

experience, having stood high in the ranks of the Allopathic profession before taking up Homœopathy. His papers were eagerly sought by old school journals, which were willing to pay for them at good round rates, but the doctor always refused all compensation. We have another interesting paper from him on *Teucrium* for our next number.

A "PROSPECTUS" will be found under our book notices of a proposed unique work by Dr. Bradford, of Philadelphia. In addition to what is said concerning the subject matter there it may be well to add that the names of all the officers of the various societies are given of the first organization. In fact the proposed work is packed full of interesting items to all true Homœopaths, and they ought not to let it fail for want of a few subscriptions. *Esprit du corps* should prevent this. To be sure nobody asked Dr. Bradford to work so many years on this matter, but he did it, and present and future generations of Homœopaths will thank him.

SOME ONE ought to prove *Heloderma Horridus*. It is said in *Chambers' Journal* to be the only reptile venom that is alkaline and not acid as all the others are. There are great possibilities in it; probably a remedy as mighty as *Lachesis*. The July RECORDER, 1890, it will be remembered, had a number of interesting letters from Chas. D. Belden, M. D., on the subject.

THE Homœopathic Hospital, at Melbourne, Australia, treated 417 cases of typhoid fever during the past year with a mortality of 6.5 per cent. The year previous 408 cases were treated with a mortality of 10. Three thousand pounds have been voted to the Hospital from the public funds. The private donations are also very munificent.

Hepar. A large abscess on the left heel ripened much quicker after *Zincum* 30. The pain becoming intolerable, *Hepar s. c.* was smelled several times, according to Hahnemann's advice in *Chronic Diseases*. The same night it opened, and afterwards healed much more rapidly than is usual with other abscesses on the same individual. This was one of the first observations that led to the suggestion that *Hepar* might generally promote suppuration.—1828—HERRING.

Zincum. Heartburn; swollen feet and varicose veins during pregnancy.—HERING.

Graphites. Hard scars remaining after disappearance of mammary abscesses.—GUERNSEY.

THE HOMŒOPATHIC RECORDER.

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TEUCRIUM IN LEUCORRHŒA AND BLINDNESS FROM OPACITY (?) OF THE CORNEA.

An up-country girl, aged about 8, complained of inability to walk on account of a pain which she described to have been located between the thighs. The pain had continued for a week or so when the father of the patient consulted an Allopathic physician who prescribed *Iodine-paint* over the inguinal regions. This iodine-application was continued for a week. The pain, instead of abating, gradually increased so as to compel the girl to take to her bed, as she was not able to move. This alarmed the parents of the patient. On the 22d of February, 1883, I was consulted. After taking a history of the case, I made the patient walk in my presence. From the manner of her walking, I was led to the conclusion that the mischief on account of which the patient walked in that fashion was located somewhere about the vagina, and not in the inguinal regions as suspected by the Allopathic physician who had treated the patient first. I examined the patient and discovered that the vagina and its surrounding parts, such as labia majora and minora, the clitoris and the orifice of the urethra, were quite ulcerated. The inguinal glands also were much inflamed, swollen and indurated owing, perhaps, to the reflex irritation from the vaginal ulcers. Suspecting *Leucorrhœa* to be the cause of the mischief, I prescribed *Calcarea Carb.* 30, three doses daily, for three days. On the 25th of February, 1883, I was called to see the patient again, when, on examination, I found that the ulcers had well nigh healed up and the swelling of the inguinal glands almost reduced to the level of the surrounding parts. I also noticed that the discharges were not from the ulcers, but oozed out from the vagina, and were milky and fetid, becoming yellowish when dried up in the cloth. I prescribed *Calcarea Carb.* 30, again, only one dose daily, at bed time, at night, for a week. On the 5th of March, 1883, I saw the patient again, when on examination found that the

ulcers had healed up, but the discharges continued rather profuse though they were free from fetor. Now I prescribed a dose of Sulphur 30, every alternate day, for a week. On the 16th March, 1883, I saw the patient again. On examination I found that the ulcers had entirely gone; the patient did not feel any difficulty in walking, nor was there any pain or swelling about the inguinal regions; but the discharges continued, though less profuse than when I had seen her last time. I prescribed Calcarea Carb. 30, again, a dose daily at bed time at night, for a week. On the 25th of March, 1883, I saw the patient again, and on examination I found no ulcers, nor any discharge, but the patient complained of much itching about the vagina, as also a tense uneasiness there. Now I thought some oily application was necessary. Accordingly I prescribed Glycerine and Olive Oil (Glycerine, M 20, Olive Oil, ʒj;) over the vagina and its surrounding parts as an external application. Three days' application of this oil removed the trouble and the patient remained well till July, 1883, when I was called to see the patient again. On examination I found profuse milky discharges from the vagina, as also itching and excoriations in the surrounding parts.

Now I suspected the presence of small thread-worms about the rectum, and on enquiry I learned that the girl had almost constant water-brash, grinding of the teeth during sleep and pricking sensation about the arms and the point of the nose. Her urine also was turbid and left a white mark like that of lime water on the floor when dried up. I also learned from inquiry that the girl had passed on two or three occasions lumps of small thread-worms within three or four months. These symptoms led me to the conclusion that worms about the rectum must have been the cause of Leucorrhœa. So I prescribed Cina. 30, three doses daily, for a week. On the 18th of July, 1883, I saw the patient again, when I saw no improvement. I prescribed Cina 12, three doses daily, for a week. On the 26th of July, 1883, I was informed by the father of the patient that his daughter was in the same state as when I had seen her the last time. On the 3d of August, 1883, I was called to see the patient when also I found no improvement. Now I prescribed Cina 6x, three doses daily, for a week, after which I saw the patient again, but found no improvement. I prescribed Cina 3x, three doses daily for a week, and yet no improvement was noticeable. I now prescribed Cina 1x, three doses daily, for a week, after which I was informed that the patient was in every way in the same state as reported the last time. So I gave up *Cina in disgust*. Now I was really in difficulty for finding out a

suitable remedy for this patient. I referred to our *Materia Medica* and my selection fell upon *Teucrium*. My past experience in the treatment of worm affections with this agent had led me to the conclusion that it did not work properly if prescribed at a potency above the 3x. So I prescribed *Teucrium* 3x, three doses daily, for a week. On the fourth day I was informed that the patient felt better, after which I saw the patient and on examination found that the improvement, reported by the father, was a fact. There were no ulcers in the vagina or its surrounding parts, nor much discharges of Leucorrhœa. I again prescribed *Teucrium* 3x, three doses daily, for a week, after which I saw the patient again, when I found that the improvement which I had noticed on the occasion of my last visit was stationary and that the patient was neither better nor worse. I prescribed *Teucrium* 1x, three doses daily, for a week. After six doses of *Teucrium* 1x were taken, the patient passed thrice lumps of small thread worms. I was called to see the patient again, and on examination I found that the ulcers had nearly healed up and that Leucorrhœal discharges had also decreased, so that nothing more than a little moisture was noticeable in the parts. I prescribed *Teucrium* 1x again, a dose daily, at bedtime at night, for a week. During this week also the patient passed once a lump of small thread worms. I was called to see her again, when, on examination, I found that the ulcers had healed up and there were no Leucorrhœal discharges; but the patient felt itching and irritation about the vagina, for which I ordered the external application of Glycerine and Olive Oil, as before, which removed the trouble. The patient got quite well.

In March, 1887, the father of the patient saw me and told the following story regarding his daughter's defective sight, which I was well aware of when I treated her for Leucorrhœa. The girl had an attack of Low-Remittent Fever, with severe brain symptoms, at the age of four, after which she became almost blind. Since then her sight had become so defective that she could scarcely see anything but glaring light, which also appeared to her very dim. The father also told me that the sight of his daughter began to be better when she commenced taking the last medicine (*Teucrium* 1x), and that she could now see things around her, though indistinctly. He also told me that he believed that the medicine had done his daughter much good, and that it was likely to improve her sight or cure her entirely of the disease. He urged me to prescribe the medicine for the patient. But, not knowing that *Teucrium* had any curative power over any disease of the eyes affecting the sight, I was quite disinclined to prescribe it. Be-

sides, I did not know the kind of affection which the father of the patient said his daughter was suffering from. But the father would not leave me, if I did not prescribe the medicine. So I prescribed Teucrium 1x, reluctantly though, and ordered for ʒii of the medicine, directing the father to allow only one dose daily, at bed time, at night. I did not see the patient till April, 1888, when I left Calcutta for change and was away till October, 1889, when I accidentally met the father of the patient at Barabázór. He thanked me as if with a thousand tongues for the marvelous cure of his daughter's dimsightedness by taking a two drachm bottle of Teucrium 1x, which I had prescribed at the time of my leaving Calcutta in April, 1888. In July last I was called to open an abscess in the left breast of the patient, which I believe was owing to excessive secretion of milk two months after she gave birth to a child, and I was much delighted and surprised to see her sight becoming so perfect as to enable her to distinguish black hairs from the gray ones, as I heard her remarking that the hairs of my head and beard had become gray and that I had grown old.

Now, I cannot say anything about the kind of affection of the eye which the patient was suffering from when I treated her for Leucorrhœa; but from what I have gathered from personal experience of a large number of patients I have treated from time to time, I have inclined to the belief that the case must have been one of *Opacity of the Cornea* which generally occurs after exhausting Low-Remittent Fever in this country and which I have never seen before this cured by any existing *pathies*, or systems of medicine. The cure of the supposed Opacity of the Cornea with Teucrium in this girl's case tempted me to try it in that affection when occasion offered. The father of the patient, who forms the subject matter of this paper, came to me with a boy, aged about 11, and consulted me in September last, in connection with the boy's affection. I sent the boy to the eye infirmary, attached to the medical college here, for a thorough examination. The hospital authorities, after examination, granted the patient a *ticket* in which I found it stated in the column of disease "Opacity of the Cornea" "probably owing to ulceration in that part, as we gather from a history of this case." I prescribed Teucrium 3x, three doses daily for a week. On the 18th of September, 1890, the boy was brought to me when I found that he could see my finger, my eyes, nose, etc., but very hazily. It ought to be mentioned here that when the boy was first brought to me he appeared to me as "stone-blind," seeing nothing that was presented before his eyes when I examined

him on the first day. I prescribed Teucrium 3x again, only two doses daily, for a week. On the 26th of September, the boy was again brought to me and on examination I found that he could see the thinner end of the steel pen holder which I presented before his eyes. I prescribed Teucrium 3x again, only one dose daily, at bed-time, at night, for a week after which I examined the boy again, but found no more improvement in the sight than when I had examined him last time. I again prescribed Teucrium 3x, in the same way for a week, after which I examined the patient again, but found no improvement. I stopped the medicine and prescribed Cod Liver Oil, 5 drops at noon, and 5 drops at night daily after meals. The boy did not come to me till the 4th of December last, when I examined him and found that he was in the same state as when I had seen him last. I prescribed Teucrium 1x, three doses daily for a week, after which he saw me again, when on examination I found no more improvement in the sight than what I had noticed when I had seen him last. Now I came to the conclusion that Teucrium had done what it could do in this case, and could do no more.

From a study of the case of Leucorrhœa of the girl under review, and also from personal observation of some cases of Leucorrhœa resulting from irritation of small thread-worms about the rectum which I have successfully treated from time to time with Teucrium, as also from what I have been observing in a case of Leucorrhœa of a girl of about 6, supposed to have its origin in the presence of small thread-worms about the rectum, improving under my treatment by Teucrium 1x, I am inclined to recommend it to the profession in the treatment of Leucorrhœa of girls of tender age, which I believe has its origin in this country at least, in the presence of small thread-worms about the rectum. It is likely to be of little or no use where the disease has no such origin, as also in cases of women from *uterine* causes. I would also recommend the use of Teucrium to the profession in cases of opacity of the cornea when occasion offered.

R. K. GHOSH.

70 | 1 Mániktalá Street, Calcutta, January 21st, 1891.

COLLINSONIA CANADENSIS.

A few words concerning the empirical use of this article of our Materia Medica may serve the purpose of directing the attention of the profession to valuable curative properties—not generally thought to belong to it.

In this part of the valley of the West Branch, for years, *Collinsonia* has been used in domestic practice, as a specific for Rheumatism.

Some marvelous cures are reported from its use. Made into a saturated tincture with gin—a tablespoonful three times a day is the usual dose prescribed. My observations concerning the use of this drug in rheumatic affections would coincide with the good opinion of the people in regard to it.

One of the things to me inexplicable is, how such large doses can be taken and not produce any apparent bad effects. It is not difficult to give a reason for its curative action, for we find by reference to such provings as we have, that it produces rheumatic pains of the joints and membranes of the heart.

"Our country cousins" are therefore unconsciously practicing on the principle of *Similia.*, and whilst the dose is unnecessarily large they adhere strictly to the single remedy and of course they know what cures.

Will small doses cure? Well, yes, of course. My use of the drug is not extensive, but when I have occasion to administer it—a few drops of the tincture or the *ix* acts promptly and satisfactorily.

It is not the design of this paper to point out the symptoms, indicating the use of *Collinsonia* in the treatment of this hydra commonly known as Rheumatism; but rather as stated above to call attention to a remedy little used, but which may prove to be of inestimable value.

The following case was recently treated by the writer:

M—, a woodsman, age 30 or 35, dark complexion, bilious temperament, contracted rheumatism in "camp," and came here for treatment. It was of the sub-acute and vagrant kind. One after another, nearly every joint in his body was affected. First, one foot and ankle; then, leaving there, it would locate in the shoulder, elbow, wrist or hand. The pain was not excessive, neither was the swelling.

Colchicum seemed indicated, and for a time did good, but soon lost its effect. *Collinsonia* was now in order. A few drops of the tincture in a half tumbler of water, of which a teaspoonful was given every two hours, aside from sleeping hours. Within twenty-four hours there was a decided improvement. The prescription was continued and recovery was rapid and complete within a week after taking the first dose of *Collinsonia*. It would not be a difficult task to point out scores of cases along this river and its tributaries that have been successfully treated with this remedy, some of which were remarkable. One, an

old school M.D., bedfast for weeks, which neither he nor his colleagues could cure, was finally cured by a layman, with "hard root," the name by which the drug is known hereabouts.

By way of caution permit me to suggest that in case of organic disease of the heart *Collinsonia* should be used only highly diluted.

Dr. E. M. Hale believes that *Collinsonia* acts primarily on the heart, and hence the portal congestion, cough haemoptysis, and even hemorrhoids are within its sphere of curative action. From the same work we find it has produced upon the "Superior extremities; frequent rheumatic pains in the hands, arms and legs, from the dilutions." "Lower extremities severe pain in both knees, passing down to the feet on the inside of the legs."

F. S. SMITH, M.D.

Lock Haven, Pa.

KEYSTONE POINTERS.

The transactions of the twenty-sixth session of the Homœopathic Medical Society of the State of Pennsylvania comes promptly to hand. Skimming its pages for practical pointers THE RECORDER finds the following:

Epithelioma of the Fauces.

In December, 1889, Dr. Chandler Weaver, of Fox Chase, Philadelphia, met an acquaintance, a minister, on the train who asked him if Homœopathy could do anything towards relieving the pain of Cancer. Dr. Weaver replied that it could and might even go further, and cure. The patient was very doubtful on this point for he was a man condemned to death by an eminent specialist and the condemnation had been confirmed by Drs. Tyson and Smith, of the University of Pennsylvania, who, after a microscopic examination, had pronounced it "a decided case of Epithelioma." Patient was 70 years old, and did not use tobacco or intoxicants, and had no syphilitic taint. "There is no use your trying to cure" said he as he took his first medicine, *Arsenicum* 3x, to be taken every two hours for one week, also a little 4x *Ars.*, trituration to blow on the denuded parts. La Grippe intervened which was met with *Gelsemium*. After seventeen days of *Arsenicum* the debility of the patient was less and he rested better. Dr. H. F. Ivens was now consulted and the *Arsenicum* was discontinued and *Calendula*, 5 drops on No. 30 pellets, enough for one week, six to be taken every two

hours, also a 20 per cent. solution of *Calendula* and water to be used as a spray, was substituted. This was on January 20th. The *Calendula* was continued to February 11, in same manner and then dropped to every three hours, and on February 4th to every four hours. On March 10, "all the parts that had been affected were natural in color and perfectly painless." On June 9th the patient called on the specialist who had condemned him to death and after a careful examination he pronounced the case perfectly cured.

Alstonia Constricta.

Dr. W. G. Dietz, of Hazleton, reported six cases of women cured by this remedy. The first presented the following picture: "Pale, emaciated; complained of great debility; weak feeling in abdomen, accompanied by a dragging sensation as though everything would escape through the vulva; nausea mornings on getting up; has to lie down again to prevent vomiting; frequent fainting spells, especially after her menses. Very despondent; thinks she will die. The pale face flushes up from the least excitement; (has taken iron *ad nauseum*). Appetite always poor; the food seems to remain undigested in the stomach for a long time. Tongue coated white, with very red edges. Frequent attacks of cramp in the stomach after midnight. Diarrhœa of undigested food, immediately after eating; has to leave the table before finishing his meal (*ferrum*). Urine normal, specific gravity 1018; acid reaction, and neither albumin nor sugar. Frequent attacks of palpitation." *Puls.*, *lil. tig.*, *aletris*, *sulph.*, *aloe* and *nat. mur.*, were given at different times, but at the end of a year the patient was no better. *Alstonia constricta* 1x was then given, a dose every three hours, and improvement soon set in and in time complete cure.

Another patient had yellowish-brown leucorrhœa very weakening, followed by a dragging and bearing down sensation in the uterine region, making walking painful, backache, shooting pains, and at times aching in right ovarian, which was painful to pressure. Menses dirty brown, accompanied by cramping pains in the uterus, always preceded by diarrhœa; debility and nausea in the morning on awakening. Had been treated by a noted gynæcologist with no success. Several remedies were tried, but *Alstonia Constricta* cured.

The other cases were in general similar, three married and three unmarried. Dr. Dietz's experience leads him to the belief that the remedy "will prove useful in a class of disorders, especially in those peculiar to women, which frequently prove

quite rebellious, even under the most carefully conducted treatment." "Debility appears to be a keynote for the employment of this remedy, if dependent on a lack of digestive power on part of the stomach, or else, of assimilative power of the system at large. In debility of a purely nervous type it has failed entirely."

Alstonia Constricta is one of "Hale's new remedies" and was brought to the notice of the Homœopathic profession by Dr. Cathcart, of Australia. Dr. Cathcart says: "I have abundantly satisfied myself that, in large doses, its action is that of invariably producing great debility and general prostration or low fevers, often with diarrhœa." Dr. Cathcart used it with success in debility following scarletina, parturition, under-lactation, in diarrhœa of undigested food, dysentery caused by bad water contaminated with decayed vegetation and in simple atonic dyspepsia with loss of appetite. He generally uses 2d decimal, though sometimes lower. While there is no published proving of the remedy yet Dr. Cathcart was led to its use by provings on himself and friends.

The Totality.

Dr. W. J. Martin, of Pittsburgh, read a paper that is suggestive. Here is its "key-note." "I gave *mercurius cyanatus* 6, not because it was indicated, but because, not knowing what was indicated, and knowing that the case was diphtheria, I gave it as a good diphtheritic remedy. In answer to the query, What better can we do sometimes under these circumstances? I think I would be right in saying, 'Do nothing. Wait and watch the case until you feel sure you see the right remedy; then give it.'" *Merc. cy.* didn't cure this case, and the doctor waited until he had eight symptoms; found a remedy that had seven of them, gave it, and, being homœopathic to the case, it cured promptly.

Dr. Martin pours hot shot at those Homœopathic physicians who swab throats, etc., etc. He also has a good word for that once highly abused—verbally abused—remedy *Psorinum*. "I would be at a loss to know what to do in some cases without *Psorinum*." The following interesting item is found in his paper.

"July 18, 1890, Baby F. vomits milk in large curds. After vomiting the child is much exhausted. *Æthusa* 200, every two hours. July 21. The child does not vomit now, but has diarrhœa. The stools are profuse, green, slimy and odorless. It is an odd thing to meet with a case of infantile diarrhœa where the stools are odorless. *Paullinia sorbilis* is the odd remedy for this odd condition. I never had occasion before to use the remedy, and prescribed it in this case with a feeling of curiosity as to the

result. The twelfth potency was given. Three days later the child was reported better; the stools yellow, not too frequent and of natural odoriferousness."

Goitre.

Dr. Chas. Mohr's paper concludes as follows: "Did time permit I could give a detailed account of other similar cases, as well as of cases in which there was not so marked a co-relation between the thyroid gland and the glandular organs peculiar to women. But, even in cases where there was no very marked connection, I have still found it necessary to adopt remedies occasionally to functional derangement of the sexual system, and my experience has taught me to give up the routine use of *iodine* and *spongia*, and to individualize each case, adapting the remedy to the sum of all the symptoms which were found to be most characteristic in the sexual sphere."

The Lungs.

Dr. E. R. Snader, of Philadelphia, read an exhaustive paper on the lungs and the advantage of deep breathing exercise. "I do not wish to be dogmatic about the efficiency or inefficiency of oxygen or other inhalants; I wish simply to say that my results obtained from deep breathing alone are more than favorably comparable with those obtained by the use of inhalants." The general tenor of the paper was that deep inhalations practiced regularly are the best means of overcoming a tendency to consumption, and stoop shoulders.

Stone in the Bladder.

Dr. Chas. M. Thomas read a short paper giving summary of forty-six operations for stone in the bladder; only four died and these rather from other causes than the operation.

Surgery vs. the Indicated Remedy.

Dr. Sarah J. Coe, of Wilkesbarre asks: "In the rush and push of business pressure, are we not drifting away rapidly from the hard study and clear discrimination which is required to successfully treat and cure diseases medicinally when we resort immediately to surgical means for a cure, knowing that a knowledge of general surgical principles is all that is required?" Then, after a number of typical cases, "To treat pelvic diseases with medicine unaided by surgery requires careful discrimination, more of the time and patience of the physician, with as good, if not better, results to the patient."

Tumors.

Dr. Mary J. Branson, of Philadelphia, gave a gentle dig at the

free use of the knife. "We cannot cut out a constitutional taint, no matter what its manifestations, but we may be able to neutralize this weakness by the truly selected remedy." The fruits of her practice are thus summarized: "In glancing hastily over my books I find, out of thirty-five cases of fibroids, only four have been operated upon. Two with prompt relief of all the symptoms; two recovered after a year of varied discomforts; six patients have remained stationary; seventeen so much improved as to insist no further medicine was necessary, though still under observation; eight are perfectly well." Eight cases are given in brief. Miss —, aged 49, "has large fibrous growth matting together uterus and ovary, and packing the pelvis solid with diseased structure. Each month an exhaustive hemorrhage occurred. Under the indicated remedy, oftener *arsenic iod.* than any other, the hemorrhage has ceased, and the pain so far diminished as to enable her to do all the work in a good-sized house with family of three, and the tumor has somewhat diminished." Another "Mrs. G—, aged 65, solid tumor of right ovary. She was extremely anxious for an operation, but three excellent surgeons refused it. Her suffering was from frequent irregular hemorrhages and attacks of ovarian pain. Under *millefolium* the pains have entirely ceased, and it is now two months since she had any hemorrhages." Another patient had a uterine fibroid the size of a cobblestone and almost as hard, a wen on her head and a tumor on left shoulder the size of her fist, but under the indicated remedy "she has no suffering at all. The tumor is soft and elastic, and she forgets all about its existence."

Homœopathy.

Dr. W. H. Bigler reported an "Enigmatical Case" in which "with a conservatism which may seem culpable to some, and to myself even at times, seemed hazardous, I determined to risk internal treatment before removing the eye." Well, the result was, after a long struggle, the patient's eye was saved.

Ear Wax.

Dr. H. K. Hoy, of Bellefonte, related in his paper the case of an elderly college president who, losing his hearing, went to New York and consulted an eminent specialist who "examined this college president's ears, and in these ears he found a disease to which he gave a tremendous name, and then he got his fee." The dejected patient returned home, consulted his country doctor, "of no aural pretensions," who removed a lot of impacted cerumen and the hearing was restored, and remained so.

Onosmodium Virginicum.

This little known remedy was the text of a paper by Dr. H. F. Ivens, of Philadelphia. The patient was a sufferer for ten years from headache. Dr. Ivens sums up the indications for this remedy as follows—it may be stated that he completely cured his case—"Constant dull headache, chiefly centered over the left eye and in the left temple; at times so sharp as to be almost unendurable; pain not aggravated by light, noises, or use of eyes, but always worse in the dark and lying down; all of which, though somewhat relieved by the use of compound cylinders, and the relief to a naso-pharyngeal catarrh, were not cured until three doses *Onosmodium* tincture had been taken at twelve-hour intervals, the chronic dull pain never returning, and the acute suffering seldom recurring, and always soon relieved after a repetition of the drug." *Onosmodium* will bear looking up for headaches of this character, which glasses will not relieve. Perhaps it might at times even obviate the use of glasses. Dr. Ivens gave it in pellets medicated with the tincture.

CORRESPONDENCE.

ERYTHROXYLON COCA OR PLATINA?

EDITOR OF THE HOMŒOPATHIC RECORDER.

I have received No. 2, Vol. VI. of THE HOMŒOPATHIC RECORDER and read the first article, "Erythroxyton Coca and some of its clinical and therapeutic uses," by Dr. R. K. Ghosh, of Calcutta. Before I had finished perusing the first page I became convinced that *Platina* was the proper remedy in this case. The Doctor prescribed *Canth. 3x* a dose every two hours. This relieved the urinary trouble, but exerted no influence over the nymphomania. Some time after this the Doctor was sent for again to treat the nymphomania. He prescribed again *Canth. 3x* a dose three times daily, for three days, and the patient remained well for four days, when the nymphomania reappeared and the Doctor was sent for again. He again prescribed *Canth. 3x* a dose every three hours, which removed the urinary trouble; but the nymphomania remained intact. To prescribe *Canth. 3x* on these three different occasions, with so little result, implies a degree of confidence in the remedy which does not seem justified by the circumstances and by the symptoms. The doctor then

prescribed *Phosph. 6*, three doses daily, for three days, no improvement. Then *Phosph. 12*, three doses daily, for three days, no improvement; then *Phosph. 30*, three doses daily, for three days, no improvement; then *Phosph. 200*, a dose every other day, for a week, without much improvement. From the persistency with which these two remedies were given with little or no effect, one is tempted to think that Dr. Ghosh regarded them as the two great remedies in this affection, and the only ones that promised relief; in other words, *the grand specifics*.

The pathogenesis of *Platina* has: nymphomania, worse in the lying in; tingling or titillation in the genital organs of women; pruritus vulvæ; voluptuous tingling with anxiety and palpitation; excessive sexual desire, premature or excessive development of the sexual instinct erotomania; insatiable desire; hyper irritations; itching in uterus; sudden sexual passion, terrible sexual excitement, so that her whole nature seemed changed, etc., etc.

It seems strange that a remedy with such a pathogenesis should not have occurred to Dr. Ghosh in the case which he describes.

The nymphomania in Dr. Ghosh's case finally disappeared during the administration of *Coca θ* in one drop doses. The pathogenesis of *Coca* is almost devoid of sexual symptoms, and it does not appear what led the doctor to the selection of this remedy. I certainly should not expect it to cure such a case from its pathogenesis.

Two show what *Plat.* can do I will briefly mention the following case:

Miss K., æt. 27, a school teacher, dark hair and complexion, well developed, awake occasionally at night feeling heated and feverish, with heart violently palpitating, hurried breathing and great excitement, with some discharge of mucus from the vagina. She was too modest to express herself fully on the subject; but it was evidently a case of sexual emissions accompanied by nymphomania, and while I had no hope of curing it in the absence of marriage, which was in my judgment the similitum for this case, I prescribed *Plat. 30*, three times daily; continued for several weeks; under the influence of this remedy the emissions diminished in frequency and finally disappeared, to my surprise.

I do not mention this case as a parallel to Dr. Ghosh's case, but to illustrate the power of *Plat.* over nymphomania and other abnormally developed cases of sexual instinct.

C. W. SONNENSCHMIDT, M. D.

Washington, D. C., March 23, 1891.