long fingers, and the scratch makes a bad sore.' Doctor Merriam adds, 'All the tribes. know that the spider is poisonous and some of them make use of the poison.' "

In a letter received from Doctor Merriam he makes the following statement: "Whenever I have questioned Indians about it (this spider) in California they uniformly rank it with the rattlesnake as poison. To poison their arrows they mash the spider and rub the points of the arrows in it. Sometimes this is the only poison used; at other times it is one of several things used to make the poison. "

Much of the evidence for and against the venomous nature of the bite of *Latrodectus* has been brought together by Riley and Howard in *Insect Life* (Vol. 1, p. 204211, Jan. 1889); and in a later number of the same volume (p. 280), Dr. E. R. Corson gives an account of several cases in his practice in each of which the patient, who suffered greatly, was supposed to have been bitten by a spider. But in none of the cases was the spider seen except in one; and in that case the specimen was lost, and consequently was not determined.

Turning to the reference in *Insect Life*, a publication of the U. S. Dept. of Agriculture, cited by Prof. Comstock, we find the following introductory paragraph:

"The evidence for and against the possibility of a fatal bite from any of our common spiders is sufficiently confusing. We have, on the one hand, a widespread impression among people at large that such fatal bites are frequent and a large number of poorly-authenticated newspaper records of cases. On the other hand, we have a general incredulity among entomologists and arachnologists, who require absolute proof before accepting what seems probably untrue, judged from the statements of naturalists who have allowed themselves to be bitten without bad results, not only by many different spiders, but by the very species said to be venomous."

This paragraph is followed by six pages of fine print by Drs. Riley and Howard, former heads of the United States Department of Entomology, giving all evidence on both sides of the question that was obtainable. None of the evidence offered conclusive proof, in the opinion of Drs. Riley and Howard, that the Black Widow, or any spider, was responsible for the bites, wounds or poisoning for which they were blamed. Their final paragraph, summa rizing their conclusion, follows:

"It will possibly appear to the reader that after collect ing this testimony we are as far from the solution of the question, 'Do spider bites ever produce fatal results?' as we were before; but it seems to us, after analyzing the evidence, that it must at least be admitted that certain spiders of the genus *Latrodectus* have the power to inflict poisonous bites, which may (probably exceptionally and depending upon exceptional conditions) bring about the death of a human being. Admitting in its fullest force the argument that in reported cases the spider has seldom if ever been seen by a reliable observer to inflict the wound, we consider that the fact that species of *Latrodectus* occurring in such widely distant localities as South Europe, the Southern United States, and New Zealand, are uniformly set aside by the natives as poisonous species, when there is nothing especially dangerous in their appearance, is the strongest argument for believing that these statements have some verification in fact. It is no wonder that apopular fear should follow the ferociouslooking spiders of the family Theraphosoidae; but considering the comparatively small size and modest coloring of the species of *Latrodectus* so wide-spread a prejudice, occurring in so many distinct localities, must be well founded.

THE GLEANER agrees with the scientists quoted, that the preponderance of opinions indicates the bite of the Black Widow Spider may inflict a painful, or even fatal, wound. But if there is definite proof of the spider's guilt it has not come to our notice. If among our readers there are physicians who have patients who actually saw a spider inflict a bite, that was followed by ill effect, THE GLEANER will appreciate a report with all details which can be obtained.

Concerning Chocolate

How many of us have ever given thought to the original source of chocolate or known that it is as much American as tobacco, corn, potatoes, vanilla, peanuts or the Red Man himself? Even the names "chocolate" and "cacao" or "cocoa" come to us through the Spanish from the Aztec language of ancient Mexico.

In the days before the raids of the early Spaniards, Cacao was cultivated in the tropical lowlands of the New World. It was too scarce and too precious for daily consumption by the masses, but by the ruling classes it was used, often with ground corn, as a thick, almost porridgelike beverage, rich in spices. Montezuma and his household consumed almost unbelievable quantities.

Cacao beans were also extensively used as currency, a practice that endured until quite recent times and may even now survive in remote districts. In Aztec civilization this currency, like coins of the present day, was often counterfeited but, unlike our coins, according to Peter Martyr, as quoted by J. Eric Thompson, did not lead to "hellish avarice."

"O blessed money, which yeeldeth sweete, and profitable drinke for mankinde, and preserveth the possessors thereof free from the hellish pestilence of avarice, because it cannot be long kept, or hid under ground."

An Ancient Press

After reading the "Development of the Pharmaceutical Mortar" which appeared simultaneously in the *Eclectic Medical Journal* and the *Practical Druggist* in 1931, Mr. John Uri Lloyd penned the following paragraph describing an ancient press which he saw in operation in Arabia in 1906. Our illustration is a reproduction of Mr. Lloyd's pencil sketch.

"After reading this very interesting study of the development of the mortar I am reminded of a peculiar process I witnessed in an oasis village two hours camel ride from Aden, Arabia.

"A large trunk of a tree had been fixed to the earth, and a cone shaped cavity made in the stump. In this a pestle was fitted, the shape being conical to fit the cavity. A frame held it in place. This pestle was thus held in place by its own weight.

"A camel was the motive power, treading in a circle of about fifteen feet diameter. It was making Oil of Sesame when I saw it in operation, the oil dripping from the lower part of the funnel. The building was dark so I could not discover the mechanism that strained the oil. An Arab was continuously adding seed in the top.

"I presume this device dated back to Solomon's day. Tradition has it that the Queen of Sheba lived in that section of Arabia."

Crackers and Prescriptions

Not so very long ago crackers were sold only in bulk from the box or barrel. This custom prevailed from the beginning until finally one manufacturer, perhaps with a little better knowledge of human nature than his competitors, started to pack his ware in cardboard boxes. Crackers so packed were a little more expensive than in bulk, but they appealed to the eye and gave the impression of unusual care in their making and handling. Besides this, they remained fresh and palatable much longer. Today, in spite of the increased expense, shelves of neat cartons replace the once familiar wooden barrels and boxes which crowded the floor of every grocery.

Readers of THE GLEANER may not be called upon to sell crackers, yet they will constantly meet the same human nature that demands crackers packed in attractive containers. From bakery goods to automobiles, the first and possibly the strongest impression comes through the eye.

When the patient receives a bottle of medicine, the first impression it makes is on the eye. Following this the impressions of taste and smell help to mold his opinion of the medicine's worth. Before the first spoonful has reached his esophagus, he may form opinions and prejudices that subsequent results can overcome only with difficulty if at all.

A prescription containing a heavy, resinous precipitate is unattractive, to say the least. On the other hand, a tasteless, water-clear, colorless prescription may leave an impression that is even worse. Though it contains energetic medicaments such as Aconite and Belladonna, the patient is all too apt to judge it inert and so pronounce it. In either case, the perfect solution is-the vehicle.

As a vehicle for liquid vegetable medicines, it would be difficult to devise a more ideal agent than Glyconda.

Its color is attractive. Its aroma and flavor are agreeable, and although sugar is not used in its composition, it is usually liked even by children. In addition it has remarkable qualities of masking the flavors of bitter and unpleasant medicines.

Glyconda will not prevent precipitation when mixed with all medicines. Probably no single liquid will do this much. But in most cases Glyconda greatly lessens precipitation, and when precipitates do occur they are usually much more flocculent than with most other vehicles. They do not form unsightly, gummy masses, and they are almost completely obscured by the color of Glyconda.

Glyconda, as a vehicle, also permanently preserves the prescription. It will neither freeze nor ferment.



THE B. & G. MEDICINE CASE

(See Page 1011)