

reduction of dose, so that it shall become only useful and not hurtful, if it be found to correspond in the greatest similarity with the symptoms of the disease which we wish to cure. It is just to the most powerful medicines in the smallest doses that we look for the greatest curative virtue in the most serious diseases of peculiar character for which this and no other medicine is suitable."

"For these unexceptionable reasons," says Hahnemann, "I anticipated a great treasure of curative action in the most peculiar diseases from *staphisagria*; and these reasons led me to make careful trials of it on healthy subjects, the results of which are recorded in the following symptoms. Thus, curative virtues have been elicited from this medicinal substance which are of infinitely greater value than its power to kill lice (the only medicinal property the ordinary quackish medical art knew it to possess), curative virtues which the homœopathic practitioner may make use of with marvellous effect in rare morbid states, for which there is no other remedy but this."

This is a remarkable utterance; it is interesting as being one of the clearest and simplest of the enunciations of the so-called law of similars.

A careful study of the genius of *staphisagria*, and of its alkaloid *delphinine*,\* reveals the interesting fact that these drugs are especially called for in the diseases peculiar to the extremes of life. The fierce metabolism of infancy, and the perverted tissue-changes of a second childhood, call alike for such remedies as *staphisagria baryta* and their congeners. In their action in the domain of the special senses, on the region of the nape, on the alimentary tract, the glandular system, the urinary apparatus, and the lower extremities, they present many points of resemblance.

Dr. James Dore Blake, of Taunton, a most able practical physician, one of the pioneers of homœopathy, who sustained a bitter persecution for his creed in the earlier part of this century, well known as the first prover and introducer of *calendula*, relied on *staphisagria* as his stock remedy for senile sciatica. He was of course led to select this particular drug from observing that not only does *staphisagria* cover the constipation so often lying at the root of this form of neuralgia in the aged, but at the same time it aids so many of the side issues, *par exemple*, the vesicle troubles and the nuchal sorrows so frequently associated with it.

It was the outcome of my study of these sides of *Staphisagria*

\*See Article *Staphisagria*, vol. iv. of *Cyc. Drug. Pathog.* p. 131.

that induced me to give it a trial in that common but distressing result of motherhood, a pouched and protruding bladder. We, British doctors, owe a great debt to the penetration of our transatlantic brethren for first forcing the gravity of neglected cystocele on our notice. To them, too, will go up the incense of gratitude from myriads of mothers as yet unborn, who will reap the benefits of American gynecic teaching. For though the wisest accoucheur may, in spite of a thorough maceration and wearying out by means of preliminary dilatation, meet in his practice with an acutely ruptured perineum, only the foolish man will leave it torn. He alone will ruthlessly condemn the poor, fond trusting creature reposing on his want of wisdom to the present sorrows of reflex hæmorrhage, scalding dysuria, delayed convalescence, possible septicemia, arrested sub-involution and the future worry of cystocele, with uterine procidentia and rectal protrusion.

All gynecologists are perfectly familiar with the sad group of symptoms, having as its more pronounced features inability to retain the water and to discharge the fæces; a detestable forcing feeling; a loin languor; wearisome aching in the sacral region and from the vertebra prominens upwards; the peevish and fretful or despondent mood.

In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum, I have been for many years in the habit of employing *Staphisagria* locally to the vesical tumour, and at the same time I like to administer a high dilution of this remedy internally. This latter I prefer doing when the stomach is void. Topically, the drug is best applied in the form of a saturated glycerole. Carefully carded animal wool is a better vehicle for application than cotton; it retains its elasticity when wetted.

The adjacent viscera being emptied and all tight waistbands removed, the patient assumes the salaam or knee-elbow posture. Half-a-dozen tampons in the form of a kite-tail are introduced into the vagina, and packed well up around the cervix during forced expiration. Unless the patient be very silly or very corpulent she soon learns to do this for herself. The vagina should be quite filled with this wool, which is worn during the whole day. In bad cases it is needful to support the perineum in addition by means of a broad thick T-bandage, the horizontal portion of which should be at least three inches wide and should be adjusted to the trunk just below the hip. Similarly the menstrual belt, for obvious anatomic reasons, should never encircle the body above the iliac line, or it becomes a potent factor, com-

bined with a tight corset and with heavy skirts, in adding prolapsus of the pelvic contents at the time when the viscera are heaviest.

I can speak feelingly of the sad success of this treatment as more than a temporary alleviant, because, on more than one occasion women who had decided to let me do perineorrhaphy for them have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die*!

We will, before taking leave of this valuable drug, glance a little at the rest of its many actions. Most of them are symptoms quite at home in the gynecic note-book. The sad, grey outlook of life; the enfeebled memory; the bursting headache, itching scalp and facial papules; the dilation of the pupils preceded by temporary contraction; the inflamed lids; irritated canthi point, like the similar symptoms in *spigelia*, to rheumatic, sclero-conjunctivitis. Symptoms 120-30 suggests choroiditis; whilst the scintillating scotoma pertains more to certain deep-seated changes in the intra-cranial circulation.

Tinnitus is recorded by two proverbs.

Pustulation has been noted in the upper lips and inside the nose. Also the lips are ulcerated on their borders.

The submaxillary symptoms are strangely suggestive of a drug—not much allied to *Staphisagria* namely, *Mercury*. The same observations hold good of the dental and gingival symptoms. The typical toothache of *Delphinium* is "tearing." The pathologic condition corresponds with periodontitis atrophica, so-called "receding gums."

Herrmann's symptom, "when chewing he feels as if the teeth were pressed deeper into the gums" reminds one of the "sense of elongation of the teeth" in *Phosphorous*.

[Allen's Index gives for "feeling of long teeth," *Chelid.*, *Cocculus*, *Castor* and *Petroleum*.]

The tongue is white, the palate sore, due apparently to herpes; compare *Acetic Acid*.

Three proverbs had ptyalism (*Conf. Mercury*) heartburn, eructation, hiccough, four times nausea; and actual vomiting occurred twice. *Adipsia* distinguishes *Staphisagria* and *Rheum* from the "thirst" of *Rhus* and the "great thirst" of *Spigelia*.

The flatulent colic of *Staphisagria* is intensified by urinating, distinguished from that of *Rheum*, aggravated by movement.

*Staphisagria* has constipation followed by diarrhoea; *Rheum*, diarrhoea followed by costiveness.

Anal itching is noted in two proverbs.

The urinary symptoms are numerous and strongly marked; they point as distinctly to prostatic troubles in males as to cysto-

cele in women. The *Staphisagria* tamponade might be used per rectum in the case of males for intractable prostatic hypertrophy.

The itching of the genitals, in both genders, recalls the symptoms induced by *Galipaea cusparia*, usually known as *Angostura vera*.

Old people, we know, are very prone to acute and distressing but quite temporary strangury. Very young practitioners administer dysuric remedies with no result. Older doctors hasten to give a remedy for flatus incarcerated in the sigmoid flexure or in the rectum; they also direct that the nurse apply succussion to the descending colon. I am indebted to my friend, Dr. Richard Hughes, for the valuable hint to administer *Pulsatilla* under these circumstances. It has not failed me yet; should it do so, I shall certainly fall back on *Staphisagria*.

There are nine coryza symptoms, carrying us back again in mind to *Mercury*.

The twelve cough symptoms always aggravated in the case of Dr. Franz by eating (compare *Nux vomica*), point to pharyngitis rather than to laryngitis. Possibly some are, like the "oppression" and "stitches" in the chest, spinal in origin.

The nape and sacrum symptoms we have already noticed; they are very typical of *Staphisagria*.

The upper extremity symptoms ought to yield good results in treating the osteo-arthritis so common in real senility and in the imitation old age of pelvic patients.

Restless nights, disturbed by dreams of remarkable vividness, are naturally followed by drowsy days. As in *Stramonium*, the prover either dreams of murder or encounters some ferocious beast.

The cerebral congestion we may therefore conclude is more arterial than venous.

The rigors are usually adipsic, one proverb alone having "great thirst."

The cardiac symptoms, like the perverted sensations in the tongue, resemble the action of *Aconite*.

#### CASE.—STAPHISAGRIA IN LEFT DELTOID MYALGIA.

Mrs. —, aged 50, came on July 2, 1888, for recurrent headache since early childhood, *i. e.*, for more than forty years.

The pain is frontal; it corresponds with the distribution of the two supraorbital branches of the fifth pair.

Twelve years ago, whilst nursing, she had a mental shock, which greatly augmented the severity of the headaches. This shock was followed by temporary loss of the senses of smell and

of taste, and by impairment of that of hearing.

The double supraorbital pain has usually recurred at intervals of seven days.

The change of life occurred five months ago.

She also suffers from attacks of acute spinal anæmia, apparently depending on the condition of her heart, and associated with the following symptoms:—First there comes acute temporal pain; this is accompanied by a distressing sense of choking followed by passive pharyngitis. Later in the day there are rigors and a feeling of sickness; then diarrhœa begins, and afterwards she becomes intensely drowsy. Usually there is complete arrest of urine. Sometimes she has palpitation, with panting breath. She has been prone to these attacks from her girlhood.

For the cold stage *Veratrum album* in the third decimal dilution was recommended, and it gave marked relief. The extreme drowsiness was successfully combated with *Papaver somniferum*, thirty centesimal.

Inhalations of *Moschus*, matrix tincture appeared to relieve the dyspnœa, and also the palpitation, for which I afterwards gave *Asafœtida* in the twelfth centesimal with some advantage.

But to *Lachesis* is due the credit of curing this remarkable case. In dilutions, varying from 6 to 30, it swept away the headache, aggravated by movement and by noise, but even more by light. Whilst taking the *Trigonocephalus* she also lost the giddiness, the noises in the head, the flushing, dry mouth and throat, loss of appetite, epigastric sinking and abdominal flatus, dyspnœa, tickling cough, and the palpitation, occurring both on exertion and after excitement.

Under the influence of *Lachesis* this patient enjoyed five months of immunity from headaches which had, before taking the remedy, recurred once a week for forty years. The other attacks, viz., those of acute cerebro-spinal anæmia, had lasted during five-and-twenty years, recurring at intervals of about two months. Latterly they had become much more frequent, leaving only three weeks of freedom from the distressing disturbance.

These also ceased to afflict her, and she had singularly good health with one exception, which we shall presently notice, during the remainder of the year.

The only adjuvants employed were gentle continuous current to vagus; upward electro-massage to lower extremities and to the respiratory muscles. Of course the patient, who respired very imperfectly, was taught to breathe. Allowance having been made for the beneficial effects of these auxiliary measures, the rest of the credit remains with the venom of the Indian snake.

This patient, on 25th October, 1890, again made her appearance at my rooms, looking much improved in appearance. She had lost her look of distress and had put on flesh.

She now complained of a severe aching pain from the left elbow to the left shoulder. This pain quite prevented the use of the left arm at its upper part; it grew worse in bed.

The biceps, the brachialis anticus and the deltoid were the chief muscles involved, all supplied, as you know, by the musculo-cutaneous nerve, the external branch of the outer cord of the brachial plexus. There was no impairment of reaction to the various muscular stimuli.

The biceps and the brachialis anticus made a slow recovery under *Baptisia*, 1x, *apis* 6, *rhus* 12 and *sulphur*, 30, selected from subjective indications.

The patient lived at a considerable distance. Owing to this fact and to the extreme inclemency of the weather, I saw very little of her, but she sent an occasional report. Thus I heard that while the other muscles had recovered their normal state, the deltoid hung fire and inflicted a good deal of pain and loss of rest till the end of March.

I was then preparing this drug as a contribution to the American Congress, when I was struck with the similarity between the whole group of this worthy woman's symptoms and the complete pathogenesis of *staphisagria*.

So I wrote a prescription for *staphisagria* twelfth centesimal, to be taken before each meal. The same remedy was given in the first decimal dilution at bed time.

The deltoid was well rubbed with oil of *stavesacre* twice a day.

The last part of the prescription had to be suspended on account of the free appearance, after its use, of a red, itching eruption resembling *lichen urticatus*.

The *staphisagria* was prescribed on 24th of March of this year, the deltoid pain having persisted for nearly six months.

It disappeared, while taking *staphisagria*, in seven days, and up to the present time it shows no sign of returning.—*Monthly Hom. Review*.

#### CAN WE INCREASE THE POTENCY OF THE REMEDY BY DILUTING THE DRUG?

An important fact bearing upon this question has resulted from some investigations in the principle of the fluorescence of liquid solutions.

It is understood that this appearance in certain solutions is due to the chemical rays of light being rendered visible by a change in their refrangibility. The molecules suspended in the liquid alter the conditions of the ray of light so that the length of the waves is increased, while its velocity of undulation is diminished.

Some experiments recorded in the Journal of the Chemical Society, June, 1889, show that the fluorescence of a liquid increases without limit as the dilution increases. In the case of the ammonium salt of fluorescein, the fluorescence of a concentrated solution is zero, or at least too small to be observed. When water was gradually added, the fluorescence first attained a measurable value for a concentration of 1 in 25, and rapidly increased with further dilution until the concentration was reduced to 1 in 3,200, after which it remained constant as far as the observations extended, namely, to a concentration of 1 in 6½ millions. Similar results were obtained with an alcoholic solution of *Magdala red*, except that it was impossible to obtain very concentrated solutions of this substance, so that it was impossible to observe the beginning of the fluorescence. This fact that fluorescent liquids lose the power of fluorescence when they become sufficiently concentrated suggested to another observer that possibly the groups of molecules existing in the solid salt are only partially dissociated in the concentrated solution, but become more and more so with increasing dilution, until, when the fluorescence is no longer affected by further dilution, the dissociation is complete. This hypothesis is strengthened by the fact that solution of fluorescein and eosin in water have their fluorescent power increased by heat, the effect of which would be to increase their solubility, whilst on the other hand, an alcoholic solution of *Magdala red*, which is less soluble in hot alcohol than in cold, has its fluorescent power diminished by being heated. This also explains the well-known fact that an aqueous solution of *Magdala red*, which is more soluble in hot water than in cold, acquires fluorescent properties when it is heated, although it does not possess them when cold.

These facts prove that dilution of a soluble substance produces a breaking up of clusters of molecules, which, under ordinary circumstances, would exist as aggregations, and it does not appear impossible that the separated molecule may find its way through the numerous barriers which are exposed between the digestive canal and the nerve centre it is designed to influence, when the molecules, in their aggregate form, would fail to reach it, and be thrown back and excreted. That in profound constitutional disorders the higher dilutions succeed where all other remedies

have failed is a fact recognized by all who have employed them, and that there is a purely physical cause for this becomes clearer as our knowledge of the physics of solution and the functions of the human body increase.—*Dr. Percy Wilde in Monthly Homœopathic Review.*

#### HOT WATER AS A REMEDIAL AGENT.

Moist heat as a therapeutic agent has not received the attention from medical writers that its merits deserve. In the future the remedial effects of hot water are destined to play an important part in the relief of pain and the cure of disease.

It is not necessary to allude in this paper to the use of hot water as a surgical dressing after amputations, as that subject has been ably treated by Dr. Varick, of New Jersey. In the writer's opinion, hot water is excelled in such cases by dilute alcohol only.

In some cases of cholera morbus copious draughts of hot water, conjoined with injections of the same, will afford marked and speedy relief. For many years past the writer has used this treatment with such good effect that in some cases it was unnecessary to prescribe any drug whatever—even the usual hypodermic injection of morphine being dispensed with.

In a case occurring some years ago, the patient had been vomiting for three or four hours when the writer saw him. The cramps had become severe, causing him to utter agonizing cries. To relieve the severe straining produced by the vomiting, he was directed to take a large drink of water as hot as could be swallowed. This being ejected after a little while, a second draught was given which put an end to the emesis. As the attack had been caused by imprudence in eating, and as the bowels had not been moved, a large injection of very hot water was then thrown into the bowels. In a short time this was passed by stool, after which the injection was repeated. Relief from the cramps was speedy and permanent, and although I had charged my hypodermic syringe with one-fourth grain of morphine, I withheld the use of it for the time being, intending, as soon as the pain and cramps returned, to control them in the usual manner. The patient, however, soon sank into a sound sleep from which he awakened free of all trouble, except the debility and soreness that follow such attacks.

Since then I have pursued the same course of treatment in

many cases, and although I have been compelled to use morphine hypodermically in some of them, yet the hot water has always proved a reliable adjunct in the treatment.

In cholera and cholera morbus, the cramps are supposed to be caused by the blood parting with its watery portion, thus sadly interfering with the general circulation. This being the case, it is plainly our duty to restore water to the blood as speedily as possible. Water is much more readily absorbed by blood vessels when it is warm than when cold. By introducing hot water into the bowels as well as the stomach a large absorbing surface is reached by the fluid. In addition to this the effect of the heat on the terminal branches of nerves acts beneficially upon the circulation by stimulating the heart to increased action.

I have no doubt but that in Asiatic cholera hot water properly used will be found of more service than any other treatment. Given by the mouth and by injection through a rectal tube, it would, in my opinion, have a marked effect in bringing about reaction in severe cases; at least it is certainly worthy of a trial.

In cases of cholera that have passed into the stage of collapse, and, when under ordinary treatment, no hope can be entertained of the patient's recovery, I would not hesitate to make a small incision through the linea alba and flood the peritoneal cavity with hot water. The peritoneum absorbs water with great rapidity, and in cases of profound shock following operations upon the abdominal and pelvic organs, no other means acts as speedily and efficiently in restoring the circulation as does flooding the peritoneal cavity with hot water.

In the collapsed stage of cholera, where the pathology of the disease may be attributed to dehydration of the blood, it seems plain that to restore water to the blood as speedily as possible should be the main object of treatment. In such cases no organic lesions have occurred in any of the viscera of the body, but they are in a condition to resume their functions when their normal stimulus is applied to them. Hence, if the fluidity of the blood be restored, and if the heart be artificially stimulated for a while by electricity, it would seem that death might be averted. These indications can most likely be met by taking hot water into the stomach, by injecting it in large quantities into the bowels, and in extreme cases, by flooding the peritoneal cavity with it.—*L. J. Woollen in Medical Record.*

**Calc. Carb.** Sour taste in the mouth, or of the food, sour vomiting, especially with children during dentition; also sour diarrhoea. **HERING.**

#### A NOTE ON THE EFFECT OF MERCURY ON THE ELECTRICAL CONDITION OF THE HUMAN BODY.

In the heroic days of old, when the maxim "salvation is salvation" was accepted as the beginning and end of the medical art, it was well recognized that the patient, who was undergoing a course of mercury for the supposed salvation of his body, ought to be very careful not to expose himself to cold. Aggravation from cold, and especially cold and damp, is one of the recognized characteristics of the mercurial condition. All this points to an unstable condition of the bodily electrical equilibrium—a too great readiness of the body to discharge its own electricity, and to receive shocks from without. This is quite in keeping with the fact that mercury is itself one of the best conductors of electricity known, and is much used by electricians on that account. When taken into the human body it makes the body a good conductor like itself.

A case has lately come under my notice in which this property of mercury was apparently very strikingly illustrated.

M. B., a parlor maid, had used for toothache a solution of *Merc.-cor.*, 3x, rubbing it on the affected gum. She had used in all about a drachm, when in a day or two symptoms of mercurial poisoning supervened. The symptoms, which were very severe and lasted off and on for more than two months, will be published in full later on. I only wish to refer here to one circumstance.

One part of her duties consisted in cleaning electrical lamps. For this purpose she had to remove the lamps from their cups and after dusting to return them. This she had done for many, many months without any accident, but when under the mercurial influence she noticed that on touching the bases of the lamps, where they are connected with the wires, she received a shock of electricity and the lamp exploded. This happened on three or four occasions before she mentioned the circumstance to me. At first I could hardly believe that there was any connection between the mercury and the explosions of the lamps; but I advised her not to touch them again for a time, and meanwhile made inquiries of practical electricians.

From them I learned that it was quite possible from the touching of the poles of a lamp that had been used to set up what is called a "short circuit" current from the lamp to the person, and from this to result in the breaking of a lamp.

An electrician, now holding an important position in one of the chief firms of electrical engineers, informs me that when he