

His most sanguine expectations (and mine) have been exceeded; he feels easy on the chest and the chronic accumulation of phlegm is scarcely perceptible. He furthermore praised the effect of the remedy on his stool, as it materially aided in giving relief (which was neither intended nor anticipated).—*Dr. Goullon, Jr., in P. H. Z.*

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SULPHUR IN AMAUROSIS.—With *Sulphur* 3 dil., in three or four daily doses of three drops each, I have been able to arrest the progress of amaurosis (gray) in over twenty cases within the last six years. Not once was I disappointed in its beneficent effect, it having always been able to prevent blindness. The remedy must be continued a long time, however, for two years or more.—*Dr. Hamp, in P. H. Z.*

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RHUS TOX 6 IN CHRONIC DIARRHŒA, painless, only in the morning, preceded by marked commotion in the bowels, will seldom be found wanting. The symptoms, as seen in Hahn. M. M. P., justify this selection of the remedy. Patient is driven out of bed in the morning, as he cannot retain stool.—*Dr. Lorbacher, in P. H. Z.*

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NUPHAR LUTEUM 3 cured a chronic diarrhœa following an attack of dysentery. Stools were liquid, yellowish, excoriating the anus and debilitating the patient very much.—*Dr. P. L. Gage.*

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ACUTE ARTICULAR RHEUMATISM, and *Benzoic Acid*.—A long and successful experience with this remedy prompts me to write this article. About twenty years ago I carefully studied *Benzoic Acid* in Hering's American provings, and shortly after was called to the bedside of a poor man, who seemed to present a true picture of the symptoms. His right shoulder and left knee presented a shining swelling, which would not tolerate the least touch, and this had lasted for three days already. I gave him *Benzoic Acid* 6x trit. a few grains every few hours, and within another two days he was entirely relieved of his pains and swelling; but he suffered from a catarrh, which I took to be a side effect of the remedy. A little later, in the same spring, I had two more patients with acute rheumatism, somewhat less similar to the picture of the proving, yet I gave them *Benzoic Acid*, and in eleven days both were cured. About the same time I had a very interesting case, a young farmer's wife, whom I had delivered with the forceps, of her first baby. While still lying in, she was afflicted with *Phlegmasia alba dolens*. Her left thigh swelled

up immensely and was very painful. I tried all Homœopathic, and after a while also, old-school remedies, yet to no purpose, inwardly and external. The most noticeable theory was that several times the swelling was almost entirely gone, when all at once the right leg began to swell, and if that decreased, then the left leg would begin to swell again and so several times in succession. Finally, this changing about, which eventually also implicated the shoulders and arms, even to the finger tips, induced me to try *Benzoic Acid*, and from that time on convalescence set in, and soon the wandering of the swelling stopped, and patient recovered.

Since then I have administered in most cases of articular rheumatism *Benzoic Acid*, without further thought and, as a rule, effected a cure in from ten to fourteen days. The pains diminish from the first day, even though the wandering from joint to joint will persist to the last. I have not met again with such striking success as the one mentioned first, but, as a rule, I succeed in cutting short the attack, if that remedy be given right from the start. I was, therefore, never tempted to use *Salicylic Acid* preparations. Both substances are closely related, *Salicylic Acid* differing from *Benzoic Acid* in containing somewhat more oxygen. In using the latter you are always secured against the disagreeable complications apt to accompany the use of *Salicylic Acid*, which is quite a consideration.

My usual dose is 15 to 20 grains of the 6x trit. of *Benzoic Acid* dissolved in a tumbler full of water, a tablespoonful for a dose every two hours. The use of potencies higher than the 6x was not satisfactory.—*Dr. Ad. Simon in Pop. Hom. Zeitung.*

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CASE OF GOUT.—A gentleman, æt. nearly 80, has been troubled at times with gout. At times it attacked the foot, at another time the stomach and again, the head. In every instance *Calcarea carb.* 30 gave speedy relief. The headache in the last attack was so overwhelming that patient was fairly despairing, and for a while refused to take medicine; when finally he was prevailed upon to take a dose he was soon relieved. The effect of this remedy was so striking that I will give the symptoms in full: The tongue of this patient during the attacks had a dirty greenish coating, feet were very apt to become cold and sometimes œdematous; but most remarkable was his pulse, which would run down to 28 per minute. Whether certain hallucinations which troubled the old man at times had a causal relation to the gout I am unable to tell. What troubled him oftenest was an ivy plant the inordinate growth of which discomforted him and kept him from going to sleep. This morbid activity of

the brain was regularly allayed by a dose of *Valeriana*.—*Dr. Goullon, Jr., in P. H. Z.*

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GRAPHITES, A PECULIAR EFFECT OF.—Miss K., æt. 19, very tall, rapid growth, slender and anæmic, complains of a certain peculiar symptom, that of salivation. It may set in at any time, irrespective of meals. May come on just before sitting down to dinner. This peculiar affection of the pancreas prevents her seeing company and makes her low-spirited. While we have a very good remedy for this symptom in *Bismuth. subnit.* a second peculiarity of the patient prompted me to prescribe *Graphites*, and this was habitual costiveness. Accordingly *Graphites* 12th, four drops in half a wineglass of water, was given, a teaspoonful three times a day. After the first spoonful a decided aggravation set in, and after this the whole trouble ceased. A peculiarity seemed to be that the trouble occurred oftenest while out riding in a carriage, less so while riding on a railroad.—*Dr. Goullon, L. P. Z. f. H., Vol. XXII., No. 11.*

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SPECIFIC ACTION OF THUJA OCCIDENTALIS.—Many a time children are brought to me with a severe inflammation of one or both eyes, and as cause and only reason vaccination was given. The little patients had been vaccinated, and since then the eyes would become inflamed and go on from bad to worse. For weeks and months these attacks would persist, seemingly utterly unimpressed by medicine. Even Homœopathic treatment is generally not so prompt as we are used to witness, inasmuch as remedies like *Calcar. c., Calc. iod., Hepar s. c., Sulphur, the Mercuries, Arsenic, Nitric acid,* etc., do not seem to take hold properly; and right here let me draw your attention to the often insufficiently appreciated remedial action of *Thuja*. To Dr. Kunkel, of Kiel, belongs the merit of having first discovered the curative properties of *Thuja* in almost all afflictions following vaccination. This merit is the greater, as obligatory vaccination is now demanded in all larger cities of children attending public schools, and the ravages of vaccinosis (as I term the thence resulting afflictions) can be but too thoroughly studied on the rising generation. The eye seems to be the most frequently attacked organ of the body. A remarkable fact in this connection is that *Thuja* is also the specificum for all the horrid phases of sycosis. The inflammation of the eyes following vaccination does not differ materially from common scrofulous ophthalmia. In either of them we find the same sensitiveness to light, lachrymation and mucous purulent secretion, *i. e.*, agglutination with pustules in

the cornea and subsequent opacity of the same. If *Thuja* is administered, one dose should be given in the 30 potency (I generally give the 100th); give it plenty of time to expend its action. After this *Acidum nitric* 6, often follows well if the eyeball and conjunctiva is still engorged with blood. Dr. Kunkel teaches that *Thuja*, when it takes hold, produces a remarkable change in general appearance in at latest eight days. The last little patient to whom I administered it showed within a week a decided improvement in his looks, the photophobia had vanished, and secretion and redness was considerably lessened.—*Dr. Goullon, Jr., in L. P. Z. f. Hom.*

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APHTHÆ IN NEW-BORN CHILDREN.—Dr. Baum, Director of the Midwife Institute, in Appeln, published an interesting article on the above subject in the *Allg. Medicin. Central Zeitung*. Suspecting that "Bednar's Aphthæ" were due to mischievous interference on behalf of midwives in cleaning the mouths of the new-born, he set aside forty babes and had their little mouths carefully and thoroughly cleaned directly after birth and after every meal, and of these only eight were spared of these affections of the mouth. Thirty-two (80 per cent.) showed the characteristic ulcerations on the gums, of which thirty had the true Bednar aphthæ. Almost in all cases these sores formed within the first two days. In two cases they were observed within two hours after birth and before they were applied to the breast, thus showing conclusively that sucking could not be their cause, as so many maintain.

He then set fifty babes apart, on which he strictly prohibited any interference in the way of cleaning the mouth by the attendants. The result was a surprise, for not one of these had anything the matter with their gums. In view of these facts the learned author deprecates any interference with nature, excepting in cases of impending asphyxiation on account of accumulation of inordinate quantities of slime right after birth.

In conclusion, he mentions that among one hundred and twenty new-borns, observed later, only one had aphthæ, and in this case the nurse surreptitiously disobeyed his injunction and had cleansed the mouth of her charge.—*Allgemeine Hom. Zeitung, October 1st, 1891.*

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A REMARKABLE CURE BY GRAPHITES.—Miss S., age 15, healthy appearance, pretty large and built in proportion, has a violent headache in right temple every four weeks; the pain is stinging. Glittering before the eyes frequently precedes and suc-

ceeds the attack. The headache is by the hour, but also at times the following day. On contemporaneous drowsiness a deep sleep obtains, and heat and redness of the head is followed by chill. On the 24th of April she received *Sepia* 6. After two weeks I learned that the headache had ceased, but that the troublesome glitter before the eyes remained. Beside the lassitude it was particularly the heaviness of the eyelids that determined me to prescribe *Graphites* (*Graphites* even cures *Ptosis*, the involuntary dropping of the lids) outside of the fact that, though well developed, she as yet had no menstruations, and finally had a degree of hoarseness that indicated chronic hypertrophy of the tonsils. (A. Vogel claims this to be a sign of scrofula derived from syphilis.) On the 8th of May she received *Graph.* 2, trit., 2 grs., six mornings successively, and on the 15th of May expressed her joy that this headache, ever certain to occur after four weeks' interval, had not only been completely cured, but that the sensation of lights before the eyes had completely disappeared.

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SILICEA AFTER VACCINATION.—Prof. Redman Coxe was one of the first to introduce vaccination in America. He and President Jefferson had all their grandchildren vaccinated regularly. With one of the grandchildren it did not take, even after repeated operations. Whenever there was a small-pox epidemic, the old gentleman would come with his grandchildren to have them vaccinated. After the last vaccination one had fever, followed by convulsions, no pustules. As I (Dr. C. Hering, of Philadelphia), was the family physician, I was called to attend the case. The usual remedies were unsuccessful. After a careful examination and close comparisons in the materia medica, I gave *Silicia* 30, which cured the case. This fact caused Redman Coxe to study Homœopathy, and he later became a Professor in the Homœopathic College of Pennsylvania. Several years later I was called as consulting physician in the case of a boy of ten or twelve years attacked by convulsions; a certain similarity of symptoms with the above-mentioned case caused me to ask if the child had recently been vaccinated. I was told "yes, but without success." I prescribed *Silicia* 30, and to the astonishment of the Homœopathic physicians in attendance there was immediate improvement, followed by a complete cure. Since then I have used *Silicia* for the bad effects of vaccination, where another remedy was not distinctly indicated, or where the seemingly indicated remedies did not act, and also to finish a cure.

P. S.—For more than twenty-five years, Dr. Hering in this

way successfully employed *Silicia*, and still it is not properly appreciated by the profession in general. Of course Dr. Hering used generally one dose of a high potency and rarely repeated it, and claimed to have had more success than with the potencies below the 30.—*Dr. Bruckner.*

#### THE SINGLE REMEDY IN DISEASE.

By Sam. Philip Alexander, M. D., C. M., M. R. C. S.

Read before the Western Counties Therapeutical Society, England.

The point for discussion under this heading, I take it, is the use of the single remedy as against the practice of giving drugs in alternation. We all agree, I have no doubt, that for the proper application of the law of similars the use of the single remedy is one of the great essentials. In my own practice I find it sufficient for the bulk of cases to prescribe one remedy at a time, and only to change it for another, as indicated by the varying symptoms and stages in a given disease. Of course, in some cases—"chronics" especially—the properly chosen single remedy will often cure straight away, or eventually, if the remedy is persisted in, without having occasion to change. I can recall many instances in support of this. I have been especially struck lately in comparing two cures I have had; one an acute case and the other chronic, but both treated with the same drug. The acute case was one of violent headache, attended with maniacal symptoms and melancholia, the totality of the symptoms pointing to *Calc. carb.* The other case was a baby of about a year old, who had suffered from birth with diarrhœa and vomiting, perspiration of the head, mesenteric enlargement, and all the usual symptoms and signs of marasmus. In the first case *Calc. carb.* 6 cured in a week, whilst the same drug in the same potency made a man of the baby (so to speak) in six months.

I find it a very good rule, where the indicated remedy fails to benefit, to first try a different potency before changing the drug, in acute cases going, as a rule, lower; in chronic, higher. A few days ago I was consulted by a young girl suffering from an acute attack of herpes zoster of the upper part of back and left side. The eruption consisted of a mass of vesicles from the size of a pin's head to that of a pea, and was accompanied by a neuralgic pain. *Rhus tox.* 3 was prescribed and taken with little effect for three days. I then changed to *Rhus tox.* 1x, when the eruption dried up forthwith, *Arsenicum* 3x completing the cure by remov-

ing the pain. As to high potencies, I can never forget a case I used to attend when in Yorkshire.

The patient, a lady, was a chronic sufferer from strumous disease, which manifested itself in almost every conceivable form, more especially as severe double ophthalmia. A symptom peculiarly distressing to her, and from which she frequently suffered, was a "feeling of grit or sand under the eyelids." *Sulphur* 30 always promptly removed this feeling, any lower potency of the drug being entirely without effect.

And now as to alternation of remedies. Whilst strongly deprecating the method, as a rule of practice, I cannot help thinking that in some cases—acute especially—we can do more for our patient with two drugs given alternately, than by the single remedy. *Belladonna*, though pretty well specific for scarlatina, does not appear to me to reduce the fever so quickly given alone as when alternated with *Aconite*. This applies, too, to other acute diseases attended by fever, such as pneumonia, pleurisy, bronchitis, etc., in which *Aconite* given during the pyretic stage seems to help the action of the more specific remedy.

Again we frequently have to treat a mass of symptoms, which, it is almost impossible to hit off with one drug, or two distinct sets of symptoms occurring simultaneously in the same patient. How frequently, when treating a case of eczema or any other definite disease, are we requested by the patient to prescribe something at the same time for his "poor stomach," or liver, or to "put something into the medicine for the bowels," or to help the sleep? In such a case, I expect the most of us would order with success some such drug as *lycopodium*, *caffein*, etc., to be taken at bedtime? This is really to alternate, and yet to do so does not, as a rule, interfere with the action of the specific remedy. The ideal practice, no doubt, is to embrace such side issues and additional complaints in the totality of the symptoms, and with the single remedy fire a shot at the whole. How many of us manage to hit, I wonder?

The stock treatment of piles with *Nux* and *Sulphur*, adopted by some, certainly seems to do more good than the employment of either of those drugs singly.

Then there are cases, in which we may have descended to alternation, where I am confident the second drug, if it does not actually assist the action of the proper remedy, does not interfere with it, but acts like so much additional water. I have seen a case of acute rheumatism promptly cured—*Mirabile dictu!*—with *Bryonia* and *Rhus. tox.* given alternately! (I would just remark that I had no hand in this prescription.) That two such antag-

onistic drugs, thrown into the system together, should effect a cure is only to be explained on the principle of the "survival of the fittest;" the disease selects its own *Simillimum*, and discards everything else. But the great argument against alternation, and one which should teach us to steer clear of the practice as much as possible, is the obscurity in which it involves us as to the proper estimation of our results. I can recall at least two cures in my own practice, following upon the alternation of drugs, in which to this day, I am ignorant as to which drug to apportion the credit. One was a case of chronic gastro-enteritis, the principal symptoms being vomiting and diarrhœa after food, with burning pain in the stomach and severe colic. These symptoms seemed to me to indicate *Arsenicum* and *Colocynth*. Accordingly the two drugs were given in alternation, and the man who had suffered for months was well in a few days. Whether one or both drugs did the work, I cannot tell.

The second case was somewhat similar, occurring not long ago in a lady, whom I was called to see in the country. This case, however, was recent and typhoid in character, attended with liver symptoms. *Baptisia* doing no good, I hesitated between *Merc. sol.* and *Verat. alb.*, but finally gave the two in alternation, with immediate and complete success. Possibly the two drugs helped in the cure by each removing their own peculiar symptoms, but as they were given in alternation I could never know certainly.

I quote these cases, not to defend alternation of drugs, but to show how instructive a study of the practice may become, as contrasted with the more precise and better way—"the single remedy."

#### AMMON. MUR. IN INFANTILE DIARRHŒA.

In the later stages of a prolonged case of diarrhœa, depending on a neglected indigestion in a child, probably accompanied by ulceration of the bowels, the following symptoms were present:

*Fever*: Passages frequent, green, watery, pain before, very foul smelling, somewhat brassy in odor, most frequent in morning. Colic and motion of flatus in bowels continuously. Loss of appetite. Worse in morning. Face somewhat bloated. (Child naturally fat and rather sluggish.) Face with a bright, sharply circumscribed rose-pink flush on *each cheek* and on *chin*. Much tenesmus.

I gave *Ammon mur.*, very low, making the dilution extemporaneously from the salt. The result was immediate and complete relief. The case was completely cured in a few more days by *Silicea* 30x and Hensel's *Tonicum*.

Bell states that experience with this drug is wanting in children's diarrhoea. In his book, page 21. The symptoms in this case were very striking; the tenesmus in the case had been troublesome for months before the diarrhoea began, but is now completely gone.

G. C. BUCHANAN, M. D.

Henning, Minn., Oct. 27, 1891.

### VETERINARY DEPARTMENT.

HORSE—LAMENESS.—On the 10th of November, during a professional visit to his family, General Muratt mentioned to me that one of his carriage horses had been lame for over six weeks, and that his veterinarian, after the exhibition of many useless remedies, now proposed to burn it, a procedure which the proprietor deprecated on account of the resulting disfigurement. At his request the horse was brought out, and I noticed it was lame in the right shoulder when fully stepping out. Learning that the animal had been driven rather sharply and then put in a draughty stable, I prescribed *Ferr. mur.* 2d dil., one drachm, to be given three times a day in five-drop doses. I also left *Rhus tox.*, to be given in like manner, should the other medicine fail after a week's trial. After four days' use of the first remedy the horse was driven out without showing any lameness. And after another four days every vestige of the complaint had disappeared. The *Rhus* was not used.—*Dr. Hollenbach, in Cleve, in Pop. H. Z.*

HORSE—ANTHRAX FEVER.—<sup>\*\*\*</sup>In October the Third Regiment of Cuirasseurs was transferred from Vienna to Miscotez, and among the horses stabled in St. Istran, anthrax speedily showed itself; and to such an extent that within three weeks thirty-six horses belonging to the troop and three belonging to the officers had died. The youngest, best conditioned and nourished were the first victims. The only remedy tried against the epidemic was in transferring the regiment, by companies, to isolated villages, but it continued to spread nevertheless. Seeing the utter uselessness of the vigorous antiphlogistic treatment instituted by the head veterinarians, the company commander stationed in our village honored me by putting the horses of his troop under my charge. All the sick horses seemed to be subject to an intense and deep-seated disturbance of the general organism, which chiefly affected the nutritive functions and the ganglionic-nervous system, implicating at the same time the cerebro-spinal nervous system, while the whole attack had an unmistakable

typhoid character. I selected *Arsenicum* as the similimum, and the success exceeded my most sanguine expectations. That the change of location should have occasioned this favorable change was disproved by the fact that in another company located but a mile from here forty-eight horses succumbed under the treatment of the company veterinarian within six weeks.—*Dr. C. Boehme, Veterinarian to Count Erdödy, in Pop. H. Z.*

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CARIES OF THE LOWER JAW IN CATTLE.—This is by no means a rare affection in cattle. It consists of a hard swelling, about the size of a man's fist, firmly affixed to the lower jaw, and caused by an enlargement of the bone. Sooner or later soft spots appear, which soon secrete a fatty, thin, evil-smelling, ichorous matter, often mixed with blood. When the animal succumbs to the disease, it will be found that the lower jaw bone is of spongy texture, at the place where the matter issued, and of jelly-like consistency, soft and discolored. On cutting open, the bone is found to be infiltrated with the same horrid smelling matter which previously exuded. As a rule, this affection is noticed in young bulls, young oxen or calves, giving a sickly disposition to the animal, and is probably occasioned by mechanical injuries, such as thrusts of a horn, rubbing against the crib, etc. The affection, if not cured, will eventually involve the whole lower jaw, hindering mastication, and compel the animal's disposition to the butcher. On my estate three cases occurred, one in a bull which was so fierce as to preclude the possibility of medication, the next a two-yearly steer which was treated ineffectually allopathically, and the third a two-yearly heifer which I was able to cure within two weeks by Homœopathic medication. The swelling in this heifer had already reached the size of a hen's egg, was hard as stone, conical in form, and firmly attached to the bone. The heifer received for eight days *Asafetida* twice a day, five or six drops on a wafer, and then for four days *Angustura* also twice a day. By that time the swelling had increased in size to that of one's fist, was red and tense, and gave great pain on being touched. To promote the process of suppuration and facilitate the flow of pus, I now gave four doses of *Hepar s. c.* 1, and after thirty-six hours the swelling copiously secreted the above-described bad smelling matter, and was very much reduced in size. *Asafetida*, once a day for two days, then speedily converted the ichorous secretion into a thick, odorless, bland pus, which ceased entirely after two days more, and the large swelling was reduced to the size of a finger. A few doses of *Sulphur* completed the cure, and when, some time