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OUR MOTTO

To Learn the Truth. To Prove the Truth.
To Apply the Truth: To Spread the Truth.

OUR CREED

The truth from all, for all, and to all, without regard to the creed of the individual.

OUR FAITH

That all disease will ultimately be subdued, in whole or in part, by remedial measures;

That failure to cure disease is due to our lack of knowledge;

That Therapeutic nihilism is the deadly foe to Therapeutic progress;

That the study of the clinical action of the single drug is the true method of drug study;

That each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known;

That with such knowledge perfected, we can immediately and successfully prescribe for conditions of disease, with which we have not previously met.

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THE LOBELIA NUMBER.

The contributions we have had to our requests to send us experiences in the use of Lobelia hypodermically have been very large, and endeavoring to get them into the forty pages of the January Journal, we had crowded the matter to its very smallest compass, and notwithstanding that, we had material enough over, for ten or twelve pages more. This we have introduced into this February number with the regular matter here, but the whole will make a very valuable collection of facts.

The statements of the doctors are very enthusiastic. We have cut out a great many of the adjectives. Many of the experiences are only isolated experiences, but the whole shows us plainly the trend of the general opinion, and it will be only a short time until more facts will be presented which will confirm some of these and disprove others. This will make our knowledge of this vitally important remedy very much more perfect.

Nearly every man who uses the remedy is surprised at the breadth of the field, and at the very prompt and satisfactory results he obtains, especially in acute or emergency cases. It is certainly a reliable remedy and we must all do all that we can to determine the facts concerning it, and to establish its place beyond doubt.

"THE MOST WONDERFUL REMEDY"

At the onset, I think now I am justified, and I believe that the future will prove positively that I am justified for the immediate future, in saying that there is no other one remedy *more wonderful* than Lobelia inflata, used hypodermically. I make this statement advisedly. I have been in the deep study of the action of this remedy—in immediate touch with the field of observers covering several thousand men—for nearly ten years, and I can say to those who have paid no attention to it, that if they enter the same field, it will open to them the surprises of their entire professional life.

I first considered the above statement

when I had it proven so conclusively to me, that a full hypodermic injection of Lobelia in certain cases, covered the precise field of action in a given condition, that a dose of each of strychnine, digitalis, atropine and carbonate of ammonium would have to be given for, if we selected a remedy for each phase of that emergency.

The truth of the statement above made has been confirmed by the very large number of reports that have come in, from physicians living at the most extreme points in the United States, with no knowledge of each other, nor communication with each other, reporting in precisely the same lines, and making almost the same exact statements. This, with reference to the action of the remedy as an emergency remedy in apoplexy; in heat stroke; in pernicious congestive chill; in various forms of asphyxia, where two, three or all of the above remedies were indicated—this one covering the ground of all.

Especially convincing have been the statements, fully confirmed, that this remedy is a life-saver in a great variety of emergencies, where every possible commonly known expedient has been previously adopted, and the patient given up to die, in many cases when it seemed more than true that the patient was even then into the throes of death.

Dr. Jentszch's first experiment was in diphtheria, and there are a very large number of reports that have repeated his experience in every little detail, with the same results. On the other hand, for quite a little time after the remedy was first taken up in this form, the reports of its action in diphtheria were conflicting. Now there is an agreement that it is an equal remedy with antitoxin, and, where antitoxin fails, it should invariably be used, already saving very many lives. Other physicians use it constantly in conjunction with antitoxin, believing that it prevents when so used the anaphalaxis caused by antitoxin. If anaphalaxis shows itself, this remedy is positively the remedy to save the patient's life.

These are only a few of the arguments that convince me that it is the greatest single remedy known. If I am wrong, I am willing to

acknowledge all arguments to the contrary.

I have stated elsewhere in this publication that the mass of evidence has been much greater than I expected. Not finding it possible to get it into a single number of my journal, I have scattered it along for two or three numbers after the January issue and have condensed in this volume the essential matter from all the reports. But even this does not cover all I have received. I have avoided a repetition of similar statements, when I had satisfied myself of their weight and value as evidence. I have introduced one or two articles on the previous use of Lobelia by the old method, in order to give the student of this remedy a complete knowledge of the entire field of the remedy. All this to instigate, promote, and further the exact and careful study of this most valuable remedy, conducting to its establishment as quickly as possible, in its exact field.

Its invariable influence in producing profound muscular relaxation and nerve sedation positively, without depression, but with an increased vital force, places this remedy at once in a field by itself. We have no other remedy nor combination of remedies that can be relied upon to produce such a condition, to anything like the extent this remedy will.

Concerning the form of the remedy used, several manufacturers have paid considerable attention to getting out a non-alcoholic preparation, fully aseptic, one causing a minimum of pain at the site of the injection, and devoid of emetic properties. This has been exceedingly hard to do, and no one claims to approach such perfection but Lloyd Brothers of Cincinnati. Their preparation, which our editor named for them *Subculoyd Lobelia*, has but little yet to be desired. It is an excellent preparation and does not fail of results. Other preparations produce good results. Even the fluid extract has been used with good results, but the *Subculoyd* has the minimum of undesirable results, and is invariable in its influence.

Dr. Bartholow's report referred to below was an important one, and I regret it

could not be published in full. He and Prof. John Uri Lloyd, in the early eighties, worked in the early physiological and pharmaceutical observations and studies of a large number of remedies, especially this one and Aconite and Hydrastis. Their work practically introduced to the profession of America the problems of physiological investigation of the action of remedies, as was their work in the early separation of the vegetable alkaloids and resinoids. It was all pioneer work

LOBELIA FOR CALCULI

In 1878, I saw a married woman in New Britain, Conn., who told me that she had a stone in the urinary bladder that frequently came down in the urethra a little way, and caused pain and stoppage of urine. I gave her a couple of ounce packages of Lobelia herb, and told her the next time it did that way to make a strong tea of the Lobelia; then to recline on her sofa with the nates a little up and take an enema of the Lobelia—inter-rectum and vagina—and hold it then by pressure as long as she could. At the second attempt the calculus passed as big as a small plum stone.

I have caused a good many gall stones to pass by using specific Lobelia. When the pains come, about six to ten drops *held* in the stomach region by adding equal parts of deodorized tincture of opium. I got one stone about one inch long and about one-half of an inch in diameter that had probably been present in a man for over two years. It was coated white, and the efforts at extrusion caused the coating to crack all over. The man has not had a repetition now in about ten years.

F. H. WILLIAMS, M. D. Bristol, Conn.

LOBELIA USED HYPODERMICALLY

E. E. GADD, M. D., DES MOINES, IOWA.

The application of remedial agents to pathological conditions is the part of the internist. These agents may be given by way of mouth, hypodermically or endermically.

Nature indeed has been very kind in giving to us a sign whereby we may know to a certain degree of exactness the location of our many lesions, and as sciences are but the development of common sense in special directions, we have the science of physical and specific diagnosis, together with the microscope and X-ray as our instruments of instruction to guide us.

There is one principle told in the long agos by Dr. J. M. Scudder, that the physician should know how a man stands, walks, sits, talks, lies in bed; color of membranes, how he feels, sounds and smells.

It is a well established fact that a great deal of the above diagnostic points come to us, as it were, by intuition, attrition, or rather by the rapid action of an educated nervous system. The application of any drug to any pathological condition is like the solving of a geometrical problem—you must have your angles, lines and distances right, or you can not solve your problem. Just so in therapeutics; if your diagnosis is wrong your remedy will not relieve your patient, and if your diagnosis is right you get results.

For example, such remedies as Aconite, Belladonna, Veratrum, Gelsemium, Rhus tox, or any other indicated remedy are as certain in their action in relieving the sick as bread given to the famishing will relieve hunger; hence great care should be taken in our diagnosis, and time taken to examine our patients.

I am beginning to realize a fact my father wrote me in a letter February 18, 1894, when he said, "It takes a whole life to prepare one to treat a sick baby or wife."

And no less care should be taken in diagnosis for the proper application of this wonderful life-saving remedial agent, Subculoyd Lobelia. I am confident that it is the greatest known remedy in the profession today as an emergency remedy, having a greater or wider

range, but yet of specific adaptation. It is a great antispasmodic, a powerful antiseptic or antitoxin, a reliable alterative, a nerve sedative, certainly acting on the nerve centers and respiratory centers, thus improving oxygenation of the blood, and a most powerful restorative in collapse. With all the above principles in it, you will find that such an agent in a great many severe diseases, may, at the critical moment, save the life of your patients, as has been my experience.

The antitoxin effect of Subculoyd Lobelia is something I do not understand, yet I have watched it and it certainly has a wide range in this line. It is the first remedy to be thought of in the **convulsions of childhood**, giving from five to twenty drops and repeating as needed. Not only is it the remedy for infantile convulsions of all kinds, but the convulsions of **Angina Pectoris**; in these cases giving thirty drops at a dose as in **Spasmodic Asthma** and **Croup** of all kinds, and repeat the dose as needed.

I have used it in **diphtheria** with gratifying results, after having used antitoxin; and in **Tetanus**, had I a case, there is no remedy I would lay more stress on than Subculoyd Lobelia. Its antiseptic property and wonderful antispasmodic action make it the remedy par excellence in this terrible disease, and this, together with Subculoyd Gelsemium would certainly be my sheet anchor in such conditions.

This remedy has certainly had its trial and wrought wonders in the recent **spinal troubles** with horses in Kansas and Nebraska, and will act just as effectually with spinal meningitis in the human.

In **pneumonia** I find it of great value. When the lungs are engorged, the breathing is short and oppressed, the pulse is quick and rapid, and together with that anxious expression of the countenance, I use Subculoyd Lobelia, and repeat it every three to five or six hours as needed. It will quiet the patient, bring down the pulse and favor better oxygenation of blood, in accordance with essential principles.

This brings me to a case at Mercy Hospital in Des Moines that was operated on for the largest **umbilical hernia** I ever saw. Some three to five days after the operation the surgeon and doctor in attendance said the patient was going to die from asthma, as they could not do anything for her; nothing seemed to do her any good. A doctor said to the doctor in attendance, "Take this bottle up to the hospital and give her 25 or 30 drops hypodermically, and I'll bet she will breathe better, and you stay there 45 minutes and give her the second dose if she is not easier." The doctor did so, and in a half hour the patient's breathing came down from more than forty to twenty-one respirations per minute. In a night or so following she asked for some more of that "sleep medicine" as she called it, which was this life saving agent, Subculoyd Lobelia.

There are so many-places that this remedy fits in in the emergencies of life that we should acquaint ourselves with it far more than any of us are doing today. I have not used it in many of the offices in which it is capable of being used, yet the field comparatively new is open to all for study and research.

The case for which I write this article particularly was a case of what I called **ptomaine poisoning** in a little girl eight years of age, in February, 1913. I was called six miles in the country to see this child, who was suffering from some form of ptomaine poisoning or auto intoxication. The child had had a convulsion; the temperature was running 104, and she was very delirious. I used the following remedies:

We gave enemas and administered the old-fashioned antibilious physic. Internally I gave Passiflora, drams 5; Gelsemium, drops 15; Rhus tox, drops 8; water to make 4 ounces. Sig., teaspoonful every 15 minutes to every three hours to control the nervous system.

Second prescription was Echinacea, from four to five drops every two hours. On the 26th I called a nurse on the case, and the following is the report of case:

At the time of giving the first hypodermic of Lobelia the tongue and mucous mem-

branes were parched and dry as in case of typhoid, and in a very short time after first hypodermic, say, about 10 minutes, the mucous membranes began to show moisture, simply by the action of Lobelia on the central nervous system. The nurse remained on the case until March 11th, and the child made a fine recovery, due to Subculoyd Lobelia.

NOTE—The hospital records, which the Doctor furnished with this paper, would be a valuable study for every reader, but lack of space does not permit.

LOBELIA USED HYPODERMICALLY

MARGARETHA WILKENLOH, M. D.,
CHICAGO.

In the use of Lobelia hypodermically in the treatment of children, the same rule applies as will apply with all specific remedies, and their exact application. Other conditions being right, the same indications presenting, always calls for the same remedy.

The specific indications which are more conspicuous I have found as follows: The circulation is feeble; there are cold extremities; the tissues of the body are full, doughy, inelastic; a full, pallid, livid face, eyes dull, with dilated pupils; a full, broad, pale tongue or an elongated tongue with red edges, dry, rough swollen, perhaps with grayish white papillae. The whole mouth is dry from lack of secretions from the mucous and salivary glands; the voice oppressed and halting from a lack of innervation from the heart or lungs.

In many cases there is praecordial oppression; the patient complains of weight, heaviness, tightness over the chest with sighing respiration. The pain is one of anguish or fear. It can be readily seen in the little one's face as the expression is almost characteristic.

This remedy is best given hypodermically. I have used the subculoyd, though the specific medicine may be given in hot water by the mouth, and in many cases the patient will not vomit it. Large doses relax the whole muscular system, depress the circulation, lessen blood pressure, and lower the temperature. Smaller doses stimulate the vasomotor nerves, aid the circulation through the improved heart action and induce an equalization of the circulation or a normal circulation

of the blood through the capillaries. It is a stimulant to the entire sympathetic nervous system, increasing innervation through its action upon the cerebrospinal centers. It antagonizes venous stagnation, which is no more or less than capillary stasis.

If the stomach is loaded with unwholesome food and the patient feels as if he could vomit, it relieves the stomach and produces a sensation of comfort and rest.

It is a powerful agent used hypodermically for the reduction of **strangulated hernia** or where there is impaction of the feces, or prolonged chronic constipation. In **whooping cough**, or in **scarlet fever**, or measles when the eruption is slow to appear, or the urine is loaded with albumin, or where there is **uremic poisoning**, which is shown by mental hebetude; here the subcutaneous hypodermically acts as a diuretic, diaphoretic, and antispasmodic, as well as a stimulant. It will almost immediately improve the entire capillary circulation.

Where there is an excess of temperature, it reduces this excess, promotes normal tone, and if there is nervous excitability, its action on the cerebrospinal nervous system is that of a profound sedative. In eruptive diseases, it promotes the bringing out of the eruption.

I have used the remedy in a great many cases of **diphtheria**, and have made the following observations: When the mucous membranes of the mouth and nasal cavities are swollen, with a white, glistening appearance; where the tongue protrudes slowly and to one side or the other, and seems too large for the mouth, or where the coat on the membranes of the throat is of a dirty grayish color, which is characteristic of straight diphtheria cases, and where swallowing is very difficult, large doses of subcutaneous Lobelia hypodermically are very important. They should be given sufficiently often to restore the secretions as soon as is consistent. Then they should be followed by smaller doses.

In **respiratory troubles** it is a special sedative. Small doses often repeated, given with plenty of water, improves the capillary circu-

lation. The skin becomes moist, the bowels often move without an additional laxative, the temperature declines, the kidneys act more freely, in fact all secretion is stimulated, and the disease comes to a safe and rapid termination.

If not seen until the disease has assumed a violent form, or until the symptoms of croupous pneumonia are conspicuous, then larger doses should be given, especially if the bronchial tubes are loaded with mucus, if there are whistling or sibilant rales, or on the other hand, the cough may be dry or whistling and there may be rapid, shallow breathing with an anxious expression, and a tendency to cyanosis, in full doses, I think, Lobelia is almost the only remedy. It stimulates secretion, improves the heart's action, and promotes retrograde metamorphosis through all the normal excretory channels.

Coughs that are due to the irritation of the pneumogastric nerves are directly influenced by Lobelia. It relieves the pain induced by the cough, promotes normal expectoration and freedom of respiratory action.

In **cerebrospinal meningitis** there comes a plainly marked time in which it is absolutely necessary to use Gelsemium and Echinacea. Here, especially with the latter remedy, when the face becomes ashen-pale and the pains in the muscles are extremely severe, and convulsions persist or are followed with a greater or less degree of paralysis, Lobelia is an important remedy. In some cases, full large doses will be required and in other cases, especially in children, the smaller doses will be advisable. I believe that in some of my cases it has actively promoted the restoration of nerve force in previously paralyzed conditions.

MY EXPERIENCE WITH LOBELIA HYPODERMICALLY

D H. EDWARDS, M. D., WASHINGTON, PA.
TETANUS

I treated but one case of this dread disease with Lobelia. I was called in consultation with an Allopathic friend, who had diagnosed the case as beginning typhoid fever.

In getting the history of the case, I learned that the boy received an injury while playing football. During a charge against the opposite team, this boy struck his forehead into one of his opponents' mouth, the impact was so severe that a tooth was broken off and lodged into the scalp of the aggressor, and there remained embedded until removed.

The tooth was extracted from its new surrounding and the wound dressed antiseptically by the attending physician. The case was lost sight of until the patient returned of his own accord and presented a suppurating wound with some cellulitis present in the surrounding tissue. The case was dressed and told to report the next day. This was two weeks after the injury. The next day the patient was worse.

The physician was called to see him, finding some of the symptoms of typhoid present due to his septic condition. The temperature 103, pulse 90. That evening he took a convulsion, and before morning had eleven convulsions. The convulsions were of the clonic type, with severe episthotonos, and lasted from three to five minutes.

After the third convulsion, which we subdued with chloroform, I suggested tetanus and started the Lobelia 30 minims every fifteen minutes, and oftener if he had a convulsion. In all he received two ounces of Lobelia by noon the next day. We started the Lobelia about 12 o'clock and by 4 o'clock the patient was sweating profusely and had no more convulsions.

This case also received Anti Tetanic Serum 5,000 units.

There was another consultation held later, after the convulsions ceased, with a surgeon from Pittsburgh, Pa. He advised an immediate operation and trephined for blood clot or serum. The operation revealed neither.

The patient, however, recovered and has left the hospital.

In this case I think there is no doubt about the diagnosis of tetanus, as the wound looked very angry with accumulation of pus, and absolutely refused to heal until after the convulsions ceased, showing that the toxins

causing the convulsions also caused the supuration. However, the Lobelia caused the convulsions to cease, and may have antidoted the toxins also.

ASTHMA

In the treatment of asthma, I have established a reputation that extends to adjoining states. I have cured so many that the few I have not cured are lost track of.

I received a letter some time ago from a Mr. S., who had gone to Florida for the relief of asthma. While there he met a patient of mine whom I cured of a bad case of asthma. This patient advised Mr. S. to go to me and receive my injections for asthma. They had positively cured him. Mr. S. asked me if it was possible for him to get the treatment without coming such a distance. I wrote him that it was impossible to treat him-successfully unless he was here, where I could give him at least three injections a week.

Mrs. S. M., from W. Middletown, Pa., applied for treatment for asthma, upon the recommendation of a friend of hers, whom I treated and cured of a long standing case. She called at the office with the usual train of symptoms. Examination revealed extreme shortness of breath, with an abundance of mucus rales throughout the tubes of both lungs, could not lie down at night on account of the shortness of breath.

After the first injection, she reported for next treatment and stated she was able to sleep all night with perfect ease. Gave her in all ten injections of thirty drops, giving them twice weekly. The last time she was at the office, she was feeling well. I gave her a thorough examination, and found all the rales had disappeared, and not a sign of shortness of breath, even upon exertion. She is very much pleased with results.

I wish to state also this case received internally the following prescription:

Iodide Pot.3ii
Serpentaria3iii
Sp. Lobeliam.15
Syrup Simp. and Aqua Dest.
q.s.oz. iv

M Sig.—One teaspoonful in water every three hours.

This undoubtedly will assist in relieving the asthmatic condition somewhat, but if this alone would accomplish a cure, why would not all physicians cure their cases, as we know they mostly rely upon potassium iodide or some of its compounds in most every case of asthma. Hypodermic Lobelia is the key to success.

I have had one case out of 36 cases of asthma that did not respond to repeated large doses of hypodermic lobelia. It is a case of 25 years' standing in a woman of 30 years. I did not expect to cure this case with Lobelia, as she has tuberculosis as a complication, if not the exciting cause. The physicians had to resort to injections of morphine to relieve a spell, as she called it.

I started her at first on Lobelia, and she responded splendidly; in fact, she did not have an attack for several months, when, for some cause, it returned. I again started the injection regularly and controlled the attacks each time, but not as successfully as at first. Thirty minims were used at this time. I now increased it to 45 and later to 60 minims. This dosage never caused nausea, but caused relaxation and alleviation of the asthmatic attack. This case is still an asthmatic and will remain, I think, as long as she lives. I wish to state this case was also placed in the hospital and received official treatment, which benefited her very much for a long time.

In summing up all the cases of asthma I have treated with hypodermic Lobelia, I arrive at the conclusion that it is the best the medical profession has access to at the present time. It will cure most cases of bronchial asthma and will alleviate reflex and cardiac asthma better and with less danger than morphine. There are some cases, no doubt, in which morphine will act quicker, and I have used thirty minims of Lobelia into which I put one-quarter of a grain of morphine with splendid results.

The dose varies with conditions. It is not poisonous, and may be given in large doses. Thirty drops is my average dose. I may be

too strong on my dosage, but I am after relaxation.

SHORTNESS OF BREATH

Some patients will call at the office and say, "Doctor, I am short of breath at times," or, maybe, all the time complain of an oppression in the chest. These cases are due to different causes. Sometimes it is the heart, sometimes the cause is in the bronchial tubes or lungs, but the physical symptoms are not pronounced. The patient still complains.

One case will illustrate. An elderly man (about 78 years of age) was able to walk up town, but upon the least exertion had an oppression of chest. I examined him closely on several occasions and detected some loss of compensation. I explained the matter to him. He took it all in, but acted as though he doubted the trouble was there.

He always told me that his trouble was in his stomach, and I then tried to explain how a deranged heart would cause a deranged stomach. He did not care about that. All he wanted was, "Can you relieve me?" I made a bold statement, put him on Cactus and Strophanthus and, on the side, an injection of Lobelia, every other day, until twelve injections were given.

He took very kindly to the injections and made the remark the next visit, "I think you have hit the spot, as I walked up town without the usual shortness of breath, and feel better through the chest." Needless to say, the old gentleman recovered and remains well to this day. I also wish to state that I had this patient on Cactus, Crataegus and Strophanthus before the injections, off and on for six months. Not until I gave the Lobelia did permanent results come.

A number of other cases I have treated likewise, with good results. I wish to state a few Lobelia axioms which I have found true:

Lobelia does not nauseate in doses from 30 to 60 minims.

Lobelia causes no ulceration at the site of injection, with reasonable antiseptic precautions. I have never had one.

Lobelia will cure many cases if given a

chance.

Lobelia will eliminate some cases of drug addiction, if given time.

LEG ULCERS

I have treated a few cases of ulcer of the leg with daily injections of Lobelia. I think, by its antiseptic action, it destroys the formation of pus, stimulates healthy granulations, thereby favors healing of any solution of continuity of tissue. The cases I have treated healed more quickly than similar cases did, without the injections of Lobelia.

Lobelia locally forms one of the ingredients of the Eclectic wash so highly recommended in these cases. I shall persist in using it until I have fully tested its virtue. I am at present treating a case who is getting nothing internally except the injections of Lobelia with, of course, cleanliness of the parts locally. I shall report results of this case later.

ECZEMA

I wish to report the case of a child one year of age, whom I treated for asthma. The asthma responded nicely and with it went a bad case of eczema of the cheeks, so frequently seen in infants during the teething period. The skin peeled off nicely and beneath was a healthy skin with natural appearance. I have not had an opportunity to treat another case of eczema of like character.

DIPHTHERIA

Mr. P. came to the office complaining of **sore throat**. Examination revealed very offensive odor, with swollen lymphatics, enlarged tonsils, with the characteristic gray membrane which bled upon being removed. Temperature 103°, pulse 120. I sent the patient home with instructions to go to bed, and that I would call later and administer antitoxin. I gave 2,000 units, not, in my opinion, a sufficient quantity, but enough to keep down gossip of the community in regard to the treatment used.

The next morning the patient was no better, so I proceeded with hypodermic injec-

tions of Lobelia, thirty drops three times daily. Would have given it oftener if urgent symptoms had developed. The next day the membrane started to peel off and the patient made an uneventful recovery.

(2) Miss Jessie J., age 12, complained of sore throat, with all the symptoms of the above case. Anti-toxin, 1,000 units, administered (small dose), followed by injection of Lobelia three times daily. Patient recovered without complications whatever. Membrane disappeared on the third day, with all the other symptoms.

Three other cases of diphtheria I will not enumerate in detail, as the symptoms and treatment were the same as outlined in the two cases cited above.

BRONCHITIS

I have treated a number of cases of bronchitis with Lobelia, especially those cases with an abundance of mucous rales, and a tendency to wheeze. I have had the patients return at the next visit and say that that injection relieved them in a few minutes.

I had a patient in the office with a bronchitis, accompanied with shortness of breath. After an examination I at once injected 30 drops of Lobelia. I then started to prepare a bottle of internal medicine and in about five minutes she made the remark, "Doctor, could that medicine be taking effect already?" I asked why. She took several long breaths and remarked, "I can breathe better than I have for a long time."

Lobelia surely is curative in these cases of bronchitis with shortness of breath, or oppression in the chest, with mucous rales, which can be heard with out even listening, simply laying the hand on the chest will suffice to determine them. In cases of bronchitis following pneumonia, it will act as a stimulant as well as to relieve and cure annoying cough, with an abundance of rales.

In this field I am sure Lobelia will shine better than any other known remedy. It is perfectly harmless and has no bad after effect as do so many of the other drugs, as morphine, heroin and codeine, so frequently prescribed

by the profession of today for this annoying disease.

PERNICIOUS CONGESTIVE CHILL

A. W. BILLINGSLEY, M. D., ARKANSAS.

A girl of 13 years had always been healthy, except for an occasional chill. At this time she had been chilling every other day for a month. Her parents thinking it was nothing but malaria, had given her a mild purgative and some quinine from time to time, and this was all she had had for the chills.

At 11 o'clock a. m., July 15, 1913, she drank about a pint and a half of cold water and a half hour later, which was the time of her regular chill, she was taken with the most violent chill and soon became unconscious. Instead of resorting to strychnine, atropine or glonoin, as I had usually done in such cases, I gave her 30 drops of subculoyd Lobelia and wrapped her well in a blanket, wrung out of hot water to which pepper and ginger had been added. In half an hour she regained consciousness in part sufficiently to swallow and talk some.

I then went to the office to get some more Lobelia, for I was anxious to try it thoroughly in this condition, as other treatments I had tried in pernicious malarial affections were not always satisfactory. I returned in 45 minutes from the time the first dose was given, and found her again unconscious. Her mother said she had given her a large cupful of cold water, which was contrary to my instructions. The girl soon complained of being cold again and sank into the stupor I found her on my return.

I then gave her 60 drops of the remedy and in half an hour she began to show much warmth and commenced to sweat profusely. She then vomited the water and also her breakfast. There was at least half a gallon of water.

Her temperature was nearly 105 degrees. I prepared a mixture of Aconite and Belladonna to combat the temperature, but she would vomit it as fast as I would give it. Every time she swallowed anything, she

would vomit, and would even vomit when she had swallowed nothing.

The vomitus consisted of bilious matter for nearly half an hour. Of this she vomited at least a gallon, and then this was followed by the vomiting of fecal matter, and I became greatly alarmed and was afraid that the Lobelia I had given her was the cause of the vomiting, and I did not know then how easily I could check it.

I again took her temperature and found it had fallen three degrees. I felt the pulse and found it full, regular and soft. This gave me fresh courage. However, she continued vomiting feces for some time, when I concluded to give her morphine one-eighth of a grain, and atropine 1/200 of a grain hypodermically, and this, after half an hour, controlled the vomiting.

She then had only two degrees of fever and went to sleep. I injected a solution of ten grains of quinine into the gluteal region and promised to see her the next day, or sooner, if she became worse. The next morning I found the patient in an excellent condition. She was a little weak, but was feeling well the next day. She has not been ill from any cause since.

I have made this report a little lengthy because I have not before seen a report from the use of Lobelia in pernicious malarial fever, neither have I had a patient vomit as this one did, either before or since that time.

I have used hypodermic Lobelia perhaps a hundred times and every time I have used it it was not until it seemed that death's curtains were fast enfolded the patient.

RECURRENT MIGRAINE

L. C. LAYCOCK, M. D., ALEXANDRIA OHIO

The mother of five children had been subject for years to very severe attacks of migraine, occurring about every three to six weeks, which always kept her in bed five to seven days. She lives in a town five miles from me, in which are four physicians, all of whom had treated her, as had several others.

I had treated her during the attacks, as

well as during the intervals, for more than a year, but with very little, if any, better results than the others. I was called to see her on the evening of October 10th last. Found her suffering with intense pain, radiating from the forehead up over the head to the base of the brain and back of the neck, with frequent vomiting. Could keep nothing on the stomach. I gave her three-eighths of a grain of morphia hypodermically, which relieved her a very little, in about an hour. I was called again the next afternoon. She had now been in bed three days, was still suffering intensely, and said she just couldn't endure the pain any longer. I immediately gave her thirty drops subculoyd Lobelia hypodermically. Not having time to stay and watch the effects, I did not see her again for a week. Asking then how she got along, as I had heard no more from her, she said, "That last dose you gave me just acted fine. I went to sleep in about two hours, and got up the next morning free from headache and not a bit sick at my stomach. Always, heretofore, I had to stay in bed a couple of days after the headache got better, and was very sick at my stomach, too."

These two cases have made me a strong advocate of hypodermic Lobelia.

RIGID OS UTERUS

My experience with subculoyd Lobelia is limited to these two cases, but its action in both was highly satisfactory. My first case was a primipara, 27 years of age. Labor was expected about the 14th of last September, but she ran over the time some ten days. I was called at 9 p. m., Monday. Pains had commenced at 2 p. m., and were coming on every ten minutes. Examination revealed a rather small pelvic cavity, with os dilated about the size of a dime.

Progress was very slow. By noon, Tuesday, the os was no larger than a nickel, and by 12 o'clock Tuesday night it was dilated to about the size of a 25-cent piece. During Monday night and Tuesday-I had given her at intervals several doses of Caulophyllin, Macrotys, -strychnine, quinine, but without any effect, so far as I could see, as at midnight Tues-

day the pains were very little, if any, stronger or more frequent than twenty-six hours, before, when I first saw her. By this time she had become very nervous, restless and uneasy, with pulse at 100. the os still hard and rigid and dilated no larger than a quarter. I now decided to try the Lobelia, and gave her thirty drops of the subculoyd hypodermically. In about twenty minutes, she remarked that she felt a good deal better, and asked if I had given her morphine. The pulse came down to 80, with better strength and volume. The nervous restlessness was entirely relieved, and she would drop off to sleep between the pains, which soon became stronger and more frequent.

By 4 o'clock Wednesday morning, four hours after giving the drug, the os was fully dilated and the head was pressing against the pelvic rim.

Though the pains were now strongly expulsive, I realized that she could not be delivered without help. So another physician was called who gave an anesthetic while I applied forceps, and together we worked as hard as I ever worked in my life, alternately resting and helping each other (the nurse continuing the anesthetic) for nearly two hours before we succeeded in delivering the patient of a twelve-pound dead baby.

I would have you notice that at the end of thirty-six hours of labor, up to midnight Tuesday, the os was still hard and rigid, and dilated no larger than a 25-cent piece. Within four hours after giving the subculoyd Lobelia, the os was fully dilated, the pains strongly expulsive, and the patient much more comfortable in every way. She made a good recovery.

A LIFE SAVED BY LOBELIA HYPODERMICALLY

DR. HARRISON, CHRISTOPHER, ILL.

During the month of April, 1914, we had here in Christopher, Ill., an epidemic of scarlet fever, which was the most severe I have ever seen. I have in my practice treated many cases of so-called scarlet fever, but all of my cases were mild, never having lost a case.

When I would hear of children that had scarlet fever, that failed to get well, I would think it was because they failed to get the right treatment.

The epidemic that I have mentioned above knocked all of the conceit out of me. Only three families, however, were involved. The quarantine was well carried out and the disease failed to spread. The contagious fever was brought to us by a family moving here from another town, where they had the most severe epidemic of scarlet fever that this part of the country has ever known; ten to fifteen children dying every week, and for four or five weeks, so reports say.

Of the three families here that had the disease, two of the children died. But it was to my good luck that I failed to be called to treat either of the two that failed to get well. But I had the care of one of the families, consisting of four children. All of the children took the disease in a very bad form. Two of the children, the youngest, came very near dying, but recovered.

The youngest child, four years old, was very sick. I will try to describe only the condition of this one. All of the conditions common to scarlet fever were well marked. I thought by the symptoms they were all getting better; temperature was very near normal, and it seemed we were getting along excellently well.

Complications finally set in and became the factor in the case. Marked kidney affection was now on. The heart showed marked weakness. The temperature fell to a little below normal. General dropsy appeared, mostly of the lower extremities, though the edema soon became general over the body. Dyspnea, or difficult breathing, was very bad. My little patient could only breathe by being propped up in a rocking chair. Could not sleep, had no rest for several days or nights.

One evening I called to see my patient and I found all of the symptoms aggravated. The pulsations of the wrist were scarcely perceptible. At this time I gave up all hope. I thought my patient could not live through the night. Early the next morning, while at

the breakfast table, I received a call to come again to see the sick child, as they thought she was dying. I went to my office, taking with me a bottle of subculoyd Lobelia.

When I arrived where my patient was, it appeared the child could not live an hour. I could not feel any pulsations at the wrist. The face and the lips were of a dusky hue. Breathing was difficult. As soon as possible I gave a hypodermic of thirty drops of the medicine. In about forty minutes I gave thirty drops again. In one hour from the second injection I could see signs for the better. In two hours I gave another hypodermic of twenty drops. By this time I was sure the patient was a little better.

At 1 o'clock p. m. I found my patient much better. She was warm, pulsations at the wrist were weak, but plainly found. There was great improvement of the breathing. I gave another injection of ten drops of the medicine. At 4 o'clock p. m. I found the patient sleeping, the only rest she had had since her sickness began. I called the next morning and found my sick girl much better. She was now on the bed, and resting well; had a good night's rest. From this time on the child improved. Convalescence was a little slow. In two months, though, she had fully recovered, and is now a healthy and hearty child.

(This corresponds with the cases indicated by several writers which makes this an agent which closes death's door just before the patient passes in. It is most wonderful that there are so very many such cases reported—snatched from death.—ED.)

PUERPERAL ECLAMPSIA

E. P. LENNER, M. D., HARRISON, OHIO.

I submit the following report of a case of eclampsia: Mrs. S., age 18, primipara. I was called about midnight and the child was born about 5 a. m.

As the patient had not engaged me to attend her, I was unable to determine the condition of the urine previous to the confinement. Nothing unusual occurred during the process of delivery that would lead one to suspect eclampsia.

I remained until 7 a. m. At 2 p. m. I was

summoned "as quickly as possible" to Mrs. S., who was having "spasms." I arrived in a short time, to find that my patient of the early morning had already had four convulsions, and before I could get my overcoat off and get ready to examine her, she was in the throes of another.

I immediately gave her Gelsemium, Veratrum, morphine and chloroform, and everything that I had ever heard of that was within reach, but got no results. The bladder and bowels were evacuated, and the patient was put in hot packs in a vain effort to produce perspiration. She would have a convulsion about every half hour, in spite of all we could do. Just as I was beginning to think that the worst was over, and that we had control of the situation, she would have another convulsion, so at 5 p. m. I asked for counsel, and the nearest physician, six miles away, was sent for. It was an hour, at the least calculation, before he could arrive, and during that time she had three more convulsions, more severe than the previous ones.

At last, as a final resort, I determined to try Lobelia. I did not have subculoyd Lobelia, but did have plenty of the specific, and proceeded to administer one dram hypodermically. In about ten minutes the patient was thoroughly relaxed. She was not nauseated in the least, but turned over and went to sleep and slept several hours. There was no recurrence of the spasms.

She had a sore arm, but she agreed that a sore arm was better than the convulsions. When the consulting doctor arrived, the fight was won, and it was too late for him to be of any assistance, as the patient was sleeping soundly.

I am satisfied that Lobelia saved the life of this patient.

AN EXPERIENCE WITH LOBELIA

MARY L. GEISER, M. D., JOLIET, ILL.

The patient, my mother, aged nearly 70, always delicate, with chronic bowel trouble (obstipation, impaction, rectal stricture, ptosis), December 5, at luncheon, ate sparingly of stewed onions, an article of diet which she

long has eschewed on account of causing cramping. Just twenty-four hours afterward she became affected with cramping throughout the abdomen. This continued all afternoon and evening, with intervals of relief, none of the ordinary measures, as soda, peppermint, and hot water producing any benefit, as very little flatus could be raised and none passed, even with enemas.

Next I tried strychnine and hyoscyamine, also without relief, excepting a hypnotic effect. And dryness of the mouth and marked depression supervened, with a pinched condition of the features.

Having recently become interested in Lobelia, I had procured a supply of the fluid extract in lieu of Lloyd's, and now I felt was the time to try it. I began with two drops in a little hot water. This was hardly swallowed before the patient felt the stimulating effect through her mouth and head like a nitrite. This effect passed through the body also. There also was some nausea, and as I did not wish my mother to start retching, I decided to give only one drop thereafter. In half an hour I administered one drop in warm water, and repeated this every fifteen minutes for four or five doses. The patient dropped into a quiet doze between each dose. After the second dose the gas began to pass from the bowels, and she suffered no more pain. She slept all night, complaining only of soreness the next morning.

The effect of the Lobelia was in every respect restorative, the circulation improved and vitality increased to its best for the patient. The remedy had proved at once a sedative, a stimulant and a tonic, besides an anti-spasmodic. I understand its action in the case very well, and agree heartily with the ideas of the Physiomedicalist, Dr. Alvin Curtis, long deceased, whose writings I have been reading; and intend to develop its use in my practice to the full extent of its applicability.

This was my first experience with this excellent drug. The rapid action of the Lobelia seemed remarkable to me, its effect passing off so rapidly, leaving the patient definitely improved, and in part, restored, after each dose.

Ellingwood's Therapist

EDITORIALS

AN EARLY HYPODERMIC USE OF LOBELIA

S. W. MORELAND, M. D.

In 1882, shortly after I commenced to practice medicine, I was called to see a thirteen-year-old girl, suffering from severe convulsions. She had been having convulsions for several hours. She was unconscious. The convulsions occurred every ten minutes. The family was anxious for something to be done at once to relieve the condition. The physician attending had had but little experience. I filled my syringe with a fluid preparation of Lobelia (I don't remember what preparation it was) and injected it directly into her arm. This was done just at the close of a hard convulsion. There were no more convulsions. In ten minutes the patient relaxed. Slight vomiting occurred. Although there was a very sore arm for a few days, the results were entirely satisfactory to the physician and family. The writer has used Lobelia hypodermically many times since, but results, more than thirty years ago, were all that could be desired from this remedy.

LOBELIA HYPODERMICALLY ADMINISTERED, ITS MEDICAL INFLUENCE, AND PHYSIOLOGICAL ACTION

In the presentation to the profession of a comprehensive consideration of Lobelia, I am overwhelmed with the mass of facts that have been presented to me, both from my own solicitation, and from matter referred to me by those whose opportunity for collecting facts has been greater than that of mine. Such a mass is there that I have found it difficult to arrange the facts in order.

Notwithstanding this recent accumulation, the remedy is an old one. In fact, Lobelia was one of the very first of the indigenous remedies of the United States to be brought conspicuously before the notice of the profession. The Indians had used it and attracted attention to it. But Samuel Thompson became interested in it in 1796, he claims, from a discovery he had made when a boy, to such an extent that he used it, usually with capsicum, at least for a time, as almost his complete armamentarium.

DR. JENTZCH'S INTRODUCTION OF ITS HYPODERMIC USE

It is passing strange that for more than one hundred years, notwithstanding the persistent use of the remedy by mouth and per rectum, by the leading men in our school, and its advocacy by our most conspicuous teachers, no statement was published (at least to attract attention) of its use hypodermically. It is

almost exclusively with its hypodermic use that the facts presented at this time were determined.

This was brought about by an experience had by Dr. Ernst Jentsch of Chicago, when his own child was in the throes of death from **fulminating diphtheria**. We quote his own words, from his first statement, except that he stated the suggestion came to him as an inspiration, and he reiterates the statement made that the confidence with which he gave the first dose was most remarkable. He said: "My boy -was stricken with a fulminating case of naso-pharyngeal diphtheria. The serum antitoxin was exhibited promptly, in sufficiently large doses, and repeated, and with no other result except that the child passed from an active sthenic condition, with **dyspnea**, into passive **collapse** and **apnea**. This I had witnessed before, and knew it to be fatal with certainty. I was therefore in despair. I filled my hypodermic syringe with the pure specific medicine Lobelia, and gave the child the entire dose subcutaneously. Strange to say, I gave it with a confidence altogether out of proportion to my knowledge of its action, so used. However, the result proved this to be justified, for the patient responded immediately in a marvelous manner.

"All the fatal symptoms gave way to those of returning health, the patient passing from a death struggle into a peaceful slumber, from which he awoke after three hours, somewhat weak. Another dose was given, which was followed by a still more pronounced reaction for the better. The patient from that time continued to convalescence, and, with the exception of a post-diphtheritic pharyngeal paralysis, made a rapid recovery. Later, the paralysis yielding to another dose of the same remedy."

He follows with a concise description of his method of treating diphtheria. He says: "In any case where there is the least suspicion of diphtheria I give a half drachm dose of the specific medicine Lobelia hypodermically, and repeat in from two to twelve hours, once or oftener, as indicated, until reaction sets-in, which means a return to health.

"Systemic remedies I give according to specific indications.

"By experience I have found the hypodermic injections best borne by the patient when injected anywhere on the trunk, abdominal parietes, the back and thighs."

PHYSIOLOGICAL ACTION

The above prompt results made such an impression on Dr. Jentsch that he immediately undertook a series of physiologic experiments to determine the action of Lobelia so administered, upon all the vital functions, and especially to determine whether the powerful depressant action shown with its emetic effect, when given by the stomach; its persistent irritation of the gastrointestinal tract—were present when administered hypodermically. In giving it to healthy animals he noticed that the usual emesis was absent in many cases, but if present, usually with the first injection only, not subsequently. He observed but slight increased blood pressure; a softening of the pulse, slowing of the respiration and moderate salivation, followed by quiet, with inclination to sleep if not disturbed, but alert and fully conscious when aroused. He then began the use of the remedy in line with these observations, and quickly observed its powerful restorative effect, and the fact that it was devoid of depressing influences of toxicity in anything like a reasonable dose; perfectly safe in its action and remarkably prompt when correctly indicated.

DR. BARTHLOW'S EXPERIMENTS

The first scientific experiments that were made to determine the precise physiological action of Lobelia were made at the request of Prof. Lloyd by Roberts Bartholow, M. D., LL. D., Professor of Materia Medica in Jefferson Medical College, Philadelphia, over thirty years ago. We have not room for the entire report, but the experiments were made with hydrobromate of lobeline, and a number of very important observations were made. Among them that, in sufficient dose, this salt is poisonous and will produce death in animals. The following we quote from Dr. Bar-

tholow's report taken from the Bulletin of the Lloyd Library, number eleven, page 91:

"Having ascertained that lobeline possesses the power to lessen the reflex action of the spinal centers, I have administered it in those maladies characterized by irritability or exaltation of this function. In **epilepsy** it appears to be a most promising remedy if right conditions exist. It is the less useful, the more decidedly the convulsive seizures approach the epileptiform character; and it is more effective, the nearer the cases are to the true or essential type. The bromides may be quite successful in arresting convulsions due to coarse lesions of the brain, although not acting on the structural changes in any way. Lobeline does not act favorably in such conditions.

"In **nocturnal epilepsy**, which, as is now well known, does not usually yield to the bromides, and in the cases not arising from an obvious peripheral irritation or accompanied by a defined aura, in the pale anemic and lymphatic type of subject, the best results obtainable from this remedy may be expected. As, however, definite conclusions can be formed only after sufficient length of time observations, the real value of the hydrobromate of lobeline must be ascertained by comparative trials through several years. Now, it can be asserted merely that this remedy promises well.

"More definite results can be given from the administration of lobeline in certain **neuroses of the respiratory organs**, as **asthma**, **whooping-cough**, **pseudoangina pectoris**, in the **spasmodic cough of emphysema**, the cough of habit, renal and other **reflex asthmas**. Somewhat more specific statements can be made as respects its utility in all these cases."

Dr. M. S. Aisbitt of Los Angeles gives us a theory concerning the action of Lobelia by the mouth and hypodermically that may be well worth thinking of. He believes that, introduced by the stomach, it acts upon the pneumogastric nerves. Introduced hypodermically and absorbed, he thinks it acts more directly upon the sympathetic nervous system. I have not given this matter any thought yet, but I give it as a suggestion.

Lobelia acts directly upon the regulating centers of the system; those of heat, of the circulation, of nerve influences, both motor and sensory. It supports the heart; it improves the circulation in its every feature; it over comes **excessive blood pressure**, and restores perfect tension in every form. It is directly indicated in depression as well as in over-stimulation. It also controls **hyperemia**—every form of congestion. Whatever the cause of any great depression, we cannot yet define the marvelous improvement observed from this agent. We hardly call it stimulation, and yet the improved condition is such as would ultimately follow the action of the very best, most natural stimulants or tonics.

It is hard indeed to express the apparently contradictory influence exercised on the above named **depression**, which has been overcome in its most extreme form—(in fact, in some cases where the skin was so cold and the process of life so feeble as to cause one to think that death had occurred, and yet the reaction appears very promptly) —between this condition and its influence in profound **heat stroke**, as one doctor reports, where the temperature was 110 degrees, and others have reported from 106 degrees and up. Dr. Jentzsch is enthusiastic about the action of this remedy in heat stroke. It is useless to undertake to reconcile such an action in one unsupported remedy. It is equally difficult to cause anyone who has not used it to believe that it will accomplish these results.

Dr. Jentzsch, in reviewing for me at this time (November 15th) his experiences since his last report, has confirmed the most of his primary impressions. He does not hesitate to say that emesis occurs so seldom that it cannot be counted as an objectionable factor. The local effects mentioned so frequently with the use of various preparations during our first experience with this agent hypodermically are still seen with nearly all the preparations. The subculoyd preparation has probably in his hands the least unpleasant effects. In most cases, no pain is present. Most of the observers, it will be found, agree with this statement.

The specific medicine produces all the

effects of the subculoyd with but very little emesis, but its local effect is nearly always objectionable. The general influence of the subculoyd is superior, probably, to other preparations.

In no case has Jentzsch seen depression, but always an increase of strength, a uniformly satisfactory development of functional power in every organ after its use.

He advises the use of this remedy in the **abortion** of many **acute diseases**. We would expect this effect under two conditions at least; one in which the disease was caused by infection, and the other in which as a primary condition there was extreme congestion. He believes that Lobelia is a corrector of circulatory faults, and at the same time exercises an influence which increases the secretions of every secretory organ, to excellent advantage. He thinks when irritation which would cause acute disease, which involves the cerebrospinal system, that a hypodermic of Lobelia will be found a most important remedy. He wrote a very interesting article on this subject, which is found in ELLINGWOOD'S THERAPEUTIST for November, 1910.

Dr. Powell of Ohio writes us that the remedy produces a **vasomotor relaxation**, with flushing of the capillaries. There is a glow of warmth to the extremities, which are cold and clammy. He has had emesis in but few cases. The action of the drug appears in from five to ten minutes after the injection.

While in his diphtheria cases anti toxin had been given, he never fails to use Lobelia anyhow. After close observation, he has serious doubts as to whether antitoxin is in any particular better than Lobelia. While the latter remedy is positively devoid of danger, and does more than antidoting the poison, it preserves the strength, preserves nerve tone, is not only a preventive of diphtheritic paralysis, but in many cases has promoted a cure of this condition, and has also cured mild forms of paralysis from other causes.

In many cases where antitoxin has failed and the patient was given up to die, the patient has been saved by persistent use of Lobelia. This is the experience also of many oth-

er observers.

A child of eleven was taken sick with diphtheria, December 15, 1913. She was treated with antitoxin and made a good recovery. "I do not use antitoxin alone, but give the indicated remedies also," he says. "On February 27, 1914, she was again taken sick with diphtheria. This time she was treated with subculoyd Lobelia and got along better than the first time, and said she would rather have me use the Lobelia, even if it did have to be given twice daily.

The diagnosis was made after a culture had been taken from the child's throat, so we were not mistaken in what was wrong the second time. That shows the antitoxin does not confer a very long period:of immunity.

I think the use of immunizing doses should not be depended on as much as they are, as the danger of anaphylaxis is always present.

With the Lobelia there is no such danger, as you cannot hurt the patient with it.

He thinks that the subculoyd is devoid of the emetic principle of the Lobelia, at least that principle is eliminated to a very large extent.

He does not believe that Lobelia hypodermically in the real toxic sense is poisonous. He believes that it can be used in many cases in almost unlimited quantity without harm, as he has never seen any harm that he could attribute to it. Others, however, think that caution is necessary and that the remedy must be avoided in certain cases. It is no doubt that this fact will be ultimately proven.

BLOOD PRESSURE

Dr. Zell L. Baldwin of Kalamazoo, Michigan, made some observations at his sanitarium as to the increase of tension after its use and to its influence upon blood pressure, and did not come to any satisfactory conclusion. He used the sphygmograph in nearly 100 cases, and any sharp, marked changes, except in extreme cases, were not apparent. The improvement was uniform and steady, but rather slow in those cases in which the blood pressure was very low, but as yet we are not decid-

ed as to this point. The remedy is certainly a restorative to the nerve force at the centers of enervation, acting directly upon the cardiac and respiratory centers, restoring the inhibitory power of these centers, thus equalizing the entire nervous and circulatory systems. Many of the cases reported confirm this influence because of its direct effect upon the cerebral circulation, mental conditions are improved, unconsciousness or even coma are immediately overcome.

In the first place the remedy has always been supposed to be poisonous. Its violent influence upon the stomach and the depression from the vomiting is charged with the death of patients during its early use, but recent observers have seldom been able to detect any serious toxic influence. It is certainly not a depressant when given hypodermically. There are cases narrated in this report where there was depression after its use, but that could have occurred from other causes.

It is antispasmodic, but this effect is accompanied with strength rather than weakness. Dr. J. L. Ingram, at the Eclectic Medical meeting of Missouri, stated that he believed that the powerful stimulating effect in sufficient doses, where there is great depression, arouses latent possibilities of the system to concentrate its energies upon the life centers; also, where the effect of this remedy was exercised, stimulating the medulla and vegetative nerve centers, respiration improves the heart action; also, spasmodic conditions in the throat were overcome. In diphtheria and diphtheritic croup the exudate is loosened and expelled, and cyanosis is dissipated as the blood becomes oxygenated and the vital forces reassert themselves.

Dr. Alderson says that he notices its best effect in cases where the heart is generally weak, and in these its total influence has been that of a stimulant and restorative, without any depressant effect. He says the pulse becomes stronger and fuller; all tendency to fluttering and irregularity disappear and its strength is restored. He has given it in as high as forty drop doses.

In an article read at the Wisconsin State

Eclectic Medical Society, published in the November, 1910, issue of ELLINGWOOD'S THERAPEUTIST, Dr. Jentzsch states concerning its influence: "The remedy minimizes any local irritation, promotes immediate elimination, overcomes local blood stasis, stimulating both the venous capillaries and the arteries, relaxes elastic tissues which are spasmodically contracted and promotes innervation. The wide influence of this remedy under these important conditions is certainly wonderful, and no one remedy seems to furnish all the active elements essential so fully as this. Added to its active influence it is non poisonous and consequently harmless. The effect of a single injection fully obtained will last about twelve hours, but the medicine may be repeated safely even when full influences are obtained at any time after three hours, if thought best. The repetition to be determined by whether there is any progression or not in the disease processes, as evidenced by the apparent symptoms.

The repetition of the remedy is demanded in the severer and; more malignant cases, although a single dose is surprisingly efficient and permanent even in some malignant cases.

The injections are best given deep, either in the breast, abdomen, back or thighs, and he thinks the patient should lay quietly after taking the injection for some little time to permit the free, rapid absorption of the drug. The pronounced indication for Lobelia is toxemia with or without (but especially with) circulatory disturbances. In these latter it is directly indicated also, especially if there be irritation of the cerebrospinal nervous system.

Dr. Jentzsch hesitates about claiming that Lobelia is a stimulant, pure and simple, as we understand the action of stimulants. Unlike brandy or strychnine or digitalis, the immediate and sharp, stimulating, or whipping-up effects do not appear in the same way to be lost when the effect of the medicine is gone. The improvement on all conditions is plainly marked, but the restoration is so nearly that of a full normal condition obtained in a smooth and satisfactory manner, that he

hesitates about pronouncing it stimulation. It is more like an increase of vital force, which remains to a large extent, in the improved condition of all the functions after the remedy has had time to be fully eliminated. Dr. Baldwin confirms all this from extensive observations of tuberculosis cases.

From my own personal observations and from the conclusions I have drawn from the observations of others, I would say that Lobelia seems at once to supply a subtle but wholly sufficient force, power, or renewed vital influence, by which the nervous system and the essential vital force within the system again reassert themselves and obtain complete control of the functional action of every organ. From this influence, in a natural and sufficient manner, a complete harmonious operation of the whole combined forces is at once resumed, in some cases, in an almost startling manner. Other agents stimulate, prop up or temporarily increase the force and power of one or another function, while this remedy with this peculiar power at once assumes control of the whole, and succeeds against all the opposing influences as General Sheridan did, with his entire forces in retreat after his celebrated twenty-mile ride at Winchester.

Concerning the anodyne influence of this remedy there is a difference of opinion. That pain is relieved by its use is observed by all. Often it is relieved in a most satisfactory and some times in a striking manner, but it is usually cramp-like pains and pains that are relieved by taking off muscular tension. Lobelia is a mild hypnotic and restores normal conditions, apparently, seeming to possess both sedative and stimulating properties. If they be sthenic, the excitement is relieved, if they be asthenic the strength and normal action is restored.

As said, a direct narcotic influence can hardly be attributed to it, and because of the fact that it relieves nerve irritability immediately, it has thus an active anodyne influence. It is certainly to be considered as important in all cases of extreme pain.

Concerning the fact that it induces nau-

sea or vomiting, in more than a thousand observations there are less than three percent of the cases reported in which there was any nausea or inclination thereto. Dr. Palmer of Detroit, stands out conspicuously in his first experiences, having an unusual number of cases of nausea and vomiting, some quite severe, but there must have been some local conditions or some fault with the preparation he was administering or some coincidence in the peculiar idiosyncrasies of the patient, as he is alone in this report. Dr. Jentzsch, having used several forms of Lobelia and yet has produced but little nausea, believes that less than two percent of the cases will be so affected, and thinks that the possibility of nausea need not be considered in any case, as it is not frequent after Lobelia, as it is after morphine and other commonly used remedies.

ADMINISTRATION

The local irritation induced by the various preparations that have been used, have made its use very objectionable, especially in the early cases, but the use of a non-alcoholic preparation seems to do away with this entirely. Fluid extracts have been used, but have induced much irritation and pain. The effects of specific Lobelia and subculoyd Lobelia are identical, as far as their physiological and medicinal action is concerned, and can be so used, there being more liability to local pain from the alcohol of the specific medicine. Quite a number of writers have suggested that by thorough cleansing of the parts and instruments, by using any preparation very warm, or by applying a hot compress locally immediately after the remedy is introduced, will do away with the local pain.

Dr. Niederkorn so suggests in a report in the *Eclectic Medical Journal* on cellular inflammation from the hypodermic use of specific medicine Lobelia. His belief was that the condition is prevented by using the Lobelia hot, in having the syringe and skin thoroughly sterilized, adding the remedy to an equal quantity of hot water. With these precautions he had nothing but good results.

Dr. M. S. Aisbitt of Los Angeles, says,

"In my use of Lobelia hypodermically I have never used the subculoyd Lobelia or lobotoxin. If I ever have a case in which I do not succeed with a good fluid extract, which I have always used, I shall try the other preparations."

A suggestion of Dr. Howes, in his *Journal of Therapeutics and Dietetics*, is that Lobelia promotes a flow of blood to the skin, causing a recession of the eruptions of eruptive fevers, and increasing the warmth of the skin. When the pulse wave is slow, and the heart action feeble, it is especially effective.

Dr. Jones, of Jonesville, Ind., thinks he has seen unpleasant results from Lobelia only when there is albumin present in the urine, and he had learned to avoid it in these cases.

DOSAGE

I am confident that in certain cases the dosage has much to do with results. There are cases in which ten minims will be all that is necessary, especially in children. In others, twenty to thirty minims up to one dram, Relaxation should be studied with reference to dosage separate or different from other conditions.

There are profound convulsive attacks which end only in death. These can be treated with hypodermic Lobelia almost without regard to how many half-dram, or dram doses, every half hour or hour are given, until relaxation occurs. Then discontinue until again required. This course seems to be justified by results.

Dr. Thornton suggested at the Illinois State meeting that in the dosage of Lobelia it would be necessary to give a very much larger quantity to men who use tobacco because of the fact that the alkaloids in the Lobelia were similar to those in tobacco, and tobacco users were therefore inured to it. Dr. Hulick confirmed this observation.

There are many cases of children in which from ten to fifteen drops twice a day will be sufficient, but in aggravated cases or in threatening cases no hesitation need be had in giving from fifteen to twenty minims and repeating the dose in from half an hour to an

hour, watching for results, and using the remedy again when its effects seem to be abating before a sufficient influence is obtained. Many of the observers have been reckless about the quantity used, using from one to two drams and repeating the dose in a short time, but no one has reported any influence at all derogatory.

Dr. John Fearn used this remedy by the stomach for forty years, and his observations can be compared with the good results with those made from its hypodermic use. He believed the impression that is universal that Lobelia by the mouth always produces emesis, is a most erroneous one. He used it in large doses in many cases without producing this influence.

It was his common practice, thirty years ago, to give hot Lobelia tea, especially with first confinements, to produce relaxation and facilitate labor. (It certainly increases the force of weak pains in many cases.) He has given small doses of powdered Lobelia for a long time as a gastric stimulant and to increase the power of circulation where there was no inflammation and where there was entire lack of digestive power, where the food lies too long in the stomach and ferments; where the stomach is cold and there is much gas, or where the stomach is very sensitive, and has produced marked effects without nausea.

ANTITOXIC INFLUENCE

The question as to whether Lobelia directly destroys toxins or exercises within the system a powerful antitoxin or antiseptic influence is one that is receiving a great deal of attention. The older writers depended upon this remedy (sometimes alone) to cure syphilis, believing that it possesses a powerful alterative influence. Many of them became so convinced of this as to make it impossible to change their opinions. Dr. Jentzsch is confident that it exercises an antitoxic influence to a marked degree. We must make very close observations when it is given for toxemias of any kind until we can positively determine whether the general influence of the agent be upon the nerve centers or upon the circula-

tion, upon the respiratory system, improving oxygenation of the blood, or upon the total elimination, or upon any or all of these, and how exercised.

Later, by active physiologic methods, we expect to be enabled to draw final conclusions concerning the total influence. This knowledge will be very important when determined. It is to be hoped that the present belief of some observers that its active antitoxic influence may be confirmed, as this will greatly broaden its application.

Dr. V. A. Baker, of Adrian, wrote often on the antiseptic action of this remedy after an experience of sixty years by internal administration only. He asserts that the remedy overcomes a tendency to auto-toxemia, proving curative in many bad cases, and controlling convulsions so caused. He always used Lobelia in the cure of syphilis in any stage.

Dr. Homsher, of Denver, Colorado, believes that Lobelia is locally and physiologically an antiseptic, as it is also a powerful eliminative, stimulating every excretory function in the body. He uses it a great deal in water, with which he flushes the colon, finding that it stimulates the peristaltic action of the intestinal canal, and also stimulates the excretory glands of the canal. He uses it frequently for this purpose and has confidence that it will exercise an important influence.

The objection is quite commonly made that the alcohol in any preparation used is present in sufficient quantity to induce the stimulating influence to a large extent that is observed. There are two objections against this—one is that the stimulating influence of the Lobelia is in no way similar to that of alcohol, and the other is that the stimulating effect is widely observed by the action of preparations that contain no alcohol. Still another objection will be made that very many of the observers have used other remedies in connection with Lobelia, which induced the influences attributed to Lobelia. Answering this we can well say that to an observer, who is thoroughly familiar with the action of all the remedies used, there is no difficulty what ever in distinguishing between the influences in-

duced by the other remedies and those induced by Lobelia, even when combinations are used, but we make no argument against the fact that correct observations hypodermically can only be made when Lobelia is used alone.

Dr. A. F. Stephens of St. Louis, one of our closest observers, makes the following important unique statement concerning the physiologic action of this remedy in a recent letter to this editor:

"I know that Lobelia, like every other thing in Nature, has popularity as an attribute; that it contains within itself the principles of good and evil, so-called; that moving between the positive and negative poles measures the quality of its effects, which may be either beneficent or detrimental to life. He who thinks Lobelia has no other than a benign effect would better cultivate his power of observation.

Lobelia, in moderate amount, will raise the blood pressure when lowered, and will thereby equalize the general circulation, thus aiding greatly the process of elimination. Pushed beyond these limits it lowers the blood pressure, weakens heart action and prohibits elimination and indirectly, if not directly, causes death.

"In cases where the blood pressure is increased above the normal Lobelia will lessen it, and in such conditions may be given in much larger amounts without danger to life,

"As to its so-called antiseptic properties per se, or aside-from its action above outlined, I am not as yet prepared to say, as I have studied the remedy for only thirty years, which is too short a time to pronounce a verdict upon so important a subject, especially when no comparative blood analyses have been made. I am sure the remedy should not be used indiscriminately. I believe it can be made to produce fatal results."

Dr. H. D. Edwards, Washington, Pa., writes as follows: "I began using hypodermic Lobelia shortly after its introduction. I have found in it a reliable remedy, not only for one, but for a number of ailments that we are confronted with in our daily routine. My experi-

ence is limited somewhat in regard to this remedy, but nevertheless I have used about 75 bottles as put out by Lloyd Brothers. I consider that a sufficient quantity to arrive at some definite conclusion as regards what the remedy will do in certain conditions. The above bottles, I wish to state, hold approximately two drams. The dosage administered was anywhere from fifteen to sixty minims. Nausea was an unknown quantity, except in one case; then only slight. The interval between doses varied from fifteen minutes to half-an hour in urgent cases, to daily injections. Some of the cases only received two injections of thirty minims weekly.

"The diseases I have treated include the following: Diphtheria, asthma, tetanus, bronchitis, leg ulcers, and an other indefinite condition, a shortness of breath due to some unknown cause."

Dr. Stevenson has used Lobelia by the mouth first, and later hypodermically, in all for thirty-five years, and is in a position to compare the results. He thinks that in cases where the local effect upon the stomach is not readily induced, that much the same results can be obtained by giving it by the mouth than can be secured by its action through the stomach.

J. B. Brewer, M. D., Jefferson, Wis., says in a recent letter: "My experience has proven that we must not expect striking results in every case where we use this remedy, if we give it indiscriminately. It is like all other remedies. It has a definite place, and it must be so given.

"I believe that the remedy is a stimulant, especially in congestion. In those cases where the hands, feet and the nose are cold, where there are large beads of sweat standing out on the forehead, or where the patient seems to be greatly prostrated. In such cases as this, whatever the cause of the trouble, neither the doctor nor the patient will be disappointed."

We do not, in this consideration of Lobelia, pay much attention to its influence taken by the mouth.

Because of its local effect upon the sto-

mach and intestinal tract it is a powerful depressing emetic, and even in small doses when persisted in with children, it produces an irritating cathartic effect, and unduly stimulates all the intestinal glandular organs. At a time when emetics were common, this remedy was considered potent. It was used by the mouth when the tongue was heavily coated, especially at the base; when the entire system was sluggish, and glandular action was very deficient. Its use, therefore, by this channel has been largely abandoned, and the remedy is now being studied in line with the results of its hypodermic use. While an emetic of Lobelia is very prostrating, the patient soon recovers from a medium dose with a sense of well being, and no untoward results are apt to be observed.

H. H. Blankmeyer, M. D., Aransas Pass, Texas, combines Lobelia directly, as some others do, with morphine or H. M. C. He says: "I want to say just one thing concerning my observations I have made as to the action of this remedy when used as a menstruum instead of water in which to dissolve morphine or H. M. C. They readily dissolve in it and when given with morphine, the two together give us the relaxing effect of the Lobelia and the active anodyne influence of morphine, under circumstances in which any depressing effect of the morphine is immediately antagonized by the stimulating influence of the Lobelia, in its action on the heart. At least, that is my way of reasoning, and my excuse for using this often, instead of water, in which to dissolve morphine or H. M. C."

Dr. Hunt, of Bregard, N. C., claims to be a past master in the use of H. M. C. He is also skilled in the use of Lobelia. He believes these two remedies are highly synergistic. The doses must be adjusted, however, for individual cases. They can be well given together. When so given, however, he uses smaller doses.

Dr. Billingsley, of Newburg, Arkansas, says he uses the remedy in **renal colic, bilious colic, puerperal eclampsia, pneumonia, strangulated hernia**, and in spasmodic **urethral stricture**, when the catheter cannot be introduced; in **heat stroke, snake bites**, and in **hys-**

teria. In another place we give a report from the doctor in the treatment of a case of **pernicious congestive chill** which is very interesting and valuable. The doctor says there has been several times when from groups of unnamed symptoms conditions appeared which seemed to threaten death immediately, where death was inevitable, where he would use Lobelia in full doses and get surprising results. He believes that Lobelia as an antitoxic remedy is superior to antitoxin.

The following is from Dr. T. D. Hollingsworth, Akron, Ohio.

"My experience with Lobelia hypodermically has been almost entirely with the subcutaneous Lobelia; have given a few hypodermics of the specific medicine Lobelia and there is no difference in the action of the preparations so far as I can see, except the specific medicine is painful even when diluted with sterile water.

"My experience with Lobotoxin is too limited to make any comparisons with the other preparations.

"After several years of observation, I would say, the profession is looking upon this remedy more sanely, with less excitement, and conclude that from the whole, it is a most valuable auxiliary to our methods of treating diphtheria; that it antagonizes more perfectly, perhaps, than any other one remedy, all the conditions which result from the development of the specific toxins, and from the mixed infections which are apt to follow. In most cases it antagonizes these toxins promptly and satisfactorily, but in an occasional case there seems to be a necessity for a more active antiseptic remedy.

"A very few deny any benefit whatever in diphtheria; others have not patience to carry out the use of the remedy, and still others have been unable to observe satisfactory results, because, I think, of improper use of the remedy, or because of its local influence, which at first, with the alcoholic liquid, was a very great objection to its use."

Dr. J. E. G. Waddington, of Detroit, was not favorably impressed at first, either by the statements made concerning Lobelia, nor by

the results he obtained, but later having treated a fairly large number of cases, he thinks that the remedy will take the place of antitoxin, although he thinks the membrane does not disappear quite as quickly with Lobelia as with the other remedy.

DIPHTHERIA

Perhaps Lobelia acts more upon the vital forces and less upon the intoxicating influence itself. If so it is the safest remedy to depend upon. Perhaps the combining of it with some powerful antitoxic remedy like Phenol or Echinacea would facilitate this influence.

He gives five c. c. hypodermically to an adult, and does not repeat oftener than once in twenty-four hours. He notices improvement usually from the first. The restlessness is overcome, dryness of the throat and mouth disappears, and there is a sense of well being which greatly encourages the patient.

In one malignant case, thirty-two years of age, seen late, the throat was cleared in three days, but the patient died of heart failure. The tissues of the neck and face were enormously swollen and the injections were only given once daily.

A girl of four years died on the seventh day of hemorrhage from the tissues. The membrane had entirely disappeared.

Dr. Collyer, of Illinois, reports a case of diphtheria in a ten-year-old child. Ten drops of Lobelia was given and repeated in six hours. No other treatment was used except a gargle of peroxide of hydrogen. There was an immediate abatement of the symptoms, and a satisfactory recovery. There was slight inflammation at the point of the injection, but no suppuration.

In another case of diphtheria in a man of twenty, twenty drops of hypodermic Lobelia was given and repeated in six hours. The improvement was apparent very quickly after the first injection and continued to complete recovery with no other medicine except a gargle of peroxide of hydrogen.

Dr. Wilkenloh of Chicago reports in ELLINGWOOD'S THERAPEUTIST, March, 1909, a family that was severely infected by

diphtheria, four of the children being attacked in a virulent form, all of whom were saved by the persistent use of Lobelia injections. The character of the disease was confirmed by cultures, the cause was determined, and the cure with the remedy was without any doubt. (See Dr. Wilkenloh's contribution to this page.)

L. R. Crabtree, M. D., Akersville, Ky., says: "My first experience with Lobelia was in a case of laryngeal diphtheria of a malignant type. The child was eighteen months old. When called the child was apparently in a dying condition. I gave 20 minims, and in two hours I repeated the dose. An hour later the child died.

The second case was of the same kind. I saw it in consultation with another physician. He had given large doses of antitoxin with no benefit. The child was cyanotic, breathing with great difficulty. The pulse was weak and rapid, but the temperature was subnormal. It was bathed in a cold clammy perspiration. (These indications are those upon which most observers unite as those in which this remedy is especially prompt in its action.—Ed.)

We administered 60 minims of subcutaneous Lobelia, and in 20 minutes the child was breathing more easily, and in 30 minutes was asleep. In four hours we gave another dose of 40 minims, which was repeated again in eight hours. The child coughed up shreds of the membrane after the second dose, and made a rapid and satisfactory recovery.

I have since treated fourteen cases of diphtheria with this remedy, in connection with which the specifically indicated drug was used, of course. I have not yet lost a case since the first. I am sure to use a large dose now, and I do not think of using antitoxin unless I am called in consultation with a regular physician.

Dr. Jones, of Jonesville, Indiana, challenges the most confident advocate of antitoxin to depend upon that remedy alone in diphtheria. His cases have progressed as satisfactorily as he could possibly wish for, with Lobelia alone. He reports one family where there was five cases of diphtheria. There were two previous deaths. Two of the remainder

had had full quantity of antitoxin, the last dose 20,000 units, before he was called.

Both the doctor and the parents asked him to try Lobelia in these cases. It certainly looked as if death only could be expected. He began with all three, and gave them one dram each of hypodermic Lobelia without regard to age. Internally he gave Phytolacca and jaborandi in small doses, and swabbed the throat with a ten grains to the ounce solution of permanganate of potassium. The next day he repeated the same dose, morning and night. On the ninth he gave half a dram morning and night and removed much of the exudation with the cotton swab. A week later all evidences of the disease were gone in each of the patients, and the father in appreciation, unsolicited, gave him a check for \$100. After the second day the doctor gave small doses of Lobelia internally. He reports other cases as satisfactorily treated.

Dr. Burkard, of Omaha, in another report on Lobelia in diphtheria, says that he has used it and antitoxin together and separately in many cases. In the cases where he uses it alone he believes he gets equally good results as in those in which he has used antitoxin. The field of Lobelia is certainly wider than that of the latter popular medicine.

Dr. Houck, of Terre Haute, gives every-suspicious looking throat a Lobelia hypodermic, and internally gives Phytolacca and Mangifera.

U. G. Vance, M. D., LaFontaine, Ind., gives us in the following words the treatment of a young man suffering from diphtheria so severe that swallowing was almost impossible, and talking was impossible. The temperature was 106°, the pulse 160. It certainly was an unpromising case. He says: "I gave Lobelia, 60 minims, at seven o'clock a. m. Again at twelve o'clock I repeated the dose, and again at seven p. m. From the first there was an improvement. The throat cleaned nicely and was only a short time until he could swallow. For three days I gave him a full dose three times a day. After he could swallow I prescribed Echinacea, Baptisia, and Phytolacca, with oil of saffras for an application to the throat.

"The family objected to the use of a hypodermic in this case because in using antitoxin in a previous case in the family, hip disease, they claimed, had followed the injection. When I insisted, they told me that they would throw the responsibility of any bad results on me. I would be compelled to make it right.

"Another case of diphtheria was that of a married woman, age 34. I gave her three injections a day and prescribed the indicated remedies. I used the same application to the throat which I used in the previous case. The exudate came off so quickly and so smoothly that the patient and friends, and in fact, myself as well, were surprised and pleased.

"If I have only a case of bad tonsilitis which obstructs the breathing, I use this remedy. In all cases it works nicely and is safe."

The Medical Harbinger of January, 1909, reports that Dr. Waterhouse and Dr. Stephens tried Lobelia hypodermically in two bad cases of diphtheria of long standing. The oldest patient died, the younger one improved slowly but after five injections. In this case there was so little benefit from the Lobelia that it was abandoned.

Dr. Leissman used Lobelia hypodermically in many cases of diphtheria with good results. "I had," he says, "an especially severe case of laryngeal diphtheria, where the patient was nearly choking, and I used it with wonderful results. It worked perfectly."

Doctor Jentzsch has treated up to this time, since his first experience, between four and five hundred cases of diphtheria. In summing up his conclusions to me, he has lost none of his first confidence in the remedy. In one case he found it necessary to give antitoxin, because of the sentiment that was created by the health authorities, although he observed no difference in the beneficial influence of his own remedy. He has treated every variety of the disease and has lost a few cases, but did not keep an exact record of the cases treated or lost. The results were positively more satisfactory than those he previously obtained from the almost constant use of antitoxin.

Among Dr. Jentzsch's other reports two

years after the first were made, he says: "Everything I claimed for diphtheria originally I must emphasize today. I have had eight years' experience, and with not a single unfavorable result. The last year or two my cases seem to all have the character of malignancy more than they did before, but they all get well.

"I treated a girl of eight years, who came down with hemorrhagic diphtheria. The pharynx and the nasal passage were covered with membrane, protruding from the nostrils. The pulse was almost imperceptible. I gave her seventy-five minims of Lloyd's hypodermic Lobelia in the morning; in the evening I did not give her another dose, but the next day I gave it again, but she seemed not to improve satisfactorily, and therefore I gave her another dose the next evening, and in four or five days this little child was on the way to recovery. After the second day she developed a fever as a complication. This case, I am sure, would have died under any other method of treatment."

In one case of diphtheria the Doctor gave fourteen injections of seventy five minims each, to a girl of thirteen, in a case that seemed absolutely hopeless, with most satisfactory results, and no unpleasant effects whatever from the remedy.

A. F. Burkard, M. D., Omaha, Neb., says: "My experience with hypodermic Lobelia has been confined to about fifty cases of diphtheria, and about twenty cases of asthma. In diphtheria, I usually give it with antitoxin. But in a number of cases, especially those that were still doubtful, either where I could not get antitoxin, I used Lobelia alone with remarkably good results. Two cases died, both of which had both antitoxin and Lobelia."

MEMBRANOUS CROUP

Dr. Jones reported two cases of membranous croup in the same family. One was treated with antitoxin and died. The second was treated with Lobelia. So fearful was the doctor that he would lose his patient as the first one was lost that he gave three drams every two hours until nine drams were taken.

The results were so prompt that the parents were angry at the first doctor for not adopting this course.

During the course of all the observations from the use of the remedy in diphtheria it is only natural that a great many observations would have been made concerning the action of the remedy in croup. They have been almost universally favorable. Whether the case was one of simple spasmodic croup, or one of the pseudo membranous croup, or the severer form of diphtheritic croup, the results were the same. In October, 1908, Dr. Borland, of Franklin, Pennsylvania, reported a case of pseudo membranous croup in which antitoxin had been used when the patient was plainly in a dying condition. Thirty drops of specific medicine Lobelia was used during the day, but no great apparent benefit was seen. At half past six the boy, ten years of age, was given sixty drops, and at nine o'clock in the evening, one and one half drams were administered. The boy became easier and slept. Early the next morning another dose was given. He passed a restful day, breathing without apparent effort, coughing occasionally, and expectorating shreds of membrane. The next day he coughed up a piece of membrane two inches long and one and one-half inches wide, and quite thick. The recovery from that time on was rapid.

Under date of February 23, 1909, four months later, Dr. Borland reports that he had treated one case of croup since last reports, with ten-drop doses of hypodermic Lobelia, which was sufficient, as vomiting followed and the membrane was ejected. This was followed by the old-fashioned emetic powder in solution. There was no return of unpleasant symptoms.

Under date of March 24, 1909, Dr. J. S. Hendricks, DuQueen, Arkansas, reports using Lobelia in the treatment of croup. He writes that a child's parents, recently moving to his town, had a vial of specific medicine Lobelia, and advised it to be used hypodermically for the child, because a previous physician had so cured a very severe case of diphtheria with one of the other children. The condition in-

creased in severity, until he followed the advice of the previous physician and used a syringe full of the Lobelia.

In twenty minutes the child was comfortable and had no further trouble from difficult breathing. There was no evidence of any depression of the heart whatever from the remedy, and there was no nausea. The Doctor had been previously afraid to use Lobelia, and thus used it with caution in this case, but was convinced of its specific and active influence. In the case of diphtheria referred to antitoxin had been used without effect. The patient was saved with full doses of Lobelia.

Dr. Blumer, of Brownsville, Nebraska, has obtained satisfactory results in every case without unpleasant effects from the injection. In one case of croup he had marvelous results. He reports that he takes pains to render the point of the injection antiseptic, and applies to the skin a cotton pledget saturated with Echinacea.

TONSILLITIS

It is also natural that acute cases of tonsillitis should be brought under the influence of this remedy, when the observer feared diphtheria. In one very severe case, Dr. McLachlan used four injections, four hours apart. There was faintness and slight nausea after the first injection. No subsequent unpleasant results occurred, and a very prompt recovery was made. In an other case a physician, whose name is not given, reports a severe follicular tonsillitis which responded promptly to this remedy.

So satisfactory is the treatment of tonsillitis with the usual remedies that without severe constitutional conditions but few physicians would deem it necessary to resort to this remedy, but where the circulation and heart's action are influenced, and especially where convulsions are threatened, or where the toxins plainly induce severe constitutional conditions this remedy may be given promptly, and as persistently as needed.

ASTHMA

Among the early uses of Lobelia was its use in asthma. Professor Whitford, fifty years

ago, depended upon this remedy by the mouth, and expected immediate relief in simple spasmodic cases, and some benefit in all cases. I well recollect a case of spasmodic asthma, in which by his advice the writer gave a teaspoonful by mouth, where an old lady with complete facial cyanosis, on the verge of collapse, was relieved within ten minutes, and needed no other remedy. All the old doctors are unanimous in their statements concerning the prompt action of Lobelia in spasmodic asthma. Its **hypodermic use** usually accomplishes all the results that were claimed for it by its use by the stomach in this disease, in a more satisfactory manner. At the same time its general stimulating and restorative influence is more apparent.

Among the individual reports, we have one by Dr. Frank Webb, of Bridgeport, Connecticut, in the *Eclectic Review*, December, 1908, in which he reports a case of asthma that was relieved satisfactorily by the use of fifteen-drop doses of hypodermic Lobelia, three doses, two hours apart.

In another case he also relieved a patient of asthma by giving only five drops of hypodermic Lobelia. A week later he treated another case and gave ten drops only with complete relief in fifteen minutes.

Dr. Liessman, at the Illinois State meeting, said, "In cases of asthma I have given Lobelia in teaspoonful doses by the mouth, and got results in fifteen or twenty minutes. One case, a woman about forty years old, would throw herself out of bed, suffering agonies from the paroxysms, and simply could not get any air. I tried the hypodermic in her case, but it did not work so well, but I have given her teaspoonful doses of Lloyd's specific medicine by the mouth and always get results. There was no vomiting."

Dr. Ribbons, in acute asthmatic attacks, has obtained immediate relief with fifteen drop doses of hypodermic Lobelia. The Doctor has had no pain from his injections because he treats the needle, the syringe, the arm and the skin with extreme antiseptic measures, and uses a few drops of a weak solution of cocaine, injecting the medicine directly into the

muscle.

Dr. Waddington, on page 336 of *ELLINGWOOD'S THERAPEUTIST* for September, 1910, makes an excellent report of the use of Lobelia in the successful treatment of asthma. He gives it both hypodermically and internally according to the indications.

Dr. Vance, of La Fontaine, Indiana, in an exaggerated case of acute asthma, injected thirty drops of Lobelia hypodermically. There was some benefit almost immediately. In less than an hour fifteen drops more was given, which produced complete relief.

ASTHMA WITH CYANOSIS

A. F. Burkard, M. D., Omaha, Neb., claims Lobelia to be the equal of morphine in asthma, if not superior. "I have used it on about 20 cases. I would urge all to forcibly concuss the spine over the seventh cervical vertebra, and to dilate the sphincter of the rectum. If that would not produce rapid and remarkable relief from acute asthma, then give hypodermic Lobelia."

Dr. Helbing reports a lady of 50, cyanosed from asthma, quickly relieved with two half-dram doses of Lobelia and one-half strength of H. M. C.

Dr. Cordell, of Romulus, Oklahoma, repeats the experience of several other physicians, in saving a patient from the **very jaws of death** by Lobelia. An old lady of 82, he found apparently in a dying condition from pneumonia, involving the entire right lung. The body was cold, covered with clammy sweat. She was breathing irregularly and very shallow, with cyanosis.

He gave her one dram of subculoyd Lobelia. In half an hour the breathing was deeper and freer. At the expiration of the first hour, he gave another dram. The next day he gave one dram in the morning and again in the evening, and for the next four days the same quantity. At that time the patient was sitting up and eating freely of the diet assigned her, and notwithstanding her extreme age, made a remarkable recovery.

Dr. Owens, of Plainview, Texas, reports a severe case of chronic asthma with chronic

bronchitis, with "skin cold and clammy; pulse 150; lips blue and the respiratory tract squeaking like a new saddle." Thirty drops of Lobelia relieved the patient in a few minutes. Another dose was given in six hours and later two doses a day.

Dr. H. E. Songer, Kansas City, Mo., was called to see a middle-aged lady who had suffered with **asthma** at times for many years. This attack in January was unusually severe, and lasted until the last of February. For days she had no relief. He was called in the night. Having no hypodermic Lobelia with him, he gave forty drops of the specific. It caused a great deal of burning at the site of the injection, and there was quite an abscess, but the asthma quickly disappeared, and some months afterwards he met her, and she told him that she had had no return since.

One of Dr. Vance's patients with asthma complained bitterly of the local effects from the preparation used. Subculoyd Lobelia was then used, and the pain and extreme soreness were yet so great that he refused further injections, after the third or fourth. There was only temporary relief in this case, and there was no nausea. In one case there was some nausea after the first injection.

BRONCHIAL ASTHMA

Dr. Warner treated a case, a man aged 47, with bronchial asthma, with high fever and chronic bronchitis, with subculoyd Lobelia. The dyspnea was extreme, skin cool. The man came to the office with a paroxysm of difficult breathing in which it seemed as if it was impossible to get another breath. Three drops of hypodermic Lobelia were injected. This gave satisfactory relief, but there was nausea, and vomiting, and much weakness. In four days he had another paroxysm, but dreaded the nausea and vomiting from the hypodermic injection. He was given only two drops, which produced the same effect, but he has had no return of the condition since October, 1910. This dosage would seem to be hardly sufficient to accomplish any result.

Another man, aged 57, with bronchial asthma, which followed an attack of rhinitis

and bronchitis, had previously experienced two attacks of asthma. He was suffering greatly from the oppression of the breathing. He was given a teaspoonful of hypodermic Lobelia. In an hour he was able to lie down, and rested easy all night. At 9 o'clock the next morning another attack was immediately relieved by the hypodermic injection. There was no nausea whatever from the larger doses of this remedy.

Dr. Waddington treats bronchial asthma with hypodermic Lobelia, followed by specific medicine Gelsemium. He thinks he gets more permanent results by combining the two remedies. He does not find much benefit from the treatment of cardiac asthma from the Lobelia. He says, "I have obtained the physiological effect of Gelsemium on these cases of asthma without any influence on the asthma, where Lobelia was not given, and on the other hand, I have administered Lobelia with no effect on the asthma, until both remedies were given together. Especially is this true of bronchial and spasmodic asthma."

Dr. Alderson, at the Illinois State meeting, said, "I had the experience of treating one case of asthma with Lobelia and can report good results. A lady of about 50 years of age was subject to these attacks two or three times a week, partly cardiac, partly bronchial.

"I started on fifteen drops of specific medicine, but the alcohol was so irritating that it caused an abscess, and I stopped it and used the special preparation hypodermic Lobelia, and that seemed to cause no trouble. I first started with three injections a week, every other day, and she gradually improved.

After three weeks I used it twice a week and then once a week, and the asthmatic trouble was almost entirely eliminated. I used some internal remedies in conjunction, but this case got along fine. Another old lady of 80 I found leaning over a chair, breathing as though each breath would be the last. I used about thirty drops hypodermically, and in a few minutes she was breathing as well as I am now.

I have used it in another case or two of asthmatic trouble, and also cardiac trouble,

where there would be complaint of constriction over the chest. It acted very promptly in relieving this condition. The majority of patients do not complain of irritation more than from other hypodermic injection. I think we will do well to try this where there is complaint of constriction over the chest. I have never-tried hypodermic Lobelia in pneumonia or diphtheria, but when I have a serious case I shall certainly try it, as I believe I would get prompt results from it."

The above report was made two years ago. Dr. Vance now reports a recent case. He says.

"I was called to see an old lady of 70 one night at midnight for spasmodic asthma. I was told that she was dead when I arrived, and it so appeared, but examination found that she was still living. I called in the friends and I loaded my syringe full and gave her two injections at once.

I really did not expect any results. I had told the friends and her husband that it was too late, but that I would try. Believe me, inside of five minutes, she was breathing fairly good. In an hour I gave her 30 minims more. By 2 o'clock she sat up and was able to talk. She told me that she had heard all I said and she thought herself that there was no help for her.

After that, whenever she had an asthmatic attack she would send for me. Finally the family removed fifty miles away. She then had a severe attack and insisted on sending for me at once, but the friends told her that they had just as good a physician there. When he called, she asked him to send for me, but he told her that he had just as good a remedy. However, the patient died in that attack. I have now under care a case of severe spasmodic asthma, and I rely upon this remedy for relief. I have yet to have the first case fail."

In the treatment of bronchial asthma, Lobelia only works well where there are no heart complications, I think, and much the best in spasmodic cases. Dr. Vance has treated a good many cases, and, using this remedy as routine treatment, he has found nothing better, although heart cases, with other indica-

tions, must be treated with other indicated remedies.

Among other reports received, bronchial asthma has been relieved in many reported cases. Four were extremely severe and four were permanently benefited.

C. E. Taylor, M. D., Sargent, Neb., says: "I was called at 11 p. m. to see a woman suffering from an attack of bronchial asthma, and she certainly was a picture of distress, and her first words to me were, 'Doctor, hurry, if you can do anything for me ' I assured her then in half an hour I would have her much better.

"I gave her a full injection of Lobelia. Twenty minutes later, I gave another full dose. The minutes seemed hours to me as I watched the poor woman struggle for breath. I gave her the third injection an hour later, with no relief. I then began to realize that my sure remedy for asthma had failed. I waited another hour, without the slightest improvement, and then I gave her one-fourth of a grain of morphine, which gave her ease in about thirty minutes. I cannot account for the failure in this case.

(It will probably be a long time and will take many observations before we determine the precise indications for the use of this remedy, not only in bronchial asthma, but in all other cases. We hope that future observations will be made with great accuracy in order that as quickly as possible we may determine which cases we can positively expect relief in, and which will not be so benefited.—Ed.)

Dr. Webb gives five drops only each day as a hypodermic dose in asthenic bronchitis of children, and finds it of much benefit in the treatment.

BRONCHITIS

In a case of bronchitis, Dr. Vance had as a complication laryngeal spasms and obstructed breathing, which threatened immediate death. This was relieved at once by hypodermic Lobelia, ten drops, repeated after a few minutes.

There are many indications for this remedy in bronchitis. In very small doses, diluted, it was recommended by Scudder and

the older practitioners years ago in bronchitis, and those of us who learned to treat this disease successfully, thirty or thirty-five years ago, would combine eight to twelve drops, in a four-ounce mixture with Aconite or Belladonna, the compound Lobelia powder, now largely replaced by libradol, being spread over the chest. This, with the use of heat, gave us exceptional results. Those who are using hypodermic Lobelia in acute bronchitis at the present time give from five to ten drops twice a day with improvement from the first, and but very few, if any, unpleasant results, even in the smallest children.

Dr. Waddington, in ELLINGWOOD'S THERAPEUTIST for September, 1910, publishes a very elaborate article on the treatment of asthma without opiates. In this he advises combining two drams of specific Lobelia, one dram of Gelsemium in sufficient chlorine water to make three ounces. Of this he gives from one to two drams every 20 or 30 minutes in spasmodic asthma, and claims that with him it has been infallible. He believes that many cases are benefited by the addition of Gelsemium to Lobelia in this disease, where a few signal failures are reported without ability to explain why.

Dr. Warner reports the treatment of a case of **bronchial asthma** with hay fever and chronic bronchitis. The difficulty in breathing was great, the skin was cool and temperature subnormal. He used only a few drops of Merreil's hypodermic Lobelia. In fifteen minutes the patient was relieved. He was up and about the next day, but very weak. Four days later, he had another small injection and from then on made a good recovery. The doctor reports other cases of asthma treated by hypodermic Lobelia with good results.

PNEUMONIA

Dr. Jentsch says, "Since beginning the use of Lobelia hypodermically I have used it in my every case of **pneumonia**, in any form, and I am confident that it comes as near covering all the conditions involved as any other one remedy could possibly do. It antagonizes the local stasis, moves the total blood quantity

rapidly, and very materially increases oxygenation. It strengthens the heart's action, slows the respiration and reduces the force and violence of the pulse."

In acute cases of **pulmonary congestion** he puts the patient into a hot bath, or wraps him in hot, wet blankets, inducing perspiration as quickly as possible. He claims to have needed no other treatment in a number of cases.

Dr. G. R. Wright reports a case of **pneumonia in an infant** of four months. On the sixth day the temperature was 105°, pulse 160, respiration 60, **extreme cyanosis**. He gave fifteen minims of specific lobelia hypodermically. Within an hour there was quite apparent relief. He advised fifteen drops to be given every two hours.

The improvement was not rapid, but was satisfactory up to the twenty-second, when there was a relapse; temperature 105°, pulse and respiration too rapid to count, incessant coughing, cyanosis marked. He injected twenty drops of Lobelia, which had an immediate, sudden effect. In about two hours, the restlessness returning, fifteen drops were injected. This was repeated again in two hours. During the early part of the last day, fifteen drops more were given, and the medicine was continued internally. Although the case was prolonged, the patient was cured.

Dr. Galford, in ELLINGWOOD'S THERAPEUTIST; reports the treatment of a case of **pneumonia** in a woman, 47 years of age. After fourteen days of advancement in the disease without benefit, all symptoms being exceedingly serious, he gave fifteen drops of specific Lobelia hypodermically every six hours. On the second day he increased the dose to twenty-five drops. Between the second and third days the improvement was very rapid, and eminently satisfactory both to the patient, physician and friends. There were no unpleasant effects whatever from the Lobelia.

A case of capillary bronchitis is reported by Dr. Webb, June 10, 1909. Three injections were given, five hours apart. Dose not stated, but it was more than fifteen drops.

H. R. Smith, M. D., Bancroft, Idaho,

writes: "I used the remedy in a case of **pneumonia**, where there was **great oppression**. Every breath was a torture. I had the satisfaction of giving relief very quickly. In acute lung troubles of children it is decidedly beneficial.

Dr. C. B. Dean, Wakenda, Missouri, in a letter, February 2, 1910, reports giving forty minims of the specific medicine to a child eleven months old in **broncho-pneumonia**, where **suffocation** was nearly complete. The breathing was improved in fifteen minutes. There was no nausea or other unpleasant symptoms. The patient was out of danger in thirty-six hours. Only one dose is reported as having been given.

Dr. W. M. Warner, in ELLINGWOOD'S THERAPEUTIST for April, 1911, reports a case of **broncho pneumonia**, temperature 104°, pulse 180, extreme cyanosis and threatened heart failure. He gave one dram of hypodermic Lobelia in the morning. At 4 o'clock in the afternoon the temperature had dropped to 101 degrees; the pulse was 120. The next morning there was no change in the conditions of the previous evening. Injections were given twice a day for four days, but the patient died from heart failure, which was a very marked condition when the injections were begun, at which time she was so near death that it seemed as if nothing would prolong her life.

Where we have extremely satisfactory results in treating pneumonia, and especially **pneumonia in children**, without specific remedies per orem, there are many conditions in which we find Lobelia hypodermically a most valuable acquisition, and when from any cause from complications, or because the case is protracted before brought under the specific treatment, Lobelia is a most dependable acquisition. Dr. F. E. Thornton of Chicago makes the following statement:

"In a case of pneumonia in a child, where the lung is rapidly filling, the heart is beginning to dilate and we need stimulation; where the child is beginning to breathe hard; and it becomes cyanotic, inject ten to twenty minims hypodermically, and you will notice a

rapid clearing up of the condition. I have tried it on several whom I think would have died, had I not used it."

A case of "**double pneumonia** was grafted on to an **old bronchitis**" with pigeon breast in an old lady, aged 76. Fifteen drops of hypodermic Lobelia was given every six or eight hours by a trained nurse. No abscess or local inflammation followed. These were continued for six weeks. The patient sat up a little each day. Mental derangements subsequently occurred, from which the patient died later.

C. L. Wakeman, M. D., Andes, New York, says: "I have used subculoyd Lobelia for about two years, in all forms of **pneumonia**. To one infant, six months old, I have given ten drops every two or three hours nearly all night, and recovery was rapid. On the first of March, 1914, I saw a case of lobar pneumonia that had been running three days. I could not get back to see the patient again until the fourth day, and then one lung was nearly all consolidated. I had a trained nurse next day, and she gave this remedy for four days more, as both lungs were then affected, but both lungs had cleared satisfactorily on the tenth. I am sure the patient would have died if it had not been for Lobelia.

I have used it in asthma, but am not perfectly satisfied yet. It does not work in every case, and I have not learned to determine the exact indications yet.

Dr. Owens reports a case of **pneumonia** in a young woman, with high temperature, slow pulse and rapid respiration, intense pain, and expectoration of bloody mucus. Thirty drops of Lobelia was given hypodermically, and nine hours later was repeated. The patient reached a normal condition on the fourth day. After the first two injections, the usual two or three remedies were given.

Dr. Jones of Jonesville, Indiana, reports **21 consecutive cases of pneumonia** without a single death, with the following treatment: Lobelia hypodermically; pilocarpine as needed hypodermically; the patient placed in bed with no pillow; the patient turned frequently from one side to the other, absolutely not allowed to get out of bed for any excuse. He thinks that

there can be no heart weakness with Lobelia and the emesis so seldom occurs that it is not looked for. It is the best heart stimulant, he thinks, that could be used, and, combined with pilocarpine, he secures peculiarly fine results.

Dr. J. M. Wells reports the hypodermic injection of one dose of ten drops at 3 o'clock in the morning, fifteen drops at 6 o'clock and twenty-five drops at noon, in a very weakly infant, four months old, suffering from a severe form of **catarrhal pneumonia**, with cerebral complications. The temperature was 104 degrees, respiration above 50, pulse too rapid to be counted. The head constantly rolled from side to side, and a fatal termination apparently inevitable. Twenty-four hours after the first injection the temperature was reduced to 100 degrees; pulse, 100; respiration, 35; child sleeping quietly; nerve irritation gone; no indication of nausea. A subsequently rapid recovery. No other medicines used during the time of the injections.

PNEUMONIA IN CHILDREN

Dr. J. D. McCann, Monticello, Ind, says: Lobelia has served me splendidly the past few years in various ways. The place that I have appreciated its use the most was in some cases of pneumonia in children, where death seemed inevitable. I used twenty to thirty drops of subculoyd Lobelia hypodermically and saved my patient. I also use it with marked benefit in convulsions, either in children or adults. In adults I use the hypodermic syringe full. In muscular spasm of any kind it is my first thought.

Dr. Simes of Kansas City found a child in an apparently dying condition from **broncho pneumonia**, general cyanosis, and every evidence of rapidly approaching death. The doctor attending had had no experience with Lobelia, but, feeling sure from his own experience, Dr. Simes injected 30 drops into the back. The pulse was almost uncountable; respiration, 55; tempera ture, 106 degrees. In thirty minutes there was evidence of some improvement. Two hours later another injection was given. Internally, the usual medi-

cines were prescribed—Aconite and Bryonia. At 6:30, 20 drops more were given hypodermically. At 9 o'clock the next morning the child was beyond all danger and made a full recovery.

WHOOPIING COUGH

One physician, whose name we regret is lost from our notes, was called and gave one injection to a child in actual danger from whooping cough. It was given just as the child was threatened with an attack of the cough. The attack was aborted, the patient breathed easier, coloration of the countenance abated, and as no other attack threatened, he withdrew. He was subsequently notified that the patient did not have after that a single hard attack of coughing, and soon recovered from the total condition. He was himself greatly surprised at the perfect results obtained.

In the treatment of **whooping cough** Dr. Jentzsch had one extreme case which he saw in conjunction with two other physicians, because of the violence of the spasm which occurred in the throat, and the apparent immediate danger of a fatal termination from suffocation. The paroxysms would occur every thirty or forty minutes; the throat would bleed violently; the patient becoming cyanosed and choking. All food was refused, the patient was prostrated until each spell of coughing would seem to threaten a fatal ending. He advised the other doctors to allow him to administer one-half dram of Lobelia, and watch the results.

This remedy would seem to be especially available in whooping cough. We have but few reports, however, concerning its use. It would be especially indicated in the cases represented by Dr. Jentzsch's case above, in which there was extreme prostration, and because of its influence upon the capillary bronchial circulation, and the circulation of the lungs, and because of its antispasmodic effect, it is certainly directly indicated, I would suggest that it be used, until correct observation can be made, in small doses twice daily, whatever the condition, and occasionally in the evening just preceding one or two paroxysms. I am in-

clined to believe that it will abort the paroxysms and greatly increase the period between them. Its anodyne and soothing influence given thus in the evening should conduce to a more profound repose, prolonging sleep and thus interfering with the occurrence of the coughing spell. I should use it in these cases with positiveness and with faith.

PROTRACTED COUGH

Every physician meets cases of protracted cough. There are certain of these which are found with much relaxation of the bronchial membranes with general lack of tone on the part of the patient, with feeble heart action and feeble pulse, with suppressed respiration, sensation of constriction around the chest, other than of asthmatic origin. These indications are plainly those which are overcome by hypodermic Lobelia, and observations must be made concerning the action of the remedy in this class of cases, selecting the time for the injection with reference to any periodicity in the appearance of the condition that may obtain, and with reference also to other conditions, repeating the injections as seem to be indicated, but with a reasonable degree of fearlessness, anticipating only good results.

Other bronchial and pulmonary conditions should be carefully studied, observing the action of the remedy with reference to the condition in hand very carefully and reporting with exactness

Lobelia, either by the mouth or hypodermically, has long had a splendid reputation as a **cough medicine**. The dose by the mouth is small always, ten drops for children in a four-ounce mixture, a teaspoonful every hour or two. It is indicated when there is a sense of tightness or constriction in the chest, with difficult breathing.

PULMONARY TUBERCULOSIS

Dr. Baldwin of Niles, Michigan, confirms the opinion of Dr. Jentzsch by his own observations as to the general improved tonicity without the whipping-up effects, as hereinafter stated, in cases of pulmonary tuberculosis, in which he has used hypodermic

Lobelia as auxiliary to other treatment. There was a gradual advancement in the tone and character of all the functions of the body. He hesitated about calling it a mere stimulation because of the apparently more stable character of this influence. Baldwin uses this remedy to improve the respiration and oxidation of his patients, and considers it of first importance for this condition because of the improvement observed in the functional action of the other organs at the same time. He has used it in more than 100 cases.

Dr. C. D. W. Colby of Dillsboro, North Carolina, used Lobelia in a case of **tuberculosis** in an advanced period of the third stage. The pleasing influence of the injection upon the circulation; the satisfactory soothing influence upon the nervous system, and a change in the character of the sputum was about all that the doctor noticed. Four injections of non-alcoholic hypodermic Lobelia were given, of from fifteen to thirty drops. The last one of fifteen doses produced some nausea, but no great degree of depression

ANGINA PECTORIS

Dr. Webb relieved a severe case of angina by a single dose of Lobelia of thirty drops. No inflammation was caused at any time by any of his injections, although the doctor is very particular to use an antiseptic soap and peroxide of hydrogen on the skin before using the injections, and the injections are warmed.

In another case of violent angina with much nausea, Dr. Webb secured immediate and permanent results by a single dose of fifteen drops of hypodermic Lobelia.

In a case of angina, Dr. F. W. Blumer gave one injection of thirty minims of Lobelia with immediate results and no recurrence for a long period.

Dr. Rorland gave a two-dram **dose of specific medicine** Lobelia hypodermically in a case of angina, relieving all the distressing symptoms almost immediately.

A writer in the *Medical Summary* gave two drams of specific medicine Lobelia hypodermically in an extreme case of **angina** and noticed some benefit within ten minutes. In

half an hour the same quantity was repeated. One hour later one dram was given. This produced freedom from distress, comfort, and a restoration of strength after the extreme depression. Some hours later, at the patient's request, although he was feeling free from pain and in good condition, another injection was given to sustain the results obtained. The results were most admirable. There was no nausea.

Dr. Fearn, of Oakland, California, reported in the *Eclectic Medical Journal*, May, 1910, a case of **angina** that he had thirty years ago, in which he gave a teaspoonful of specific Lobelia with quick and complete relief, without any nausea. In every case since he has given it by the mouth, but since the introduction of its use hypodermically he does not report, having had no case in which he could compare the results when given hypodermically, with those he has observed from its use when taken into the stomach.

L. R. Crabtree, M. D., reports that the pain of this disease has been relieved by injections of 60 minims of Lobelia more quickly than by any other medication he has used. He has found it difficult, he says, however, to convince those physicians who always depend on amyl nitrite, that there can be a remedy that will work more quickly than that, but they need to see only one case to be convinced of the superior influence of this remedy.

Dr. Palmer of Detroit has used it with excellent results in angina pectoris in a number of cases, the only objection being the nausea in some of the cases.

OTHER HEART TROUBLES

There are other conditions of the heart that will present themselves to the observer that would plainly seem to indicate this remedy, and when we have obtained a full and correct knowledge of the field the remedy covers we will feel perfectly free to treat these conditions, whether they have been so treated before or not. This freedom with this remedy, which is not toxic, will increase our knowledge and broaden our use of the remedy, with

no danger of its producing harm.

Lobelia was injected in a case of **tachycardia**, with a temporary effect only—in slowing and strengthening the heart's action.

ACUTE HEART FAILURE

In the treatment of **acute heart failure**, the condition is immediately met by Lobelia, in a manner, and by a peculiar sustaining influence that is not even approximated by any other known stimulating remedy. It occupies a field of its own in this influence, and as it is entirely devoid of depressing influence, or erratic action, it can be given freely even to what would seem to be an extreme quantity in those cases where a fatal result seems imminent, giving from one to two drams and repeating the injection after from one to four hours, and as frequently thereafter as needed.

While I would expect restorative results also from this remedy, I would not depend upon it alone for its further or complete restorative powers, but would give Cactus in full doses or Crataegus or Digitalis as might be needed, if so indicated by the character of the pulse, and other general tonic and up building remedies to improve the tone and character of the blood and nervous system.

In Dr. Howe's journal, in 1907, he says Lobelia in **pulmonary apoplexy, neuralgia of the heart**, and angina pectoris, is a very important remedy. It is here advised by the mouth in 20 drop doses which may be repeated in a short time. He gave it also for a slow heart, although he does not describe it as a stimulant.

ASPHYXIA FROM ANESTHETICS

Dr. B. E. Dawson of Kansas City writes that he makes it a rule to have a bottle of subculoyd Lobelia and a large hypodermic syringe at hand whenever he puts a patient under an anesthetic. If the heart fails or the patient's breathing is interfered with, he orders from one-half to one dram injected at once. He says the response is very prompt and very gratifying. He is confident he had saved several lives with this remedy. In some cases he has repeated the dose In others, he has used other meas-

ures in conjunction.

The immediate action of Lobelia as a restorative, its peculiar stimulating influence (it can hardly be called other) is shown in its full effect in **asphyxia from any cause**. Dr. Waddington has been able to make very thorough observations in asphyxia from anesthetics. In a report of more than 100 cases its action was as prompt as any of the commonly used remedies, but more comprehensive, more inclusive, more complete and much more satisfactory in its final results. Its effects were immediate. It will be useful indeed in restoration from drowning.

Whenever there is obstinate or **oppressed breathing**, it is immediately indicated, whatever the cause. When from the direct action of an anesthetic the breathing is at all unfavorably influenced, at all interfered with, Dr. Waddington does not wait, as there are no chances taken from the remedy. He injects it at once. He is very enthusiastic as to its prompt and peculiarly satisfactory action. In December, 1910, the house physician of the hospital told him that he had used it in over 100 cases in collapse under anesthesia, and found it a splendid remedy. He confirmed the doctor's opinion that it was of excellent service for obstructed, depressed or "up-hill" respiration.

Some of the cases had failed to respond to strychnine, nitroglycerine, and normal salt before this was used. In cases where there was only labored breathing from chloroform he gives thirty minims at once to induce free, easy and natural respiration, warding off further unpleasant influence. The dose is repeated in a few minutes if necessary, as frequent repetition to satisfactory effect is devoid of danger.

SYNCOPE FROM APOPLEXY, CRANIAL INJURY OR HEAT STROKE

In conditions of syncope from any cause, in unconsciousness induced by a **blow** or a **fall** or by **apoplexy** or from **heat stroke**, its prompt action has been observed in many cases. In his first report on this action, Dr. Jentzsch says, "At the season of heat strokes

and in apoplexy, I want you to remember that hypodermic Lobelia in drachm doses given in the most severe cases of heat strokes is a most reliable emergency treatment. I had a case two years ago; a sick patient collapsed on the car when going home. He was carried into a drug store, and when I saw him there was no perceptible radial pulse. I could barely hear the sound of the heart with stethoscope. There was no reflex to irritation of the eyeball.

"The druggist said to me, 'I have telephoned to the undertaker already.' I told him, I will show you something you never saw before. I injected a dram and a half of specific medicine Lobelia, and because the heart's action was so exceedingly slow, about twenty four or twenty-eight a minute, I gave him 1/30 grain of strychnia after wards.

"In- twenty minutes he gave us his address, and when the ambulance came we sent him home. Remember, whenever there is extreme danger, a full, large dose of hypodermic Lobelia must be given. The influence obtained was far more than is ever observed from strychnine alone."

Dr. Jentzsch reports a recent case where a man was overcome by the extreme heat, and became demented. He crawled into a chicken coop and called himself a chicken. He was so violent that it was impossible to move him until he finally became unconscious. He was then given seventy-five minims of Lobelia at once. He became quiet, went into a natural sleep to awake after a reasonable time conscious and much improved, with a temperature of 102 degrees, pulse of 115. The doctor then added twenty drops of Lobelia to four ounces of water and gave a teaspoonful every hour, as he does in many cases, believing that these small doses by the stomach sustains the effect, prolonging, without nausea, the influence of the remedy that is given hypodermically.

In his further reports on this action, another case was that of a carpenter, who fell off a building and sustained a **fracture of the vault of the cranium**, producing extensive bone compression, which I so diagnosed on my arrival. He was unconscious, bleeding

from right ear, slight response to irritation.

I gave one dram of Lobelia, ordered him to be taken to the hospital and prepared for an immediate operation. There he was examined by several doctors, including the family physician, who then doubted my diagnosis, as the patient had regained almost complete consciousness from the Lobelia, besides the pulse and respiration were nearly normal.

However, I knew this to be due to the action of Lobelia. Therefore, maintained my original diagnosis. I was retained in the case with the family doctor, and advised operation as soon as pressure symptoms returned, which I knew would not be long deferred.

This happened in the morning. Toward evening I was called by the hospital attendants and informed that the patient was in a precarious condition. Responding to the call, I found the patient unconscious, temperature 103 degrees, stentorous breathing, etc. This time the intern agreed with my diagnosis. We decided that an immediate operation was imperative and so informed the family.

While waiting for the family I gave another dose of Lobelia, with the result that the patient again improved to such an extent that, when the family doctor arrived, he still doubted the diagnosis, counseling further delay. This time I made it plain that if I was not permitted to operate immediately I could not assume further responsibility. Thereupon I was permitted to withdraw from the case. Another twenty-four hours' delay, the patient was operated upon by some other surgeon, who confirmed my diagnosis. The patient died shortly after the operation. This last case seems to me to be exceptionally interesting in so far as it shows the powerful action of the drug."

Dr. Jentzsch's first case of apoplexy was that of a man, aged 61. There was hemiplegia of the right side. He was unconscious, with unequal pupils, stentorous breathing, inability to swallow, rectal temperature 103 degrees. He was given half of a dram of specific Lobelia every ten minutes. The patient regained consciousness, was able to talk and swallow within an hour after receiving four doses. He

made a complete recovery in about one year, other proper measures being used.

Dr. Chas. McLachlan of Elwell, Michigan, had a patient who was constantly threatened with apoplexy. He gave in all twenty-two injections. At first twice a day, and later once a day with only good results. No nausea or other unpleasantness resulted.

Dr. Wittke of Douglas, Wyoming, introduced a dram of specific Lobelia into the rectum where a boy had been struck **upon the head**, the blow producing insensibility. The depression that followed this rectal injection was very serious, and there was no marked benefit upon the cerebral condition. The probabilities are that if the remedy had been given hypodermically it would have had almost an opposite effect from that from which it was induced from its rectal absorption.

Dr. Tuchler of San Francisco, Cal., treated a case of **apoplexy** in an old lady with subculoyd Lobelia. Later, because of some cyanosis, he gave 20 drops of ergotol, also hypodermically. Notwithstanding the treatment, the patient subsequently died.

This editor had a patient that was in almost a stage of collapse from a combination of symptoms. There was **dilated heart** with threatened failure, as the pulse could not be felt at the wrist. Cyanosis of the entire countenance, but deep only on the lips and around the eyes.

There was **dropsy** and **persistent vomiting**, probably from irritating remedies that had been taken. I stopped the vomiting, advised Belladonna, Bryonia and Cactus, to be given internally in full doses, and one-half dram of Lobelia hypodermically twice a day, the first dose being given in conjunction with strychnine and atropine.

This patient was able to be up in five days, every symptom being greatly improved in ten days. The restorative influence of the Lobelia was unmistakable. The patient objected to its use later on the ground that after every dose was given she seemed to be "all afire on the inside" and became greatly excited and agitated, wanting to throw herself and tear things and at one time had delusions and saw

objects moving in the room. This did not interfere with the very favorable action of the remedy, but, without my consent, it was stopped sooner than I intended, when the cyanosis to a small degree returned.

Lobelia is of much value in any case of **asphyxia**. It increases the power of the heart, stimulates the capillaries promoting their unloading, adds vital force to the action of every organ imparting vital tone. In chloroform asphyxia, it covers the field of all the other restoratives combined. It is doubtful, in addition to this important influence, if there is any agent that will meet a larger number of exact indications.

PARALYSIS

Dr. Jentzsch's later experience in apoplexy from the usual causes has brought out some important facts. While all cases are not relieved, it relieves so many cases that cannot be otherwise relieved that his previous good opinion of its virtue has more than been confirmed. He has also observed the very rapid restoration of the patient from the first symptoms of **paralysis**. He has observed enough cases to believe that the restoration from paralysis is influenced in an important manner by Lobelia. This influence is confirmed also by the fact that the **paralysis of diphtheria** does not occur when this remedy is used early, and if not used until after the paralysis has appeared, the restoration in severe cases has certainly been more rapid than it would have been without it. He has also observed the action of Lobelia in **infantile paralysis**. In the acute stage, it is very prompt in its restorative influence, and in the later stages. Its influence is permanent, though more gradual. He has observed this rapid influence both in paraplegia and hemiplegia. One man was treated for paraplegia alone which had remained after an apoplectic attack. The promptness with which the paralysis responded to the action of hypodermic Lobelia was convincing.

SUN STROKE

Dr. Brewer reported a case of **sun stroke**. In twenty minutes after the man fell

he was there. He used the ordinary treatment for four hours, and then gave a hypodermic of Lobelia. This was repeated in forty minutes. He had cold applications to the head and that was all the additional treatment after Lobelia was begun. Later, Cactus was given to raise the pulse from 46 to 65. It was four hours after the second injection before he recovered consciousness, but he made a good recovery.

TETANUS

In the treatment of **tetanus** all observers are anxious to have an opportunity to try it, as the confidence in its superior power in this disease is universal.

Dr. Coffin at the Louisville meeting reported to me having treated a young horse that was nearly dead from tetanus. He injected half of an ounce which produced some relaxation. In half an hour he introduced another half of an ounce; with complete restoration and ultimate recovery.

Dr. Jentzsch treated one case of plainly marked **tetanus** in a yet developing stage. The jaws were set, the muscles rigid, and the peculiar expression of the countenance was plainly marked. The patient could not swallow. The first day he gave her two dram injections of Lobelia. On the second and third days one smaller dose each day. He fixed up a mixture of Cannabis indica and Belladonna and gave it in teaspoonful doses, every hour, as soon as the patient could swallow, without irritation.

The antispasmodic and the antitoxic effect of the hypodermic Lobelia was illustrated in a case reported by Dr. G. W. Holmes of Florida, in a case of **tetanus** where chloral, the bromides and Gelsemium had failed. He gave one dram of Lobelia, not hypodermic; but within the rectum with Veratrum night and morning, with marked improvement, every twenty-four hours, and ultimate recovery.

Dr. Webb has confidence in its use in tetanus, and would not hesitate to use it if he had a case.

Dr. Coe believes that hypodermic Lobelia will control tetanus in some cases and has much confidence that, combined with Scutellaria, it would control the spasms of hydro-

phobia.

I suggested four years ago to the faculty of the Chicago Veterinary College that they make thorough use of this remedy in the treatment of tetanus in horses and report to us their observations of the use of this remedy alone. I later received a letter from the secretary of the college, saying they have used Lobelia and Gelsemium together, but not hypodermically.

They have used tetanus antitoxin with these two remedies, given internally, and where fifteen years ago they lost eighty-five percent of their patients, they are now saving fifty to sixty percent of their cases. The secretary, in his reply to me, holds this as an excellent suggestion, and will report accordingly.

Dr. Collins of Adamsville, Pa., reported a case of tetanus treated early with Lobelia and later with Lobelia, Gelsemium and Echinacea, without results.

CONVULSIONS

While our list of remedies for convulsions is an excellent one, our observers have naturally fallen into line in using hypodermic Lobelia first, and the results have justified their expectations.

Dr. J. T. Wallace of Saratoga, Washington, during the summer of 1910 treated every case whatever the condition in which convulsions seemed to threaten by giving hypodermic injections of Lobelia. In most cases where the remedy was used the convulsions did not appear.

In **convulsions of childhood** a case with extremely high nerve tension was treated by Dr. Blumer with two injections of from fifteen to twenty minims. There was benefit after the first injection; after the second, relief was complete. In one case it produced slight nausea.

Dr. Webb treated a child in convulsions with a single fifteen-drop dose, relieving the spasms and preventing further return. In a case of **infantile convulsions** Dr. Waddington gave one-half of a dram in the gluteal region; The results were prompt and satisfactory.

Dr. C. C. Cochran, Jacksonville, Illinois,

September, 1911, reports the use of hypodermic Lobelia in a boy six years of age. The child had been in convulsions for twenty-four hours. He gave a syringe full about every four hours until six doses were given. There were no unpleasant symptoms of any kind.

A physician whose name is not given reported a case of infantile convulsions treated with hypodermic Lobelia with satisfactory results.

Dr. R. Bliss of Auburn, Ky., writes: "I have used hypodermic Lobelia in three cases of convulsions in children with gratifying results, and have also used it with what I considered marked benefit in several cases of bronchopneumonia occurring with children. And in one bad case of follicular tonsilitis, in which I used it, it seemed to exert a quick curative effect.

"My opinion is that we are going to find hypodermic Lobelia one of the most potent remedies for good, and for a wide range of affections, that we have at our command; and I am waiting with a degree of impatience to know the consensus of opinion from those who had experience with the agent."

Dr. Owens of Plainview, Texas, reports a severe case of **infantile convulsion following croup**. The patient was in the peculiar condition described by several writers, **just at death's door**, drenched with cold perspiration and cyanotic, with a spasm of the glottis. A hypodermic of Lobelia relieved the breathing. In thirty minutes the respiration improved, and within an hour the cyanosis was gone and the skin warm. A ten-drop dose was all that was first given.

Dr. A. W. Billingsley of Newburg, Ark., was called in consultation to see a boy three years old who was in convulsions. He had been having these every half hour or hour for the past twenty-four hours. One month before he had contracted whooping cough, but no complications were observed until he commenced having convulsions.

The doctor had given him physic with good effect and had administered the bromides, chloral and opiates with out controlling the convulsions. "Not having any-

thing but the fluid extract of Lobelia with me," the doctor says, "at 9 o'clock a. m. on the 12th of May, 1913, I gave him five drops hypodermically. An hour later he had another convulsion and I gave him ten drops. After that he had no more convulsions. There was no sore at the seat of the ulcer, nor any nausea."

ECLAMPSIA

While we are reasonably successful in the treatment of eclampsia with the action of our well known remedies, we feel the necessity of prompt and efficient additions to our limited list.

Dr. Nat. L. Johnson, in the March, 1910, number of ELLINGWOOD'S THERAPEUTIST, reports two cases of **puerperal eclampsia**. The first, a primipara, sixteen years of age. One dram was given at the time the convulsions began, which quickly followed each other for two or three hours. They then ceased for an hour and returned before he could give another half-dram injection. This second injection controlled them permanently.

The other case was a primipara, twenty-eight years old; the labor was severe. Only one injection of one dram of Lobelia hypodermically was used in this case. This controlled the convulsions, and was of most material assistance in the delivery of the child.

Dr. Coe of San Francisco, California reading the above report of Dr. Johnson's in ELLINGWOOD'S THERAPEUTIST, reported a most severe case of **eclampsia** which he had treated in 1878 with Lobelia and Gelsemium hypodermically without any precedent, as this was probably the first hypodermic of Lobelia that had ever been used. Thirty drops was injected with twenty drops of fluid extract of Gelsemium, with immediate control of the convulsions. Since that he has used these two remedies frequently hypodermically, although he has made no report.

Dr. Johnson reported a case of **eclampsia** in which Lobelia exercised an immediate and very satisfactory influence.

H. R. Smith, M. D., Bancroft, Idaho, writes: "As an antispasmodic, I consider Lobe-

lia most valuable. I have used it in three cases of eclampsia, giving twenty to forty minims hypodermically with an immediate cessation of the convulsions, giving Veratrum, subculoyd, or veratrine, to slow the pulse subsequently, thus preventing another attack."

C. W. Hunt, M. D., Brevard, N. C., says: "I have used repeatedly hypodermics of subculoyd Lobelia with great success in puerperal eclampsia, reducing blood pressure and controlling convulsions. I have added an H. M. C. No. 1 tablet under the tongue at intervals, and would not hesitate, if more convenient, to dissolve one in the Lobelia and inject all together. The field of this remedy I am convinced is an exceedingly wide one."

Dr. J. F. Owens of Plainview, Texas, says that Lobelia is a **mighty drug**. He used it with a woman in puerperal convulsions of a most violent type; occurring before the birth of the child. At the time of delivery, some days afterwards (the time not specified), the woman was delivered without convulsions.

Dr. Hunt reports a case of eclampsia, convulsions occurring both before and after delivery. He gave H. M. C.; then twenty drops of Norwood's Veratrum, but this was on the fifth day after delivery, and the patient seemed to be dying. He then gave Lobelia, which resulted in a general improvement in all the conditions. Three hours later, he gave another hypodermic of Lobelia, and from this, the patient made satisfactory recovery.

Dr. Shoemaker of Flat Rock, Ohio, reports a case of **extreme albuminuria** at the seventh month, when severe hemorrhage and other evidences proved a **placenta previa**. The vault of the vagina was packed and the child was removed by Caesarean section. Every measure was adopted to prevent eclampsia, but it occurred four days later. Veratrin, pilocarpine, eleterin, magnesium sulphate were given, as the dropsy was extreme.

The first convulsion was most violent. The patient was thoroughly anesthetized, but the convulsions occurred as soon as the anesthetic was withdrawn. Thirty drops of Lobelia was given then, every three hours, and Echinacea was given by the mouth, ten drops eve-

ry hour for infection. After beginning this course, there were two attacks, one very mild. The condition of the patient gradually but satisfactorily improved. The septic odor of the breath at first was quickly overcome by the Echinacea. The patient, saved from the perils of placenta previa by the operation, would have certainly died from uremic poisoning but for Echinacea and Lobelia.

In puerperal eclampsia he had only one case in which he could use it. This was very severe, in which when chloroformed the convulsions were in check, but returned as soon as the anesthesia disappeared. He gave full doses of Lobelia, the ordinary dose of Veratrum repeated two or three times and Gelsemium, all this in conjunction with the measures used by the other physicians before he was called, but none of the measures used made any impression whatever upon the convulsions. They continued persistently until the death of the patient a few hours later.

HYSTERICAL CONVULSIONS

JOHN F. HILL, M. D., RAVENNA, OHIO.

I want to report a remarkable result I had with subculoyd Lobelia. The patient was a girl, twenty years old, who a year previously had an appendectomy, and more recently a hysterectomy, and partial ovariectomy, leaving her with a shattered nervous system.

She had been in hysterical convulsions for four or five days when I first saw her. At least two other physicians had been on the case, and had done everything they knew, even resorting to large doses of morphia, and all without any beneficial result. It required two people to keep the patient from falling off the bed, and during this time she had had no sleep nor had she taken any nourishment. The patient was never unconscious, but suffered from severe clonic spasms of all muscles of the body.

I immediately thought of subculoyd Lobelia, and gave thirty minims, and repeated the dose in a half hour. In about an hour she lay quiet and continued so for nearly twenty-four hours, due no doubt to exhaustion. The Lobelia was continued at intervals of about

twelve hours (which was sufficient to keep the patient quiet) for three or four days, when all signs of spasms ceased. This was several months ago, and she has had no more trouble. I was impressed with the marked antispasmodic action of the Lobelia, and yet without depression.

HYPODERMIC LOBELIA IN STRYCHNINE POISONING

D. E. HUTCHINS, M. D., NEW ANTIOCH, OHIO.

I was called hurriedly one evening in August, 1914, to see a three-year-old boy who had eaten fifteen or twenty 1/60 grain, sugar-coated strychnine tablets. The family did not learn of it until the child began to walk with a staggering gait and fall occasionally, when an investigation was made and the grandmother discovered that her heart tablets were gone.

When I arrived some 45 minutes after he had eaten them, the child was having light convulsions and there was consternation in the family.

My stomach pump being out of commission, I forced the child to drink one half glass of warm soda water and immediately gave 1/10 grain of apomorphine hypodermically, hoping to vomit the child and empty the stomach. I also called for consultation, requesting them to bring a stomach pump: Within five minutes the child had the most severe convulsions I ever saw in any case from any cause. I gave chloroform until the convulsions ceased. When respiration ceased I performed artificial respiration for an interval, the child becoming cyanotic with no evidence of respiration nor pulse.

Finally, when on the point of pronouncing the patient dead, he gasped and began to breathe faintly. I immediately gave him 35 drops of subculoyd Lobelia. The child began to breathe more regular, having light spasms at intervals, and receiving a few whiffs of chloroform each time. The child did not vomit and after waiting fifteen or twenty minutes from the first dose of apomorphine, I gave another 1/10 grain hypodermically; he soon began to vomit throwing up the tablets,

some almost whole, and others largely dissolved, but all had sugar coating dissolved. The vomiting continued at intervals with more or less severe convulsions.

After some 30 minutes, I gave another 35-drop dose of subculoyd Lobelia hypodermically, and after this dose the child had but one spasm of any severity, though having rigors at intervals, and vomiting freely. Consultant arrived at this time with stomach tube, but the child was vomiting freely and we did not attempt to use it. The patient continued to have light spasms at times for perhaps two hours when we gave another 30 drops of subculoyd Lobelia. After some four or five hours, the child slept and made an uneventful recovery.

Now, I realize that 1/5-grain of apomorphine within fifteen minutes was a heavy dose for a three-year-old child, but if he had not vomited for fifteen or twenty minutes longer, all efforts to save him would have been futile, so I took the chances on giving it.

We must give some credit to the apomorphine in this case, but I feel that subculoyd Lobelia was a powerful agent in controlling the spasms. Since that, I dispense only uncoated strychnine tablets, for I do not think any child will voluntarily eat enough of them to injure it, if they are uncoated, on account of their bitterness.

I carry subculoyd Lobelia at all times in renal colic, gallstone colic, and spasmodic asthma, and during the critical stage of labor. In pneumonia, its action is most pleasing; also to relieve convulsions in meningitis. I occasionally dissolve 1/8 grain of morphine in 30 gtt. of Lobelia, where I want a patient to sleep for a time.

HICCOUGH

In a persistent case of hiccough, in a man aged forty, Dr. Waddington gave one-half of a dram and repeated in half of an hour with good results.

PROFOUND TONIC SPASM

Frederic Estabrook Elliott, M. D., Brooklyn, N. Y., writes of a woman, single, 40 years, was making an uneventful recovery from her

fifth laparotomy. "On the tenth day," he says, "I found this patient with every voluntary muscle set, in rigid contraction. There was apparently deep coma. Over the telephone, I ordered a hot pack. I arrived at the bedside a few minutes later. There were no effects from the pack.

"I concluded that this was a case of **ma-lingering**, a play for more sympathy and constant attention. I there began one-dram injections of subculoyd Lobelia, repeated every fifteen to twenty minutes, until one ounce of the medicine had been administered. Results: All voluntary muscles profoundly relaxed; skin softened; patient relaxed, skin freely moist; pulse full, soft, regular. Beyond slight pain, there was no local disturbance at the sites of the injections. There was *no nausea*. The vital processes were not depressed. There were no toxic symptoms. My other experiences confirm the statements commonly made."

VIOLENT INTESTINAL SPASM

In a case of violent intestinal spasms the pain, which resembles biliary colic, had lasted for four hours, and had resisted morphine in full doses. It was relieved completely in four minutes by the hypodermic injection of one-half of a dram of hypodermic Lobelia. Only one injection was used, with perfect relief, although its action was accompanied with extreme prostration.

BRAIN STORM

Dr. Jentsch had a patient suffering from locomotor ataxia, who was subject to brain storms. He was given one dram of Lobelia once every week or two, for a period of three weeks. This seemed to greatly modify the distressing phenomena and sustain the general strength of the patient. Caught in a sudden storm on the lake in a boat later, he became violently insane through fear, and subsequently died.

As Lobelia acts through the nervous system, its influence upon disordered conditions of the stomach and intestinal tract is not as great as in some other fields. It applies directly to those that are of nervous origin that

result from reflex causes.

SPINAL MENINGITIS

Dr. A. E. Collyer, November 22, 1909, used hypodermic Lobelia in five cases of epidemic spinal meningitis, and had complete recovery in every case. He gave only ten drops hypodermically every hour until the symptoms began to abate, then he gave the remedy twice a day. In four of the cases Dr. Collyer was the only physician. In one instance a child of three had died of the same disease a day before, and the physician said this patient, in convulsions, could not live. He gave ten drops of hypodermic Lobelia every thirty minutes. With the third dose the child was resting quietly, and the remedy being continued, the patient was saved. In this case there was temporary paralysis of both legs, which subsided after a short time. The patient improved rapidly.

CEREBROSPINAL MENINGITIS

Dr. L. R. Crabtree has treated five cases of this disease with Lobelia injections. One of the cases only, died. In this disease, however, he thinks his experience has taught him that it is better to give smaller doses, and to give them oftener, rather than to give the large doses so far apart. It may be inconvenient, but much more satisfactory, to give fifteen to twenty minims every three hours. He thinks we have a most important remedy in this for this condition.

Dr. Blankmeyer reported an interesting case of cerebral concussion, in which, after a single dose of 30 minims, consciousness returned.

EPILEPSY

Lobelia has not yet been extensively used in the treatment of epilepsy. Many physicians recommend that it be tried, and promise to use it in these cases when they have an opportunity.

Dr. J. Entz of Kansas reports the treatment of a case of epilepsy which has stood for thirty years. At times the convulsions would occur four times a day. The patient was given

fifteen minims of specific medicine Lobelia each day for thirty days. As there had been then no return of the spasm after two weeks, he did not return for further treatment. He died some months later of another difficulty and up to the time of his death there was not any return of the epileptic condition.

In one case of **epilepsy** Dr. Jentzsch used this remedy, but did not observe any influence on the general character of the condition. He thought it modified the paroxysms when given just previously to their occurrence, but in his case there was no influence on the frequency of the paroxysms on their inclination to return. No other reports of this action of the remedy have been made.

MALARIA

I find that thirty drops of specific Lobelia taken, mixed with a little water, three or four times a day, the best remedy for *malaria* that I have ever used. There are frequently cases in which one or more drops of iris added will materially increase the benefits of the treatment.

OLIVET, KANSAS. L. H. DeMarr, M. D.

MUSCULAR CRAMPS

One of the writer's patients, suffering from violent cramps in the legs from spinal irritation, was relieved for many weeks with two daily half-dram injections and would probably have been cured had he not resisted the treatment, not so much from pain as from expense.

Alfred Dawes, M. D., England, claims that when there are any premonitory signs of epileptic seizure such as aura, Lobelia should always be given in full doses at once. It will most certainly reduce the length of the attack, if it does not altogether prevent it. He has given Lobelia with Capsicum for this purpose by the mouth with excellent results.

Dr. Jones of Jonesville, Indiana, reports a case of **epilepsy**. A girl of eighteen had had an attack every two weeks for fourteen years. When the attack was expected, the last time it should appear, he gave her two drams of Lobelia hypodermically first, then in twelve

hours he gave one dram and repeated the dose twelve hours later. After six months, when the report to the doctor was made, there had been no other attack. Whether diphtheria, pneumonia, or epilepsy, he believes the pilocarpine opens up all the secretory and excretory ducts, and for this reason Lobelia acts very much more quickly in eliminating anti-toxins.

BILIOUS COLIC

Dr. Jentzsch's latest observations are very interesting. He adds many important facts; confirms some of his previous statements and modifies other statements. In the treatment of bilious colic he has had three cases in which he used this alone, and other cases where it was used in conjunction with other remedies. In one of the three cases the patient was already prepared for the hospital for operation for appendicitis. He gave forty-five minims of hypodermic Lobelia; one injection only stopped all the pain and removed all evidences of disease. The other cases were just as prompt in relief.

In one or two cases of bilious colic where the pain was very violent he gave a hypodermic injection of morphine for its immediate influence upon the pain, then gave Lobelia for its antispasmodic effects and to antagonize the local congestion. From this he made the very important observation that when the two remedies are given together, the Lobelia prevents the action of morphine upon the secretions, retaining free salivary and intestinal secretion, preventing dryness. It also, when used with morphine, prevents any local blood stasis and enhances the anodyne effect of the remedy. If given to produce sleep the character of the rest is materially improved, as the circulation is free, the extremities warm, and the pulse full and strong, and yet the patient sleeps quietly, having, on awakening, much less unpleasant symptoms from the morphine.

Lobelia will relieve the acute agonizing pain of gall-stone colic more quickly often than will morphine. Dr. Crabtree says: "I use a large dose, 60 minims usually, as I did in one

case where I had been using before repeated doses of from one-fourth to three-eighths of a grain of morphine to give any kind of relief. The 60 minims produced such marked relief so quickly that since then I never think of using anything else in such a case."

H. R. Smith, M. D, Bancroft, Idaho: "In one case of gall-stone colic, a hypodermic of forty minims gave more relief than a large hypodermic of morphine."

RENAL COLIC

Dr. Blankmeyer, of Honey Grove, Texas, reports a case of renal colic in which he injected one-half of a dram of hypodermic Lobelia, the first at noon, with some relief of the pain. The second dose at one o'clock with complete relief from pain in ten minutes.

One case is reported (author's name not given) where Lobelia was given for collapse which followed an operation for purulent appendicitis with no apparent benefit, although there was no nausea.

OBSTINATE CONSTIPATION

Dr. Homsher of Denver for many years has used injections which contain a small quantity of Lobelia in all cases of **obstinate constipation**, or where he thought the colon needed thorough cleansing. He believes that it is remarkable how many cases reveal the fact that the ascending colon was impacted with fecal matter which produced the entire train of symptoms. One writer brought away a mass of grape seeds that could not have been deposited earlier than five months, the sprouts of which had grown so freely as to fasten the entire mass together.

GASTRITIS

Dr. Webb reports also a case of gastritis, where the nausea and burning pain had persisted for many days, notwithstanding the use of the best known remedies. He gave five drops of Lobelia hypodermically (probably the specific medicine). The disturbance was relieved and this followed up every other day for two weeks, resulting in a cure. The case had been diagnosed as cancer, also as ulcera-

tion. The Doctor thought the irritation was in the gastric plexus of the pneumogastric nerve, thus accounting for the beneficial action of this remedy.

SICK HEADACHE

Dr. Howe claimed that in **sick headache** from **gastric catarrh** where there was a persistent sensation of nausea, Lobelia in small doses should be given.

LOCOMOTOR ATAXIA

In the treatment of **locomotor ataxia** where the **lightning pains** and cramping of the muscles were almost unbearable, and where there was weakness and prostration with a dilated heart and insomnia, a hypodermic of Lobelia was given at six o'clock and another at ten o'clock of from 30 to 40 minims. This gave relief to all the conditions and was followed by restful sleep. The treatment at this time would last until the next evening, when it must be repeated. This course was continued for four weeks, with great satisfaction to the patient. It restored general tone, materially improved constitutional conditions, but no benefit could be observed either to the paralysis or coordination.

HYSTERIA

Dr. Wallingsford reported a case of hysteria treated with Lobelia with excellent results. Other reports of this condition could be easily secured because Lobelia has been used in the treatment of hysteria for a hundred years. The old mixture of Lobelia and Capsicum was as near a specific as any remedy ever could be.

We have but few reports in this field. Dr. Powell, in the treatment of hysteria with muscular spasms, whether the entire muscle structure or only a group of muscles was involved in the spasm, gives from ten to thirty drops of Lobelia hypodermically. It produces vasomotor relaxation, flushing the capillaries, a sensation of warmth and glow to the extremities, which are usually cold and clammy. Benefit can be observed within ten minutes. He repeated the dose as necessary, and has oc-

asionally had slight emesis, but no unpleasant results.

NERVOUS EXCITEMENT

The powerful, antispasmodic influence of Lobelia could not be exercised without a powerful sedative influence also, and this sedative effect, discussed under the head of physiologic action hereafter, is especially applicable in cases of general nervous excitement, which are usually accompanied with nervous weakness and often with general muscular weakness. The old-time compound tincture of Lobelia and Capsicum was considered a perfectly reliable and dependable compound for the treatment of violent hysterical manifestations of all kinds, whether the usual foolishness of an hysterical woman or the extreme excitement, or hystero-epilepsy, it was an execrable remedy to administer by mouth. I have seen favorable results that I knew were due to the fact that the patient was endeavoring to avoid another dose of the medicine.

Dr. Powell reported that he had used Lobelia for five years in the **muscular spasms of hysteria** where the motility involved either a group of muscles or the entire musculature. He gave from ten to thirty drop doses.

PTOMAIN POISONING

It was Dr. Stephens, of St. Louis, who first suggested that if it was so prompt in its action against the toxins of diphtheria it should be just as prompt with other toxins, and especially in the treatment of ptomaine poisoning. We have a record of a case of ptomaine poisoning where the boy, a child of six years, had been in convulsions twenty-four hours. One dram was given at a dose every four hours. There were no unpleasant results from the remedy in any case. The full effect desired from any remedy in this case was obtained alone from this remedy, and not only controlled the convulsions, but the infection as well.

Dr. Wittke, of Wyoming, reports the case of a sheep herder who ate sausage that had stood all the forenoon in the hot sun. He was thoroughly **poisoned from ptomaines**.

The vomiting and retching, with general depression from the poisoning, threatened immediate death. All remedies produced no effect, until he was given a dram of specific Lobelia by the mouth. The local effect of the agent was immediately apparent. The retching stopped like magic; the pulse quickly became full, strong and normal; the circulation in the face was greatly improved and from a condition of almost complete collapse the patient in one hour was so fully restored that he was able to walk. The remedy was not used hypodermically.

TOADSTOOL POISONING

Dr. Jentzsch reports a remarkable experience in October of last year, in the treatment of poisoning from toad stools, which were eaten for mushrooms. A saloonkeeper gathered them and distributed to his own and neighboring families. Four women, one man and two children were poisoned. One woman sank rapidly, soon became unconscious, with cold skin, sweating in patches, violent vomiting and extreme prostration when he saw her. He injected one dram of hypodermic Lobelia with hot applications, using also 1/200 grain of atropine for the rapidly increasing cyanosis. In a couple of hours he gave her another injection of Lobelia and a third the next day. The first injection controlled the immediate symptoms, resulted in consciousness, and the patient slowly recovered, but was fully a week in making complete recovery. The other patients were treated in the same manner. The children showed the least effects from the poisoning. The vomiting, retching, extreme facial pallor and irritation were quickly overcome by the first dose of Lobelia. Three of the adults showed very serious symptoms. The first dose was one dram, which he gave to each patient. One of the other patients got two doses, the rest only one each. The vitality returned in a satisfactory manner, but more slowly in the older patients. After the hypodermic injections the doctor prepared a mixture of Belladonna and Lobelia in small doses, and Xanthoxylum in reasonably full doses in water, to be given every hour. After the injec-

tions were taken all the patients made a perfect recovery, although the condition when seen was very unpromising.

COMA FROM ACUTE ALCOHOLISM

Dr. A. M. Billingsley, Newburg, Ark.: "Male, age 25, farmer, married two years, family history good, previous health good except a few attacks of angina pectoris, which would always come on during an alcoholic debauch. He rarely drank any alcoholics. June 25, 1910, he went to the field to plow and fell unconscious at 2 p.m., and was not found until 4 p.m. He was carried to the house and a message sent me to attend him. I did not reach him until 6 p. m. His pulse was weak and intermittent and his entire body was bathed in a cool perspiration. He was unconscious and had been ever since he fell, as he stated later.

"I had been reading some about the use of Lobelia hypodermically, but had never used it in that way. Decided to try it in this case. I had no kind with me except a Fl. Ext. Was afraid of raising an ulcer, but injected half teaspoonful in the back part of arm. He was able to resume a quarrel with his wife in half an hour. The case terminated satisfactorily to all parties concerned, I reckon, for the next day he procured a divorce from his wife and paid me up. He has never had another attack of any kind of illness since."

In a case of **acute alcoholism**, Dr. Brewer found the patient with every muscle rigid. There was no pulse at the wrist. He gave him half an ounce of Lobelia in a single injection. The patient vomited forthwith, the convulsions were overcome, and the patient was restored. Dr. Brewer says: "I have known of such cases of this and also of hysteria where the patient was apparently in convulsions. This remedy certainly brings them out of convulsions and quickly restores them to a normal condition. I have learned not to be afraid of this remedy, as I have seen no unpleasant effects that I could attribute to it. I have given as much as one ounce within half an hour with satisfactory results.

EDITOR'S POSTSCRIPT

I would like to thank Frank Ervolino, N.D. for the loan of these journals, part of the library of the late John Bastyr, M.D. They were scanned with a UMAX S8 scanner, using OmniPage Pro by Caere for Optical Character Recognition.

They are offered up to the Alternative Medicine and Herbalist community so that I may learn, you may learn, and we won't have to keep reinventing the wheel. The Eclectic Movement survived for 100 years, the M.D.s that trained in the Eclectic Medical Schools were Vitalists, and prolific writers that shared their observations in the dozens of Eclectic Medical Journals that flourished in the 19th and early 20th century.

Because Eclecticism was a populist medical reform movement, arising out of the milieu and ferment of 19th century expansionism and egalitarian populism, there was a long-standing tradition of posting observations for the WHOLE medical community to ponder and comment on. Wild-eyed observations from isolated rural physicians (perhaps suffering from Medical Cabin Fever) were gleefully mixed with cautious and cogent clinical monographs from elegant silver-backed Old Pros.

One must remember that the Eclectics were a Populist Reform movement in Medicine, who took pride in their anti-authoritarian stance, rebelling against the "regulars" that trained at Harvard, Yale, and Princeton. An editor of the typical Eclectic Journal had to be careful to not over-impose an editorial posture that disallowed the more rabid physician in favor of the conservative essayist.

OUR present concept of a Peer-Reviewed Journal presumes that an editorial committee has passed careful judgment on submitted papers, and only accepted those for publication that meet its narrow field of approval. The Eclectics, for a great part, presumed that the READERS, those practicing M.D.s that read the journals, were the PEERS...and cursed by any prissy editor that prevented the readership from stomping in fierce glee on the inept letter or the ill-conceived premise. Further, Eclectics were famous for keeping EVERY issue of EVERY journal. In such a time of robust clinical experimentation, one NEVER knew when a clinical tidbit posted in the back pages of the Gleaner or the California Eclectic Journal from 16 years ago might supply the PERFECT clinical tip for a problem patient.

We too, must approach an Eclectic Journal with similar expectations: the dumb will be mixed with the brilliant insight, and WE are expected to be the Peer Review. Ellingwood, of course, was an exception in many ways, being considered to be one of the premier clinicians of his day, he put his name on the journal, filled its pages with his observations, and he seemed to have used a heavier editorial hand than many editors. A physician subscribed to the Texas Eclectic in order to join the clinical fray, but subscribed to Ellingwood's Therapeutics in order to see what far-flung wisdom the Old Man was writing about lately.

Remember...Doc (from Gunsmoke) would have been an Eclectic Physician, and such an improbable character as "Dr.Quinn, Medicine Woman" would have most definitely been an Eclectic...Eclectic Medical Schools encouraged women physicians... most of the "regular" schools grimly discouraged such abominations.

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