

The GLEANER

(A Publication of the Lloyd Laboratory)

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

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



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SPECIAL NOTICE

Increasing correspondence connected with GLEANER subjects and problems has made it necessary for Doctor Stephens to have an associate to assist in directions where detailed replies to correspondents are necessary. Doctor Stephens will continue, as heretofore, to write the leading editorial. His well-known style is exemplified by the editorial in the present number of THE GLEANER. As Associate Editor, beginning with this number of THE GLEANER, we take pleasure in introducing to our readers Professor Byron H. Nellans, M.D.

Respectfully,

LLOYD BROTHERS, Pharmacists, Inc.

THE GLEANER

Cincinnati, Ohio, July, 1925

Number 25

EDITORIAL.

WANDERERS

By A. F. Stephens, M.D.

A peculiar frame of mind leads some people ever to look forward to "something new," and to embrace novelties on assumptions only. They seem to accept theoretical innovations eagerly, without questioning either their value or their harmfulness in the treatment of disease. They seem to be constantly "trading jack-knives," without a knowledge of the blades of the knife they receive in return for that which was serving them well.

When we take up one agent after another as a "cure" for a disease, to the neglect of others that have well served our purpose in treatment of that disease, it appears as though we were undecided as to the value of any of them. When a physician has been successful in the use of a remedy, and realizes that it has been helpful to him, Yt may be asked, "Why should he exchange it for a something questionable"? What kind of a twist is in our minds that causes us to give up a good thing, a certainty, for a something no better, if as good, and which is in the experimental stage, only?

The above does not often apply to our own branch of the profession. The positive effects of our drugs have been established after many years of study and experimentation. They have been placed upon a sound base. Few physicians conversant with their value change for others, "sight unseen."

If a clean, elegant, vegetable remedy will change an abnormal condition into the normal, and thereby restore a patient to health, what need have we to trade that remedy for another? For example, if Specific Medicine Veratrum can, in any disease whatever, eliminate the factor of increased tension with its accompanying phenomena, what inducement can there be for discarding this certainty for something else? If Specific Medicine Gelsemium overcomes nervous excitement and modifies accompanying circulatory excesses, why seek another agent that may, or may not, do the same thing? These are questions one may well ask oneself, if he finds himself restless for change.

To illustrate further, let us consider the field of a few of our remedies that act with a certainty surprising to one not conversant with their actions. Let it not be forgotten, however, that when we speak of the action of a remedy in a given disease, we do not mean that it is applicable to that disease name, as a symptom complex. Before we can apply a remedy intelligently and effectively in a given case, the Disease must be diagnosed and balanced as concerns its principal factors. The remedial agent or agents must then be directed to those factors, alone. Often, as has been frequently stated, the elimination of but one abnormal factor, if it be a major one, will quickly clear up the entire symptom complex. Let us then forget the name of the special disease, and look for the conditions which are its factors.

Aconite meets certain definite or specific conditions in "sickness." Such conditions manifest themselves by a small, compressible, frequent pulse, indicative of lowered tension, although the temperature may be very much elevated. Given a condition such as this, and aconite will increase the tension, lessen the frequency of the pulse, reduce the temperature, and thus sustain the vital force.

Where an opposite condition prevails, Specific Medicine Veratrum acts favorably. Here the pulse is frequent, the vessels full, the heart action strong and rapid, the impulse exaggerated, the temperature high, the tension greatly increased with nervous excitement, fully illustrated in the robust by pneumonia. In such conditions, no matter what we may call the disease, Veratrum will correct the disturbing factor, and save life.

Sometimes the skin is dry and hot, with decreased urinary secretion, great nervous excitement, increased temperature, and restlessness, headache and inability to sleep, "hot all over." This condition, often met in childhood, calls for Gelsemium, under which, in proper doses, all these symptoms disappear as though by magic, and the patient at once recovers.

An irregular heart action due to nervous causes, usually reflex, with tachycardia where the heart is running wild and the patient is filled with fear, demands Cactus. If the heart is irregular depending upon reflex influences by way of the vagus, Crataegus acts as a power for good.

So we might continue until we had written a book of clinical facts concerning these and other agents, fully established by a century of investigation and patient bedside experience-bedside, mind you-not by unnecessary laboratory destruction of life, with its attendant cruelties.

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FROM THE LABORATORY STAFF

The Laboratory Staff welcomes the advent of Professor Byron H. Nellans, M.D., as Associate Editor of THE GLEANER. He is a close student of the American Materia Medica, and a very busy practitioner. His continued clinical experience renders him exceptionally competent where judgment based on personal knowledge is requisite.

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In connection with the foregoing, a person might ask, Who else than one possessed of "personal knowledge" would presume to answer questions concerning disease and its treatment? To this hypothetical question a reply might be made to the effect that the best of all authorities, in our opinion, is the practicing physician; but in some directions an effort now seems to be made to discredit him, as being a man incompetent to speak about either treatment or ailment.

Seemingly, he is to be seen and used, but not heard. To be forbidden to voice himself means that he is to be suppressed. In the face of such as this, the term "personal knowledge" is employed because Doctor Nellans is both a teacher and a practitioner.

* * * * *

Our lawmakers, intent on so-called "Higher Medical Education," a term now so often flippantly used, might be asked, "Who is your physician? Where did he attend college? Whose names are on his diploma? Who were his teachers?"

THE GLEANER is of the opinion that by far the majority of our legislators would discover that their beloved physicians are not to be classed in "List A." But yet, in every sense of the word, they belong in Super "Class A," when it comes to service in the clinical practice of medicine.

* * * * *

We wonder if not a few votes concerning medical law are not given by legislators without knowledge that they are, by their votes, discrediting their home physician, and forbidding the country from getting others of a like standing. Possibly a limited number of sufferers can afford to travel for miles to consult a "city doctor," but THE GLEANER believes that the country at large is too far from the city to make it desirable to annihilate the old-time practicing physician, whose care of the families of his patrons is his highest ambition; who fears neither cold, heat, nor wet weather when duty leads him to the cottage on the plain or to the cabin in the forest. Never is the night too dark or the way too long.

* * * * *

To THE GLEANER, one real physician is as holy as the other. All have their duties to perform, the one in an office where displays of comforts and luxuries abound, the other amid surroundings that bespeak trials and sufferings in behalf of his loved profession and the ailing ones, to whom the "call of the night" brings the ever-ready physician, whose face, as he removes his dripping hat and coat, be it in mansion or hovel, is a blessing inexpressible.

* * * * *

To the reader it might appear as though the writer considers the luxurious office in a tenement house of a thousand rooms as the acme of a physician's ambition. If so, a mistake is made. Instead, the life of the "country" physician that comes to memory appeals, above and beyond that of the man confined in a small room in an office building, where never a breath of fresh air is known to enter, be it winter or summer. Where the fees are high, because the doctor is working for his landlord; yes, for two landlords, if he has a rented home. Where, in order to "make both ends meet," his heart must be racked by the fact that the fee he necessarily exacts means the scrimping of a family, whose bread winner gets less for an entire day than the charge of the doctor for a few minutes' time. Where, when comes the ending of the month, he finds no addition to the fund to enable his own family or himself to take a needed vacation the coming summer. Where, in his solitary meditations, comes the appealing memory of green fields, rugged mountains, solitary woodlands, great plains, or the inexpressible lure of the desert as his thought turns back to childhood's days. "The cry of the wild" has been used to apply to such as this, but the writer prefers the expression "the craving for Nature."

* * * * *

The office tenement house, be it called what it may to soften the expression, covers a multitude of heartaches. In most of these offices, exquisitely rugged and furnished though they be, could we see what lies in the breast of him who there slaves for his landlord, we would find uprising memories of other days when, as a happy country boy, barefooted though it be, he lived care-free before he entered the path that led him past freedom's spring into a walled-up den.

* * * * *

But a great city needs sacrificing servants, and as such, this writer considers the physician specialist, whose life is spent in behalf of sufferers whose pathetic, city-bred ailments confront him day by day.

* * * * *

To show another picture is to call attention to the fact-for fact it is-that here and there an expert specialist gets from a wealthy client a fee that dwarfs a year's income of his clinical brother in the profession, be his location in the country or the city. This needs be true of all vocations. Is not the Scripture text "Unto him that hath shall be given" true here as elsewhere? Have we not in America so-called "giants of industry," here, there, everywhere, who, could the heart be seen, might better be called "men of misery"? Another question might be asked: How many unseen, unmentioned "specialists" sit lonely in their four-walled rooms, as contrasts to the thousand-dollar surgical operator?

* * * * *

But enough. A reader might ask, "What has such as this to do with a publication devoted to physicians and medicine?" The reply might be: "Neither the physician nor the pharmacist is outside the entanglements of life, did one consider only the blessings and duties of himself and his people, be the location what or where it may."

* * * * *

Another may ask "What business is it of THE GLEANER to intrude where only angels should tread?" Well, we have waited "quite a time" for the angels to come to the rescue of our friends, the practicing physicians of America. What right has THE GLEANER to criticize our "lawmakers"? may also be asked. Possibly the reply may be in the words of the old, old adage, "A cat may look at a king." But neither of these is the answer that will be made. It is this: Our country is not going to be ruled eternally by laws based on subjugation of the people. It behooves those occupying high places to begin to raise their thoughts to lofty eminences.

And in this respect, if the care of the people's health be their ideal, our lawmakers will yet consult their family physicians when a law designed by title to "elevate the practice of medicine" discredits the man who cares for the lawmaker and his family, and which, instead of "elevating the practice of medicine" is fast turning the country over to cults and to faddists, of whom the least harmful are not those the "law" is trying to suppress.

One might infer from the foregoing that this writer is opposed to all law as applied to medicine and medicines. Instead, he believes in balanced law as a guiding factor, but not as a suppressor of personal liberty where no harm results. Blanketed destroyers of established processes serviceable to the people's welfare, under the name "law," should be very cautiously handled. "The unexpected" may happen. Liberty to do good is not license to do wrong.

* * * * *

Who can doubt that the "higher medical purists" (a term that applies also to pharmacy) are earnest, honest, and sincere in their belief that all opposed to their views should be suppressed, in behalf of the ideals held, almost as a religion, by themselves? Who can doubt that much good has come from their sacrifices, because there have been great sacrifices made by these thinking men and women? But one may ask, "Have the united efforts of lawmakers and money lessened so-called 'quackery'?" Have we not cults to-day unknown heretofore? Does not this apply to medicine and pharmacy alike?

* * * * *

For an answer to these questions, consult your pharmacist and your observing practitioner. Study the medicaments on your apothecaries' shelves, then contrast therewith the non-medicines he dispenses. Surely the reply must be, the twenty thousand laws recorded in one State have been inadequate in more directions than those we have mentioned.

* * * * *

What is the remedy? THE GLEANER begs to be relieved from answering. It is, or was, a saying in "old" Kentucky that a span of wild horses on the run might possibly be guided and kept in the mad until exhausted, but that the probabilities were they would smash the wagon and kill the driver.

* * * * *

Grover Cleveland once told this writer that he had faith in the American people. That in the end they would balance subjects and act for the best interest of all the people. That was at a time when this country was in the throes of a political crisis. Cleveland was right. We have like faith now.

* * * * *

Poison Ivy.-Turn now from "mind poison" to a poison just now before many readers of THE GLEANER. The day of "Rhus poisoning" is again here. It may by some be called "the season of our discontent."

In connection with the subject, there have been multitudes of "cures" commended by word and in print. Perhaps the most favored agent 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:

R̄x Spec. Med. Belladonna.....gtt. x
Alcohol.3 i
Distilled Water q. s. ad... ..3 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 systemic corrector was needed as a constitutional treatment. His prescription, which proved very helpful, was as follows:

R̄x Potassium Iodide. gr. xxx
Spec. Med. Stillingia.3 iv
" " Phytolacca.3 ii
" " Rumex.. 5 iv
Glyconda q. s. ad.3 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."

*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."

+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.

GLEANNINGS AND COMMENTS

CACTUS GRANDIFLORUS

Selenicereus Spinulosus

So much interest has of late been manifested in this remedy, that we need make no apology for reproducing for our readers the following, from the pen of Mr. J. T. Lloyd, which appeared simultaneously in the columns of the Eclectic Medical Journal and the American Druggist, February, 1925.-Ed.

CACTUS-THE DRUG

Its Home in the Mountains of Mexico

By J. T. Lloyd, Ph.D.

During the past year or more, various botanical specimens and samples of drug shipments of cacti from Mexico were kindly determined for us (Lloyd Brothers, Pharmacists, Inc., Cincinnati, Ohio) by Dr. J. N. Rose of the United States National Museum, an undisputed authority on the Cactaceae. Of the drug importations submitted every sample was identified as *Selenicereus spinulosus*.

Members of the genus *Selenicereus* were originally included in the large genus *Cactus* of Linnaeus. Later (1754) the genus *Cereus* was separated, embracing plants of the present genus *Selenicereus* and other genera now recognized. Not until the work of Britton and Rose appeared in 1909 was the generic term *Selenicereus* applied. An understanding of these changes of botanical names explains why the same plant may be recorded as *Cactus*, *Cereus* or *Selenicereus*.

As relationships of plants and animals become better known, it is but natural under the present binomial system of nomenclature that new generic terms should be applied. Such changes necessarily accompany the progress of science. But from the commercial standpoint at least, changes of name only result in needless confusion. For this reason the drug now botanically known as *Selenicereus spinulosus* retains in commerce the name under which it was established in medicine more than half a century ago-*Cactus grandiflorus*. But, in what kind of natural situation and under what conditions does the drug *Cactus grandiflorus* (*Selenicereus spinulosus*) grow, and how is it supplied to the trade?

These and other kindred questions recently came to mind. Notwithstanding its long use, search of the literature revealed little more information on the subject than that the plant is "clambering," and is native to Mexico. Scarcely a drug plant can be found whose habits are less fully recorded. For these reasons the writer determined to visit the home of this species of *Cactus*, to see it as it grows and to study its habits first hand.

With personal knowledge of the commonness of cacti of many species in our own Southwestern States and their abundance in the northwestern part of Mexico and on the Mexican plateau, the task of locating and studying the growing drug seemed a simple matter. Our expectations were that it could almost be accomplished from the car window. How unfounded were such anticipations was proved by our first experience with the plant in its natural habitat.

Headquarters in the cactus drug producing part of Mexico were established in the town of Monterrey, which lies in a semi-desert valley, at an altitude of 1,700 feet, closely bordered by rugged mountains, rising two thousand or more feet above the city. At Monterrey we received every possible courtesy and assistance from Mr. J. B. MacMillan, who has made the city his home for twenty-five years, during which a part of his time has been devoted to gathering and exporting cactus. For years he was associated in this business with his brother-in-law, the late Mr. E. P. Gifford, one of the early American settlers of Monterrey and the pioneer collector of cactus for the drug trade. No one could have been of greater assistance than was Mr. MacMillan with his knowledge of the country gained through numerous camping trips in various parts of the mountains and his love for their most rugged and wild regions, the home of the drug cactus. Without his aid we could have accomplished little in the time at our disposal.

The Trip to the Home of Cactus.-Early dawn found us outside Monterrey on the way to one of the nearest locations for observing the Mexican growing cactus of commerce in its typical, natural setting. The road in places was grooved deeply with ruts worn by the passing of two-wheeled ox carts, laden with the produce of the land; in other places it followed the uneven outcropping of rock strata-everywhere it was impossible for transportation of freight except when loaded in ox carts or on burros. In the rainy season the mire becomes so deep that even the ox-drawn carts cannot pass. This road progressed through a mountain-bordered valley with few sharp contours, but constantly ascending a gradual incline. The vegetation of the valley was similar to that of the desert of western Texas.

Trees were absent but were abundantly replaced by shrubs and bushes, few of which reached the height of a man's head. The foliage was uniformly of the drought-resisting leathery type, characteristic of regions subject to long periods of scanty rainfall. Almost every plant bore a formidable armature of wicked thorns. Scattered among these shrubs were cacti of many forms and species, some with no known use to man though a few enter into the every-day economy of the native country people. Among these the traveler frequently meets tall growing species which are often transplanted to form living, impenetrable fences. Several distinct types are thus used. A native candy that is consumed in quantities is made by cutting cubes or strips from the heart of a large globose species and impregnating this tissue with sugar. This plant pith adds but little flavor to the product but imparts a gelatinous semi-fibrous consistency that somewhat resembles sugared pineapple. The fruits of several species are prized as foods by the natives though to the foreigner their spiny covering more than offsets their delicacy of flavor. Flat, oval lobed species of the genus *Opuntia* are sometimes used as utensils for cooking. For this purpose the terminal segment of the plant is severed and placed upon a fire until the thorns are burned off. Then a long-bladed knife is inserted through the cut end of the segment, easily separating the two sides but not cutting the edges. Thus is formed a thick-walled bag of moist vegetable tissue in which certain foods may be steamed as effectively as in a double boiler. For our noonday meal, fish caught from a mountain stream were quickly cooked over the open fire in such a cactus segment, seasoned with tomatoes, onions and pepper. The dish proved as delicious as the method of cooking was unique.

The entire route was bordered by opposing, precipitous, jagged, saw-toothed mountain ridges, rising abruptly from the flat valley floor, their summits sometimes standing in bold relief against a cloudless sky, sometimes submerged in a covering of fleecy clouds. Their bases, though steep, offered footing for a continuation of the valley flora until a height of several hundred feet was gained. Above this their sides were formed by sheer cliffs of bare gray rock or of steep tumbles of broken rock fragments whose crevices harbored a hardy flora. It is high up among the rocks of the steep mountain sides that the drug Cactus (*Selenicereus spinulosus*) flourishes. A more inaccessible situation could scarcely be found. After traveling more than twenty miles over the valley road we turned abruptly into the mountains. Soon the road diminished to a trail passable only to pack animals. The trail followed a mountain river, narrowly bordered by luxurious vegetation, up a canyon whose sides constantly became steeper until it was shut in by almost perpendicular walls of rock. At last the canyon came to an abrupt end, against a perpendicular cliff of more than a hundred feet over which the river tumbled in a mass of white foam. Leaving the canyon at the uppermost point where a footing could be gained, we made the precarious ascent of the steep mountain side. It was here high above the valley floor that the first specimens of the cactus we sought were found.

The plants usually grew with their roots entrenched in the narrow cracks and crevices of the bare, precipitous rocks. Often hardly enough soil was present in the crevices to hide their roots from view. The vine-like plants usually dangled rope-like over the precipice or hung downward on the steep slopes. Only rarely when encouraged by proximity to the trunk of a mountain shrub, they feebly attempted an erect growth. Although on this mountain, at an altitude of about 1,500 feet above Monterrey and more than 3,000 feet above the sea, the species of cactus employed in medicine grew in patches of considerable abundance, the cliff slope was so steep that for long no footing for a tripod could be obtained. We had almost abandoned hope of securing photographs when a projecting rock was discovered exposing good views of growing plants.

In the vicinity of Monterrey, at least, it is only in difficult terrane such as this that the best quality of these plants grows under natural conditions, though when transplanted in the lower lands or in greenhouses they seem to flourish. We are, however, informed that shipments of the drug have reached our markets from localities in which mountains do not exist.

Gathering Cactus for Market.- The drug Cactus in the vicinity of Monterrey, Mexico, grows, as stated, on almost inaccessible mountain sides at an altitude of 2,500 or more feet above the sea. It is mostly of prostrate growth, dangling over precipices and trailing down steep slopes. The collectors with whom we went into the field have gathered cactus for many years, and wisely anticipating the future, do not uproot the plants but cut them well above ground. Under this treatment it takes a patch five years to recuperate. In selecting the plants a large amount of dead wood and imperfect stems are discarded in the field. The best stems are carried by men to the nearest place that can be reached by burros, where they are loaded on these animals. The trip by burro is ten to fifteen miles in length, much of it over the most difficult mountain slopes. Sure-footed as burros are, more than one cactus-laden animal has met its death by a mis-step that sent it crashing down the mountain side. After the trip by pack over mountain trails, the cactus is transferred from burros to ox carts which take it the remaining miles to Monterrey.

March is the most favorable season for cactus gathering. Then the roads are passable and the plants in prime condition after the cold winter. In the fall, following the hot season, they are less perfect and the heat during transportation by road and rail proves injurious.

After reaching Monterrey, the plants receive a final grading. All imperfect stems that escaped the first grading are thrown out, likewise all stems that are considered too large and woody. This final grading eliminates about forty per cent of the plants that escaped the first grading. When shipment to the United States is made, custom regulations now necessitate the sender accompanying it across the border. Few drugs are obtained with greater difficulty and are handled under more trying conditions than the conscientious collector meets in procuring cactus.

POISON IVY: CONSTITUTIONAL TREATMENT

Question: Several months ago my son contracted a very severe case of "poison oak" poisoning, from which he has never recovered. It is in fact the most severe case I have ever seen, attacking the internal organs as well as presenting the usual external manifestations. If you can suggest any helpful method of treatment, please do so.

Is there any way of rendering the system "immune" to these attacks?

Reply: The substance of what appears in our editorial columns, pages 839-841, was sent to this physician in reply to his first question.

As regards rendering the system "immune" to the infection of Rhus poisoning, we are very doubtful if there be any substance that will accomplish that object. Still, if the system be in proper condition, it may be fortified in such a way as possibly will enable it to resist a toxic intrusion, such as surely comes to many individuals through the touch of growing Rhus.

PRESCRIPTION DIFFICULTIES

*Rx Sub cu luyd
echine Echine
L 1/2 Sp. Med. Rhus
sig. q. 2 h
+ +*

In the Prescription Difficulties Department of the Practical Druggist, October, 1923, the above puzzle prescription appeared, with the following editorial comment:

This is "Subculoyd Echine," according to the contributor of the prescription, who writes: The correct reading of this prescription which we reproduce in the next column for convenience in referring to it, is "Subculoyd Echine," according to the contributor of the prescription, who writes: "This prescription was written by an American physician who I know has experience as a pharmacist. Phoned him to find out what it was and was just as wise as before. He told me it was Subculoyd Echine and had forgotten the name of the maker. Kindly publish and see if anybody can enlighten us."

The prescription was generally passed up by our readers, although in one or two instances the opinion was hazarded that it might call for Tinct. Colchicum Seminis.

The editors of Practical Druggist very kindly called our attention to the above article, and enclosed letters that came to them in response to their call for help in solving the problem. Some of these were very amusing, and all were of interest. From them we extract, as follows: "I would suggest that the 'Subculoyd Echine' that has given so much trouble is 'Subculoyd Echinacea,' a preparation put out by Lloyd Brothers, Cincinnati, Ohio. According to their literature, 'Subculoyds' are plant preparations for hypodermic use.

"In view of the fact that John Uri Lloyd heads the list of your 'Contributors' on the first page, and of the further fact that your experts passed the problem up, it is with some diffidence that I hazard the above answer."

RHUS TOX: IS IT POISONOUS TAKEN INTERNALLY?

Question: I notice on the label for Specific Medicine Rhus the statement, "Poisonous in Overdoses," elaborate instructions being given for counteracting the effects of overdose. This leads me to the question, Has there ever been recorded an authentic case of poisoning from the plant, aside from the dermatitis from exposure to the wild plant? When a boy, I noticed that the cows ate the plant as freely as they did clover, and I wondered why they did not die. It is my belief that the plant is entirely benign, other than for its above well-known characteristic. "Similia similibus curantur," say the Homeopaths. An old Homeopathic physician told me once to give for rhus dermatitis five drops of Specific Medicine Rhus every two hours. I have done this many times, with cure within seventy-two hours, usually within thirty-six hours. My usual method is to give the patient the following prescription:

Rx Sp. Med. Rhus. 3i jss
Simple Syrup or Water. ℥iv
M. Sig. A teaspoonful every two hours for one day, then every three hours.

In only two cases have I had to refill this prescription. This treatment usually renders the patient immune for a year. Again I must say that I believe the plant to be entirely non-poisonous when taken orally.

Reply: The question raised by our correspondent came to us as a surprise, which was increased when we attempted, unsuccessfully, to locate a case of death resulting from the internal use of Rhus tox. For half a century Rhus tox has been one of our standard remedies, administered internally in medicinal doses, and we have always accepted the common view that in overdoses the remedy was a poison. The problem was referred to Dr. V. K. Chesnut, of the Bureau of Chemistry, Washington, D. C., an authority of international reputation as regards poisonous plants. His reply is as follows:.

"I also have had occasion to note the fact that some animals eat poison ivy leaves apparently without harmful results. Before being aware of this fact, I was greatly alarmed, while on a camping expedition in northern California, by our mule eating the leaves of Rhus diversiloba. I knew from experience that many people who touched this plant were poisoned. No harmful effect was noted, however, although the animal continued eating the eaves each day for a week or more.

"The case with man is apparently somewhat different. There are few cases of internal poisoning in the literature, but some appear to be authentic, one on record having terminated fatally. I imagine that few of the minor cases are recorded, owing to the fact that young people, especially, sometimes eat the leaves out of bravado, or with a desire of acquiring immunity, and do not care to relate the real results. J. S. McNair, in his very interesting and instructive book entitled 'Rhus Dermatitis,' recently published, states, page 133, that:

" 'In internal Rhus poisoning the amount of poison ingested is generally larger than in Rhus Dermatitis. There is also a possibility of other poisons than that which is the principal cause of dermatitis, being absorbed from the plant.' "He cites on the next page some fatal results on dogs, noted by Orfila, following the ingestion of the aqueous extract. He also describes the course of symptoms of internal poisoning. The one fatal case of internal poisoning he has been able to collect is that of W. B. Alumbaugh. This reference is to be found in Vol. 21 of the Medical World for 1903, page 176."

RHUS POISONING

Question: In the Journal of the American Medical Association, June 3, 1923, I find an article on the treatment of poison ivy with tincture of Rhus toxicodendron, and by the intramuscular injection of same. The writer says that these preparations may be obtained from you. Will you kindly send prices and literature?

Reply: We make no preparation from Rhus tox. that is suitable for hypodermic medication. Specific Medicine Rhus carries plant structures that unfit it for this purpose. We appreciate this reference to the preparations of our Laboratory, and regret the necessity of not being able to commend, by our own experience, the preparations named questioningly by this correspondent.

In early print it was stated that the American Indians, in treatment of ivy poisoning, chewed a small portion of the plant, but of this we have no authentic record. We would hesitate to follow the suggestion that even a fragment of a leaf be thus employed. In our opinion, this might, to some persons, prove a very risky experiment, leading to great discomfort and possibly to more serious results.

BENZOATE OF LITHIUM

H. T. Webster, M.D.

(So much attention has been attracted to the Solution of Lithium Benzoate by the various articles on this remedy that have appeared in recent numbers of THE GLEANER that we are glad to give space to this communication from Doctor Webster, received after this number of THE GLEANER had gone to press.-ED.)

It is easy to overestimate the value of this remedy, for it is not one that is frequently indicated. It will not relieve all cases of gastric pain. In fact, there are more cases of gastralgia where it is not applicable than those to which it is adapted. Many cases of gastric pain, as well as of the muscles overlying and nearby, are myalgic in character, and Lithium Benzoate is not a remedy adapted to fibrous structure. In myalgic cases we will think of Rhamnus californica, Macrotys, Caulophyllum, Leontin, etc.

Muscular pain is often shifting and cramping. It is aggravated by pressure. The pain relieved by the use of Lithium Benzoate remains where it begins, though it may become diffused throughout the chest and middle, and may even crawl up the esophagus and cause choking sensations. But the pain remains where it begins, and is not aggravated by pressure. It is in the nerves of the affected part.

The most positive place for this remedy will be found in the prevention of formation of gallstones, and the relief of the pain of gallstone colic. Neurosis of the solar plexus and associated sympathetic nerve centers above the diaphragm responds to it, as well as gastralgia of nervous origin.

SUBCULOYD LOBELIA IN CANINE DISTEMPER

Many requests come to us from veterinary physicians for literature on the use of the Specific Medicines and our other specialties with diseases of animals. This is particularly the case with Subculoyd Lobelia, which has proved to be particularly valuable in this direction. This was first brought to our attention in 1912, when, in the West, a distemper was proving exceptionally virulent among horses and cattle. Telegraphic orders were received from that section for Subculoyd Lobelia in large quantities, and inquiry developed that it was for the use of the veterinarians, who were finding it the first remedy they had employed in that direction that had proved to be of radical service.

Subculoyd Echinacea and Inula Compound was perfected pharmaceutically by us, at the request of a physician who wished to use this compound in treatment of tuberculosis. A study of the remedy led Mr. George W. Little, then Chief Surgeon of the American Society for the Prevention of Cruelty to Animals in New York City, to employ it in his veterinary practice. His success in treatment of canine distemper with this remedy was so pronounced, as to lead him to report the same in the Popular Science Monthly, in September, 1917. As we understand, the method therein outlined by Dr. Little has been followed very successfully not only by veterinarians but by other physicians, in treatment of valuable dogs owned by themselves or their friends. We believe, therefore, that as the "dog days" are now rapidly approaching, many of our readers will be interested in the following reproduction of Dr. Little's paper. With this introduction, we leave the problem to our readers.

A New Treatment for Distemper in Dogs*

No other disease of dogs is more prevalent and, with the exception of rabies, more fatal, than "distemper," a disease peculiar to dogs and young horses. Its cause is a specific infection or poison finding its way into the system through the lungs and air passages. Young and growing animals are generally attacked. The disease runs a course as a catarrhal fever, affecting all the mucous membranes of the body, and is in many cases accompanied with certain nervous symptoms and eruptions of the skin.

Distemper is highly contagious, and is communicated only by infection. The Scotch term for it, "the sniffers," conveys graphically to the mind one important characteristic of the disease; namely, the sniffing noise-half sneeze, half cough, which demonstrates the effort on the part of the animal to rid himself of the mucus which accumulates in the air passages.

*By Dr. George W. Little, New York City, formerly Chief Surgeon of the American Society for the Prevention of Cruelty to Animals. Reprint from Popular Science Monthly, September, 1917.

In the treatment of dog distemper many things must be impressed upon the nurse and the owner as of the utmost importance. Strict attention should be paid to the diet. No meat whatsoever should be given. Boiled rice, the broth of meat with fat removed, dog biscuit, milk, and stale bread can be given. Vegetables, such as peas, beans, and asparagus, may be mixed with the rice or other food. Food not eaten should be immediately taken away.

Regarding the medicinal treatment of distemper, more "specifics" have been used and recommended than in any other disease in the category of dog ills. After numerous experiments and the use of all available medicines, vaccines, and antitoxins, I have found only two medicines that have proved of exceptional value. These are Inula and Echinacea, which, combined in a single preparation for hypodermic use, I have used extensively and with increasing satisfaction. Both drugs are non-poisonous, and they work together to raise the natural resisting power of the blood against invading bacteria and disease.

Administered in hypodermic injection into the muscles every twenty-four hours, this compound of Inula and Echinacea "kills" distemper, finally driving it out of the system. Five or six hypodermic injections are usually necessary, giving them alternately on one side and then on the other side of the body. These injections should be made by a veterinary who understands intra-muscular injections. The improvement in the patient after two or three injections is remarkable. The dog, seemingly in the last stages of distemper, revives and recovers his appetite, and there is a corresponding decrease in the severity of all the symptoms of the disease. The recovery is so rapid that the dog does not become debilitated to any great extent.

I have treated eighty cases of distemper, using Inula and Echinacea Compound. The percentage of mortality in these cases is the only tangible proof, aside from the rapid recovery of the animals, upon which the efficiency of the compound can be based. Of the eighty cases treated, sixty-eight have recovered. The mortality, therefore, is fifteen per cent of the total number. The usual death rate, according to the best authorities, is from sixty to seventy per cent. The dogs treated were in all stages of the disease. Some had very high temperatures, with pneumonia, bronchitis, bronchial coughs, and typhoid symptoms.

Four Symptom Types

Catarrhal distemper (eyes, nose, and lungs), inflammation and pus discharge of the eyes and nose, which is very persistent and may be so severe as to derange the stomach, causing vomiting. There is more or less increase in the breathing, which is labored. There is also a persistent cough, which is often the first symptom noticed.

Intestinal distemper, indicated by coated tongue, loss of appetite, thirst, general depression, and the symptoms of indigestion.

Nervous distemper, in which the patient shows fear, uneasiness, great irritability, dullness or sleepiness, twitching of the ears, face or legs, epileptic convulsions and paralysis, either localized or complete.

Skin distemper, in which little pus sacs appear on the abdomen and inside the legs.

A characteristic and common symptom for which dog owners should be on the alert is inflammation of the cornea, or outer membrane of the eye. This, according to Dr. Little, develops soon after the eyes are inflamed and begin to discharge pus. The inflammation produces a blue area over the region of the pupil, and later on ulcers appear which, if not properly treated, rupture the eyeball itself, causing blindness.

"Distemper usually runs a course of from two to three weeks," says Dr. Little. "Occasionally it extends over a longer period-one or two months. This prolongation of the disease is due usually to the secondary complications. "Animals affected with the disease should be kept away from all animals that have not developed it, particularly young ones. Rigid disinfection of the kennels, and also of the articles used for the dog, should be practiced.

"Preventive vaccination, or inoculation, while it cannot be called a success, is worthy of consideration. As the bench show is the usual place for a valuable animal to contract distemper, something must be done in order to prevent it from developing the disease. There are many vaccines on the market for distemper, and if they are of any particular value at all they will be of help indeed. For curative purposes I consider the vaccines and serums thus far produced to be absolutely worthless. If I had not tried them all, in hundreds of cases, I would not make this statement.

No Meat in the Diet

"In the treatment of dog distemper many things must be impressed upon the nurse and the owner as being of utmost importance. First, strict attention should be paid to the diet. No meat whatsoever should be given. Boiled rice, the broth of meat after the fat has been removed, dog biscuit, milk, and stale bread are some of the foods that may be given. Vegetables, such as peas, beans, asparagus, may be mixed with the rice or other food.

"The stricken animal should be fed three times a day when in the active stage of the disease. In condemning meat in distemper, I do not mean that I do not approve of it as a good food. It has been proved that meat is very bad in distemper, where there is always more or less elevation of temperature. Meat is absolutely indispensable to a healthy dog. It is the natural food of carnivorous animals. If dog owners would feed more meat to well dogs, and cut it off altogether during distemper, we should not have such a high death rate in distemper. A vegetable diet does not supply a young dog with the required strength and nutriment to prevent disease. "Other necessary measures in treating distemper are, to supply the patient with plenty of fresh air and water. Kennels should never be allowed to get dirty, and all food not eaten should be taken away immediately afterward. In giving a dog a tonic, carefully avoid strychnine sulphate, for dogs are very susceptible to strychnine poisoning unless the drug is given in very small doses. The tonic should preferably be given in tablet form, for liquid tonics are usually bitter, and there is considerable waste of the medicine. By all means no attempt should be made to treat the fever with quinine and aconite. Cathartics should also be carefully avoided. These drugs affect the heart to such a degree that often more harm is done than good.

"No treatment will succeed in distemper unless it is regularly and systematically applied. One dose will not cure the animal; doses two or three days apart will not help him. If medicine is to be given three times daily, it should be given strictly on time. I do not approve of more frequent administration of medicines to a dog. It only serves to disgust the animal, and keeps him from eating. So in the administration of the Inula and Echinacea Compound, no good results can be expected unless the complete treatment is pursued systematically. "The preparation' of Inula and Echinacea used by Dr. George W. Little is "Subculoyd Inula and Echinacea Compound," manufactured by Lloyd Brothers. It can be obtained of any wholesale druggist or Physicians' Supply House by ordering under the name "Lloyd's Subculoyd Inula and Echinacea Comp." It is put up only in glass-stoppered bottles holding about one and one-half ounces, and is prepared with the greatest care for hypodermic use. Price, \$1.00 per bottle.

SPONGIA FOR FOWLS

(Contributed)

Seeing a contribution in a recent number of the GLEANER on the use of Specific Medicine Spongia for fowls, leads me to say that for many years I have used the following prescription with great success in treating my chickens for roup:

R_x Sp. Med. Aconite,
Sp. Med. Bryonia,
Sp. Med. Spongia, aa 3i
Alcohol, 3 iii

M. Sig.: Add one teaspoonful of the mixture to two gallons hot water, and let the fowls drink at will, each morning, as long as affected, then about three times a week, to guard against colds and catarrh.

Comment: The above is hardly in the field of the GLEANER, but so many of our physician friends have fowls that we believe they will welcome this contribution from a physician friend whom we have known for many years.

SUBCULOYD LOBELIA IN TETANUS

(Contributed)

I wish to tell you of the great success I have having in the treatment of tetanus with Subculoyd Lobelia. Recently I had a very desperate case which I treated as follows:-

Internally I gave:

R̄ Echinacea,	℥ ii
Thuja,	℥ ii
Potassium Iodide,gr. xxx	
Water, q.s. ad,:	℥ vi

M. Sig: First dose, two teaspoonfuls in a little water, then one teaspoonful in a little water, every three hours, for four doses, then one teaspoonful every six hours.

Hypodermic Treatment: One teaspoonful Subculoyd Lobelia every hour for three doses, then a teaspoonful every three hours, then a teaspoonful every six hours. When the patient began to improve, the dose was reduced to one-half teaspoonful every six hours, then to gtt. xx, morning and evening.

The large dose was used because of the desperate nature of the case. In most instances, half a dram of the Subculoyd Lobelia is sufficient for the initial dose, reducing as the patient begins to improve.

Comment: In our opinion, the use of Lobelia in tetanus is wise, regardless of other treatment. To neglect it as a final resort is, in our opinion, unpardonable.

ECHINACEA IN SNAKEBITE

Question: Please tell me the constituents, and send me literature on Echinacea. For several years I have used it in my fishing and hunting kit, and have added it to dozens of kits of friends, as I have found it invaluable as an emergency remedy for scorpion stings and poisonous insects. Very recently a young girl was bitten by a rattlesnake, and Specific Medicine Echinacea was the only remedy used. I believe the medicine saved her life, and I am curious to know to what constituent it owes its value in this direction.

Reply: Laboratory workers have very thoroughly investigated Echinacea, and find it has no toxic qualities, and does not otherwise respond to the methods employed by laboratory investigators. They have therefore almost unanimously decided that "There is nothing in it to justify the claims of its friends." But practicing physicians who for thirty-five years have learned to depend upon Echinacea in certain directions, insist upon ordering and using the remedy.

Some fifteen years ago, while our Mr. John Uri Lloyd was attending the meeting of the Texas Eclectic Medical Society, a physician there spoke of the extensive use of Echinacea in his practice in treatment of snakebite and stings of insects. Other physicians followed, with like reports, which so impressed Professor Lloyd that on his return to Cincinnati he wrote to a large number of physicians living in Texas, Arizona, and New Mexico, asking if they could give any additional information on this subject. The reports that came in response to this request were so numerous and so remarkable in their nature, that Dr. J. S. Niederkorn (so favorably known in connection with his Handy Reference Book), was requested to place these papers, in condensed form, before the profession generally. This was done in a little 16-page booklet entitled, "Echinacea in the Treatment of the Bites of Venomous Serpents, Reptiles, and Insects." Reports continued to be received, till finally a supplement to the above-named booklet was issued, this also being a 16-page booklet devoted entirely to the use of Echinacea by practicing physicians in localities infested with poisonous serpents and insects. In our opinion, Echinacea was then established, by evidence of the men best qualified to speak "by authority" of its value as an emergency remedy in treatment of bites of poisonous reptiles, scorpions, and insects.

As a result of these reports by practicing physicians, the following was added to our label for Specific Medicine Echinacea:

For Venomous Bites and Stings

Give 15 to 60 drops in a little water every 15 to 30 minutes. Keep bandage over infected area saturated, first full strength, afterward mixed with three parts water. Hypodermic injections about wound, if necessary.-Niederborn.

MALARIA-FORMULA FOR TREATMENT

(Contributed)

I get so much of practical use from the GLEANER, that I feel I am guilty if I do not once in a while contribute something that I have found to be dependable, after trying it over and over again. We little back-woods doctors hesitate to "chirp in" on the councils of the mighty, but what we know we know, as well, I presume, as our great authors know what they know. I believe that all experienced doctors, from the greatest down to the most lowly, are in possession of medical gems not possessed by others. What a priceless volume we would have if these could all be brought together in print. My contribution is an anti-malarial prescription that I have used for several years, and still use, because as yet I have found nothing better. It is as follows:

R̄ Sp. Med. Eupatorium,	3i
Sp. Med. Comus,	3i
Hydrastis, Lloyd's,	3i
Glycyrrhiza,	3 ii
Water, q.s. ad,	℥ iv

M. Sig.: A teaspoonful every two hours.

The above is an adult dose, and can be given in any of the many malarial manifestations, when there is a high fever or when the temperature is subnormal. In dormant forms of malaria, and in subnormal temperatures, the Hydrastis may be increased considerably, with only good results. In some forms of malaria other measures are of course necessary as an adjunct to the above, but if this mixture is given from start to finish in malarial troubles, I have seldom found other remedies required.

Comment: This physician unquestionably refers to the "run-down" condition prevalent in malarial sections. After the "chill" has struck, quinine is in our opinion indispensable. But the tonic prescription may even then be of service. Compare the report here given with the one following:

CHIONANTHUS IN MALARIA

(Contributed)

Just a word in behalf of Specific Medicine Chionanthus. This is a malarial section of country, and in treatment I have found a combination of Chionanthus with Quinine to be the most effective. My prescription is,

R̄ Sp. Med. Chionanthus,	3iv
Quinine Bisulphate,	3ii
Elix. Lact. Pepsin q.s. ad,	℥iv

M. Sig.: 3i in water, every three hours, from 6 A. M. to 6 P. M. If those who have to deal with malaria will try this, I am sure they will find it a valuable combination.

Comment: We are pleased to find a practicing physician aware of the superiority of Quinine Bisulphate. For the benefit of others not conversant with the advantage of this over the ordinary Quinine Sulphate, we will state that it is very soluble in water, and may be used without the addition of acid, necessary to dissolve the common sulphate of quinine.

CACTUS AS A CARDIAC TONIC

(Contributed)

R̄ Specific Medicine Cactus,	gtt. v to vii
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M. Sig.: Take in as much water as is desired, four times a day. I have found the above prescription invaluable as a heart tonic. My usual method of administering it is to direct that gtt. vii of the Specific Medicine be added to a third or a fourth glass of water, and the mixture taken at one dose, first thing in the morning, at 11 A. M., at 4 P. M., and on going to bed at night.

SPECIFIC MEDICINE MATICO.

Question: I am mailing to you part of a bottle of Specific Medicine Matico that bears the date 1900. I am interested in knowing whether this medicine deteriorates materially with age, or whether it may be relied upon indefinitely.

Reply: The bottle returned after so many years was found to be in most excellent condition, having apparently undergone no change whatever after leaving our hands. We do not recall ever having received a complaint regarding the keeping qualities of Specific Medicine Matico, this remedy having been perfected many years ago. This was indeed true of the majority of the Specific Medicines, but until recent years a few of them resisted our closest study and experimentation. Recent studies in the direction of Colloidal Chemistry have enabled us now to bring several of those most refractory into line, so that even with such as contain the red tannates, which are very prone to coagulate, it is now exceedingly rare for us to receive a complaint. We wish again in this connection to extend our thanks to the practicing physicians of the country, through whose cooperation and correspondence we have been enabled to study the keeping qualities of remedies after they have left our laboratory.

THERAPY OF MATICO

While not as well known as some other remedial agents, Matico when indicated has been found very helpful. Its special field is in diseases affecting the mucous membrane. From Fyfe's Specific Medication we quote, in part, concerning Matico, as follows: "Matico is astringent, stimulant, urinary tonic and aromatic. "Indications: Chronic mucous discharges, such as leucorrhœa, gleet and catarrh; hemorrhages. Locally: Cuts, wounds and indolent ulcers.

"Matico is employed with good success in dyspepsia resulting from chronic affections of the stomach, and in diseases characterized by chronic discharges from the mucous surfaces it is an efficient remedy. It has been highly recommended in gonorrhœa, and in leucorrhœa and gleet it has proved useful. Matico has also been employed to check hemorrhage from the lungs, bowels and kidneys with some success.' ,

The uses and doses of Specific Medicine Matico, as given upon the label, are as follows:

Specific Medicine Matico, Colloidum.

Specific Use: In chronic mucous discharges; leucorrhœa; gleet; catarrh, etc. Topically, a remedy for cuts, wounds, indolent ulcers.

Dose::& Sp. Med. Matico, 3i to 3ij.

Water, ℥iv.

Misc.

Sig.: A teaspoonful every hour or two.

Specific Medicine Matico is an aromatic, bitter stimulant. It has been used in hemoptysis, hematemesis, hematuria, and dysentery, but it is of greater service in chronic mucus profluvia as in leucorrhœa, gonorrhœa, and dyspepsia of catarrhal character. It is reputed valuable in hemorrhoids.- Scudder (Ford).

CYPRIPEDIUM FOR CHOREA.

(Contributed.)

In selected cases I regard Cypripedium (the Specific Medicine) as a specific in treatment of chorea. Where the tongue is broad, and possibly pallid, we note an atonic condition of the nervous system. Here Cypripedium gives a good account of itself. Put half an ounce of the Specific Medicine into a half glass of water, and give the child a teaspoonful of the mixture four or five times a day.

From its tonic action upon the nervous system, we will note a slight contraction of the tongue from the first ten days' use. In another ten days the choreal shakings will cease. If the case bears the conditions of atony I feel that I can guarantee a cure in thirty days.

BROMINE MUST BE EMPLOYED CAUTIOUSLY.

Question: What form of bromine is used in making the Sodium Hypobromite Solution used in the test for urea in the Doremus' ureometer?

Reply: The bromine here employed is the dark red-brown liquid, which must be employed with exceeding care as it is very volatile, and its fumes are exceedingly poisonous and irritating to the eyes, lungs and mucous membranes generally. Our correspondent does not make it clear whether his inquiry is purely academic, or if he wishes to personally make the Sodium Hypobromite Solution concerning which he asks the question. If the latter, the greatest care should be taken in handling the bromine, for not only is vapor of bromine dangerous, but a little of the liquid falling upon the skin is very corrosive, making a sore that is exceedingly difficult to heal. One using the liquid bromine should be sure to have the antidote, preferably ammonia or baking soda, convenient to hand, in case of accident, applying first ammonia or saturated baking soda solution, then olive oil as a dressing. We would urge that physicians purchase the solution of Sodium Hypobromite as prepared by a chemist, or if this is not possible, that they procure the bromine in small quantities, as needed for research work. Caution in handling a dangerous reagent is always advisable. This is written by one authoritatively experienced concerning the subject.

Chlorine Gas: Newspapers are now heralding the qualities of chlorine gas as a cure-all for bronchial affections typified by the common name "cold." Possibly we are qualified by experience to suggest that chlorine gas is one of the most pronounced irritants when indiscreetly breathed that (excepting bromine) comes now to mind. This assertion is made by reason of experience of many decades in pharmacy, in which chlorine was manipulated. We do not know the strength of the gas employed by authorities commending this treatment. Surely pure chlorine gas is not employed. We advise our readers to get facts, before entering that field experimentally.

TREATMENT FOR PILES.

Question: I have a case of hemorrhoids, at times very painful, and with severe hemorrhages from rectum. Patient refuses an operation. She is not constipated, and general health is good. Is there any treatment that would be helpful?

Reply: We do not think of curing piles without operation. We may cause them to shrink, and may also relieve the very painful condition and keep the patient moderately comfortable. The bowels must be kept in good condition, so as to keep pressure off the hemorrhoidal veins. Local applications may be employed for the relief of anal distress. For this purpose I have found nothing so good as Thuja Ointment. Apply this to the anal region, anointing the finger with the ointment and carrying it up into the bowel, sweeping around the anal orifice and at the same time pushing the hemorrhoidal folds well within the orifice. Do this two or three times a day.

OSAGE ORANGE.

Question: Is there anything in the "apple" I am sending you, that is valuable either for food or medicine?

Reply: This specimen is the fruit of the *Toxylol1 pomiferum*, commonly known as Osage Orange. So far as we know, this plant is not employed in medicine, but from the bark of the root a yellow dye is obtained, which was formerly much used by the country people of the Southern States. The bark of the tree affords a fibre of a flaxy character.

The history of this plant is interesting. It receives its common name because of the appearance of the fruit, joined with the fact that it was first found by the whites near a village of the Osage Indians, who, in the eighteenth century occupied an extensive region between the Arkansas and Missouri Rivers.

In early times, the plant was widely known as bow-wood, and yellow-wood, because of its uses by the Indians. The chief use of the Osage Orange at the present time, is as an ornamental hedge shrub. It is said, however, to be a host for the San Jose Scale or "blight." The writer has destroyed every vestige of an Osage Orange hedge on his place. Another shrub, a common garden favorite, the Japonica or Japanese Quince, *Cydonia Japonica*, is said to be alike dangerous in this direction, and in our opinion should have no place in the home garden.

CHRONIC RHEUMATISM

Question: For many years I have used Libradol with great satisfaction but now I have a case of chronic rheumatism in which I cannot seem to get any results. Can you suggest something that will be of service?

Reply: This inquiry is too general in character to enable us to give a very satisfactory reply. "Rheumatism" is one of the perplexing conditions in which medicaments frequently fail, and frequently a remedy that proves helpful in one case fails utterly in another that is apparently similar. As regards Libradol we may say that in muscular rheumatism this agent is frequently very effective. Where the joints are affected, its efficacy is usually not so apparent. A very careful search must be made for the source, or focus of infection. The teeth, tonsils, sinuses, gall-bladder, appendix, etc., must be carefully considered as possible feeders into the system of toxins that may bring about rheumatoid manifestations. Find the cause and remove it, if possible.

Secondly, much care must be exercised in seeing that there is proper elimination from the organs of the body directly concerned. The bowel, kidney, and skin must function properly. Then we come to the question of therapy. Our American materia medica is rich in therapeutic agents that are most efficacious in various forms of rheumatism. When given according to their specific indications, such positive acting drugs as *Bryonia*, *Macrotys*, *Rhus Tox.*, *Apis*, *Apocynum*, *Echinacea*, *Colchicum*, etc., will not disappoint. In our experience these remedies have proven to be invaluable.

POMEGRANATE BARK FOR TAPEWORM

Question: Gave decoction of Pomegranate Bark strictly according to directions. The patient, a young man of twenty-two, expelled about seven feet of the worm, with a few sections hanging out. Had other stools but worm still stuck. I then gave him, through colon tube, a compound enema of turpentine, salts, glycerin, water, and white of egg, but worm still hung. I then gave two and one-half ounces more of the decoction but with same result. Then manipulated carefully, with traction, while straining, and got about seven feet more, but no head, though the worm was getting much smaller. This is the first time I have failed to get the entire worm. What can you suggest?

Reply: Pomegranate bark has for many years been known as a useful remedy for tapeworm, yet occasionally we have a failure. In the case related, the teniacide action was positive, even though the entire worm was not expelled. Our advice would be to let the patient rest a couple of weeks and then repeat the treatment. When the worm begins to pass, have the patient sit over a vessel containing some warm water. This has a twofold purpose. First, it will keep the worm from breaking, and second, it will prevent the worm from contracting, which occasionally happens when it comes in contact with a colder medium. Then have plenty of soap water enema on hand, each pint to contain one teaspoonful of turpentine. If the worm has a tendency to stick, use this freely to flush the bowel and wash the numbed worm down. The physician did not so state, but we assume that he gave a brisk cathartic an hour or two after the administration of the Pomegranate. This aids materially in the expulsion of the worm.

* * * * *

A second report from this physician states that a second treatment with the Pomegranate Bark Decoction brought not a single section of the worm. He therefore assumes that the head must have passed during the first treatment, though it was not detected. We ourselves had a like experience at one time.

We succeeded in getting several feet of the worm, but were not satisfied that the head had passed, so in a few days another treatment was instituted, without obtaining a bit of a worm. We therefore assured the patient he was free from the parasite, and careful observation of the case since proved the truth of the statement, as no segments or clinical symptoms have ever manifested themselves.

However, in all these cases, stress particularly the fact that a recurrence may come through eating food not thoroughly cooked. Avoid ALL rare meat. In SOME rare instances, absolute abstinence from food for twenty-four hours prior to the use of the decoction seems to be a necessity. In such cases have the patient eat a very light breakfast, say a little cereal, a soft-boiled egg, and the juice of an orange. For dinner a little clear broth may be taken. No supper, and no breakfast the following morning. Plenty of water may be taken. Where there is a failure in securing the worm, entire, it is possible that the patient has not scrupulously observed the directions given for fasting, and if a cathartic is not taken the evening before, and a small amount of food is in the intestine, the worm is given the strength to hang on.

SPECIFIC MEDICINE IRIS IN GOITRE

(Contributed)

For goitre and kindred ailments I have for some time used Specific Medicine Iris, in conjunction with Potassium Iodide, and think I have been very successful. Have cured several cases of goitre pronounced exophthalmic by physicians who have assured the patients that nothing but a radical operation could help them. In the vast majority of goitres I prefer medical to surgical treatment, because, according to my observation, too many patients, after the operation, are worse off than before.

Comment: Iris is one of the old, old agents employed by Eclectic physicians in directions where "anti-scorbutics" (according to former phraseology) were needed. Our correspondent's report is of exceptional interest, goitre being now an increasing ailment. Reports of GLEANER readers on this subject are solicited. In treatment of goitre, Specific Medicine Spongia (described in Drug Treatise Number XXI) is much commended by physicians.

THE SPECIFIC MEDICINES AND "TINCTURES"

A-Pharmacist's Problem

Question: Can I use the Specific Medicines in filling prescriptions when a tincture is written? For example, may Specific Medicine Belladonna be used where the prescription mentions Tr. Belladonna?

A prescription just received from a veterinarian calls for "Tr. Echafolta 3ii. Sig. 20 to 30 drops, 3 or 4 times a day, as directed." Iodized Echafolta was received in answer to my order. May this be dispensed?

Reply: If physicians were always careful in designating the preparations they desire, we would say that where a "Tincture" is named, the Specific Medicine should not be employed. The two lines of preparations are quite different, the tinctures being of much lower drug strength. Unfortunately, however, physicians are not always thus careful. Many of our physician friends, who for many years have used the Specific Medicines in preference to any other preparations, in writing their prescriptions designate them loosely as "tinctures," or even as "Specific Tinctures." The prescription given by our correspondent is a good example of this. It calls for "Tr. Echafolta :5 ii." As a matter of fact, Echafolta is not, and never has been, a tincture. It is a preparation made exclusively by us, and was designed originally for the use of surgeons, who wished a preparation of Echinacea that excluded glucose and other inert plant constituents harmful in surgical directions. For internal use Specific Medicine Echinacea was evolved by us, and upon these two preparations the reputation of the drug Echinacea was established.

The prescription given is evidently incomplete, as no water is mentioned. Probably the twenty to thirty drops are to be given in water. Iodized Echafolta is not commended for internal administration. In filling this prescription, Specific Medicine Echinacea should be employed.

ECHINACEA IN SKIN ERUPTIONS AND SNAKEBITE

(Contributed)

In this part of Florida we have a peculiar skin eruption known as "Florida Sore," to which children and adults are alike subject. I have found Echinacea to work wonderfully well in this direction. I administer it both internally and externally. While in army medical service on the Mexican border, I had considerable success with Echinacea with snakebites, and as an alterative.

Comment: This report reminds us of another from a Florida physician, who employed Libradol in the early stages of "hookworm," to allay the itching and to kill the parasite causing the same, before it had penetrated into the deeper muscular tissues. GLEANER readers would welcome experiences of other physicians in the "hookworm" districts, as well as further ..information concerning "Florida Sore."

THE GLEANER AND THE MEDICAL JOURNALS

(Contributed)

Many thanks for the GLEANER, which I always enjoy. I only wish it were published monthly, and for pay.

Comment: Physicians continuously write in like manner, desiring that the GLEANER be issued at regular intervals, with a charge for the same. While we much appreciate this kindly feeling on the part of our physician friends, it is not our intent to compete with the medical journals, but rather to supplement their efforts by presenting problems that come to the practicing physician, particularly in the direction of remedies of our own manufacture. For this reason we prefer to make no charge for the GLEANER, mailing it with our compliments to our physician friends, in the hope that all may find it helpful in the direction of the problems presented to us by physicians who have written us. In this connection we will add that correspondence from any physician is welcomed, regardless of the medical section with which he may be affiliated.

ECHAFOLTA IODIZED IN TREATMENT OF WOUNDS

(Contributed)

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

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

ECHAFOLTA IN TREATMENT OF WOUNDS

(Contributed)

For several years much literature has appeared regarding the use of Echinacea, both internally and locally. As I have had frequent occasion to use it in treatment of wounds, I am under the impression that our experience here may be of interest to others.

In our hospital we have to care for many wounds, mostly affecting the hand and fingers. Being caused by greasy machinery, such as draw-presses, drill-presses, etc., these wounds are usually rough and jagged and plastered with dirt, and in nearly every case they are also heavily loaded with brass or iron filings, very hard to remove. Most of these wounds will suppurate under ordinary means of treatment. For some time past we have had no pus, and we desire to give the credit for this to Echinacea, our method of treatment being as follows:

We first cleanse the wound and the surrounding parts with pure gasoline, thus removing all grease and dirt. The gasoline is poured directly into the wound, and causes no pain or irritation worth mentioning. We then carefully bathe the part with sterile water. Our next procedure is to irrigate the wound with a 25% solution of Echafolta. If stitches are necessary they are carefully employed, after drainage gauze saturated with Echafolta has been placed in bottom of the wound. A thick pad of gauze is finally placed over the wound, and this also is saturated with the Echafolta solution and bandaged. The following day the drainage is removed, the wound being flushed with the Echafolta solution and redressed. It sometimes happens that the patient does not return for two days. In this case we warn him not to uncover the wound, but to remove a few layers of the bandage and then to saturate the dressing with sterile water.

We have treated a large number of cases in this way, and the first drop of pus has yet to appear. We have also treated with this solution a number of cases that have come to us already infected, the results being more than gratifying.

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

IODIZED ECHAFOLTA (Contributed)

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

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

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

GLYCEROLE OF GALLIC ACID

Question: I have a bottle of your Glycerole of Gallic Acid, 5%. Please send me descriptive literature giving uses of this preparation.

Reply: This preparation is one of the many products of our laboratory in which physicians are interested, but of which we have as yet made no special study. It is used after the manner in which physicians employ Gallic Acid. We have no special prints regarding the Glyceroles and their uses, but quote from the American Dispensatory, as follows, concerning this preparation:

Glycerole of Gallic Acid: This has been taken internally, instead of Gallic Acid in substance, in the several varieties of disease in which this acid is indicated, and is supposed to be more promptly absorbed when used in this form. It is useful in inflammatory affections of mucous surfaces, as of the fauces, nasal membrane, ear, vagina, etc. It is to be applied locally, as a wash, gargle, or an injection. Its dose is from 10 minims to 1 fluid drachm. Externally it has been applied to the scalp, in cases of alopecia.

Contents of Gleaner No. XXV

Every number of THE GLEANER should be carefully preserved. We are continually receiving calls for back numbers, which can seldom be supplied, as they are practically out of print.

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GLYCONDA

[Hot Weather Bowel Diseases.]

GLYCONDA Contains No Added Sugar.-An improved, sugarless, Neutralizing Cordial,
(Trade Mark) that does not nauseate. It is pleasant alike to children and adults, effective in small doses, and acceptable where sugar-ferments disturb the stomach and bowels. It will neither freeze nor ferment. Physicians using Glyconda agree that it is the best of all known liquids for masking the taste of such bitter remedies as colocynth and nux vomica, and that it is the best vehicle for carrying such remedies as aconite, ipecac, epilobium, dioscorea, ginger, kino, colocynth, and nux vomica, when such are indicated in diarrhea, dysentery, and other hot weather bowel diseases. Glyconda mixes clear with specific medicine mangifera indica, the invaluable and most kindly vegetable astringent. With bismuth subnitrate it makes a compound that corrects chronic diarrhea where other remedial agents fail.

It Has Been Written of Glyconda,-"In the treatment of cholera morbus, dysentery, and diarrhea, we have no preparation that excels Glyconda, nor is there any that can be so well administered in every phase of these diseases, nor perhaps any other that is so well known and so generally used among Eclectics. The remedy is antacid, is pleasant to the taste, and can be used in full doses without any ill effects.

Glyconda is indicated in almost all cases of diarrhea in the infant or adult, when acidity predominates. The dose varies from one-fourth teaspoonful in infants, to two teaspoonfuls in adults, the dose being repeated every two hours or oftener, as the case may demand. Glyconda may be combined with other indicated remedies given at the same time."-Watkins.

Glyconda is described in Drug Treatise No. XXV, which will be mailed free to physicians and pharmacists, on application.