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PREFACE.

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MATERIA MEDICA.

THE fifth volume of our TREASURY RECORD, and the eighty-fourth year-ring of the widely spread fruit-bearing tree Homœopathic Materia Medica.

Poisonings, provings, remarks and characteristics of the chemical drugs; the drugs from plants, animals and the nosodes are followed by comparisons, toxicological and general remarks.

Comp. R. I., is the Record of 1870; R. II., of 1871; R. III., of 1872; R. IV., of 1873.

Dynamids.

Electricity as a means of resuscitation. First. It is useless to expect good results if five minutes have elapsed since life appears extinct.

Second. The current should be steadily applied, the negative pole being placed over the ensiform cartilage, and the positive on the neck at the base of the skull and over the tracks of the great nerves of the neck.

Third. The faradaic, interrupted galvanic currents are the best.

Fourth. The current should be applied for some time after the respiratory movements have become regular. (A. M. Hamilton, A. H. O., Jan., 1873. p. 64.)

Electricity in Medicine, H. R. Fetterhoff. (Proc. H. M. S., Penna., 1873.) Comp. R. II., p. 1.

Chemicals.

SULPHUR GROUP.

Sulphur. A severe pain, as if the eye turned against a glass splinter, and forced it toward the pupil, followed by burning

and lachrymation, so that one must close the eye—left. (T. F. Allen, N. Y. J. H., June, 1873, p. 191.)

— As a remedy in intermittent diseases. By Robert Cooper. (B. J., 1872. J. Pr., 1873, p. 249.) Comp. R. I., p. 5 ; II., p. 2 ; IV., p. 1.

Chromicum acidum. Resumé of Provings. By F. G. Oehme. (N. Y. J. H., Oct., 1873, pp. 367, 370.) Comp. R. I., p. 3.

PHOSPHORUS GROUP.

Phosphorus poisoning causes a fatty infiltration of the interlobular connective tissue, which in this way is entirely destroyed. The lower cells are changed into fat-globules, while the bloodvessels retain their integrity, and thus the arrangement of the lubulic remains the same. (Winimarten, M. C. Z. J. Pr., 1873, p. 286.)

— *On reading, letters look red.* (T. F. Allen, N. Y. J. H., Oct., 1873, p. 420.)

— Its influence upon the organism, from Virchow's Archiv., v. 4. (J. Pr., 1873, p. 202. Payr. H. Kl., 1873, p. 153, etc.)

In this article, read before the Berlin Medical Society in November, 1871, the author, George Wegner, writes as follows:

After examining a number of cases of acute poisoning with phosphorus, very little new is found ; but one point deserves a prominent place. Not only the central organ of the circulatory apparatus is involved in *the fatty degeneration*, but also the peripheral parts of the arterial system, even as the minute microscopic vessels. It can be observed in all the organs, most in the brain, in cartilage, the marrow of the bones, and the liver. This process is perhaps hardly observable under the ordinary circumstances as the disease-picture is principally occupied by the severe changes in the greater organs ; the principal symptoms of it are the sanguineous extravasations in the different parts of the body, and these may, indeed, be of most insignificant importance compared with the more grave lesions. Only in one case do these consequences become clinically and pathologically visible, viz., when in a female the poisoning occurs just before the menstrual period, the physiological hyperæmia of the sexual organs attains the parietes of the vessels, which are

lowered in their power of resistance by the fatty metamorphosis, and the hemorrhages become more severe, often so severe that general anæmia is a consequence.

The blood coming from the uterine walls is poured out. We find at the autopsy only a somewhat more positive hemorrhagic condition of the lining mucous membrane ; it is, however, different in the ovaries, where the unusually great sanguineous discharge does not at once find an exit, but remains within the organs. Here real blood tumors are found, and as probably the hemorrhage does not occur all at once, but gradually, these at first remain within the ovary, gradually enlarging its circumference ; not until later can they be voided either into the peritoneal cavity or, when adhesions had been formed, into the rectum. The process attains its maximum when highly vascularised connective tissue has been formed in the surroundings of the uterus, and of its adhesions in consequence of a pre-existing perimetritis ; then the hemorrhage is not only into the ovary, but also from the numerous thin-walled, and now fattily degenerated, vessels of the new connective tissue. At the commencement of the year 1870, I had an opportunity of bringing before the Berlin Obstetrical Society four cases of poisoning with Phosphor., and of demonstrating preparations showing that hæmatoceles had been found of a size varying from that of a cherry to that of a man's fist ; in two of these cases they lay within the ovaries, in one there was a breaking up towards the pelvic cavity, and in the fourth perforation into the rectum had followed.*

While our knowledge of the changes brought about by acute poisoning with Phosphor. in the different organs is pretty complete, we know but little what influence this substance, which is so dangerous in certain doses, may develop when given for a certain time, for weeks or months, in smaller and not directly deadly quantities.

— *Its action on the Liver and Stomach.* If rabbits, cats or dogs are given Phosphor. in minimum doses, no symptoms occur. But if the dose be increased gradually, so that no acute or sub-acute poisoning occurs, very remarkable changes take

* I have not remarked either in man or animal any change in the soft tissue of the bones or of the cartilages, except the degeneration of the vessels.

place. The mucous membrane of the stomach becomes shyperæmic, swells, hemorrhages occur here and there; real hemorrhagic infarctions are found later on. When the irritation has continued for two or three months, thickening occurs, with induration and discoloration. The structure of the liver is also altered. The interstitial tissue is the part affected. The whole organ is swelled, and feels harder, and within it and on the connective tissue around the portal vessels there is an intense cellular hyperplasia, and further tough fibrous connective tissue is developed from the young cells, constituting a more or less broad stratum at the periphery of the acini. The peripheral zone of the hepatic cells undergoes fatty degeneration, and in the greater part of the acinus the cells have an icteric color, evidently in consequence of the pressure increased by the new prolifically developed tissue on the efferent gall-vessels which come with the portal ramifications. In fact, we have interstitial hepatitis in optimâ formâ, the result of which is atrophy of a threefold kind: either a smooth induration of the organ; or a form of atrophy which sometimes occurs in the human subject in consequence of lues, a hepar lobatum with numerous deep strips of cicatricial tissue, dipping down into the organ and deforming it: or, finally, the typical granular atrophy, the classical cirrhosis of the liver. In all these forms, chronic icterus is present.

— *Influence on the Osseous System.* These influences are divided into the *direct local influence of Phosphor. fumes on the osseous system* and the *general influence of Phosphor. on the osseous system.* Of the former the writer remarks: By these adduced observations it is, I think, made probable that the Phosphor. necrosis in man and in animals is not to be considered, as formerly was done, as the expression of a constitutional suffering of a dyscrasia, but as a purely local affection occasioned by the locally irritating influence of the fumes of Phosphor. These same fumes operate everywhere, when brought into direct contact with the periosteum, as an irritant on the latter; the irritation confines itself within the limits of primitive processes; there arises a pure ossifying periostitis when the fumes relatively but little concentrated simply reach the denuded parts; but when they are concentrated and brought into pretty forcible contact with the parts, as

in the jaw, it becomes of a purulent, malignant nature, and has all the consequences of this intensification. * * * * On the other hand, I can give an all the more certain positive opinion on the modification produced by this remedy (Phosphor.) on the development of bone in fracture, subperiosteal resections and transplantations of periosteum, because they are all easily experimented upon. For all these cases I can summarize the result of numerous experiments to to the effect that traumatically irritated periosteum produces under the influence of Phosphor. a more plentiful, dense and solid bone substance; especially in fractures does the callus attain a perfect eburnean structure.

— *Theory of the Chronic Influence of Phosphor.* If we summarize all the observations which we have thus far mentioned, we shall be able to delineate a complete picture of the chronic influence of Phosphor. on the organism as follows: Phosphor. in minute doses, in all probability, is dissolved in the blood and circulates with it; it operates on the osteo-genetic tissue as a specific plastic irritant brought topically in the form of vapors into contact with denuded periosteum; in moderate concentration it provokes ossifying periostitis. If the fumes operate very energetically, the irritation becomes so intense that suppuration is added to the ossificatory processes. Administered in much larger doses, either as fumes or by the œsophagus, its influence, while not exceeding certain limits as regards the osseous system, very prominently affects the digestive apparatus. The interstitial connective tissue of the liver and of the stomach becomes irritated, there arise chronic indurative gastritis and chronic interstitial hepatitis, with icterus and atrophy of the hepatic substance; the last link of the chain is atrophy of the liver, either the smooth or the lobulated variety, or else the classical granular atrophy—the so-called cirrhosis.*

The preceding observations have shown that with small doses, which in nowise exercise a hurtful influence on the organism as a whole, we can attain a considerable provocation and advancement of the development of bones. With the

* The influence of Phosphor., both from the deleterious very large doses and also when simply irritant, is transmitted through the blood of an impregnated doe to the young ones in the uterus, but not by means of the milk of the mother to the young sucklings.

total want of any known internal remedy capable of stimulating the osteo-plastic processes to a more energetic action, therapeutics will have to take special notice of Phosphor. From experiences which have thus far been gathered, the administration of Phosphor. would seem to be indicated in general poor development of the osseous system in children, in fractures (pseudarthroses), in sub-periosteal resections, and in transplantations of the periosteum. With regard to osteomalacia there are no positive observations. If the real nature of osteomalacia lies in this, that from the originally hard osseous tissue by a proliferation of the cellular elements of the same there is produced a predominantly soft, and consequently for the physiological purposes of the bones, useless substance, then Phosphor. must be looked upon as a true antidote to this disease, for the fundamental idea of the action of Phosphor. is just this, that in consequence of the stimulus which it provokes, abnormally dense, hard bone is formed from soft osteo-genetic tissue.

The affair is different in rhachitis. It is not probable that it is the healing remedy for this disease. Here, too, direct observations are wanting at present, and we must therefore leave it for the empirical experience of the future to decide whether this substance, with its powerful action on the osseous tissue, will be sufficiently potent either to stimulate a greater up-take of the anorganic salts into the blood, or to prevent the excessive elimination of the same, and to procure their opportune deposition in the osteo-genetic tissue in sufficient quantity. At all events, I think a trial must be made with the remedy since, for the time being at least, a more promising one is not known.

Phosphor. in substance should be made use of in preference to the phosphorous or phosphoric acids, for the two latter must be given in doses which, at least in animals, greatly deteriorates the digestive apparatus.

Just as the preceding experimental investigations have a certain value for special pathology, inasmuch as they give us a better insight into the processes as they are provoked in the organism by the long-continued influence of a substance made use of in manufactures, and formerly at least employed as a remedial agent, inasmuch as they have produced corroborative evidence in favor of current theories

by producing artificially two so much spoken of, and such interesting diseases—cirrhosis of the liver and rhachitis, inasmuch as the specific relation of certain substances to certain tissues are taught by them, and whence therapeutics may at some time extract benefit, just so much we ascribe to them a no less important significance, in regard to principles, for general physiology and pathology.

In the meantime that class of interesting bodies in which we recognize a specific affinity for certain tissues of the body, and to which we reckon *Mercury*, *Iodide of Potassium* a series of organic alkaloids, as *Atropin*, *Curarin*, *Digitalin*, etc., has one more added to its number.

Further, we have here, I opine, exact, convincing, experimental observations that may be repeated at any time, and which prove that one and the same substance, in different quantities and given for different periods of time, can produce totally different actions on the animal organism. Older observations have taught that Phosphor. in large doses influences certain tissues, particularly the parenchymatous elements of the liver, of the kidneys, of the stomach, and of the muscles, as an extraordinarily intense per-acute irritation, of such a violent nature that in a very short space of time a fatty degeneration, a necrobiosis of the same, follow; we have now seen that the same substance, given to the organism in a smaller quantity, while leaving the just-named organs perfectly immune, possesses an irritative influence on totally different kinds of tissue, on the osteo-genetic substances, on the interstitial tissue of the liver and of the stomach; an irritative influence which has not a degenerative, but essentially a formative tendency. There we have ruin, here a stable new growth as a consequence. Let the true cause of this profound difference in the action of different doses of Phosphor. lie in this, that really unequally large quantities of it being present in the blood have in themselves a different effect, or in this, that, with the taking up into the blood of a greater or less quantity of the substance, different conditions of absorption and metamorphoses are given, so much so that consequent thereon dissimilar products of transmutation come into play; at all events, the fact of this fundamental difference of the processes is of trenchant import, both theoretical and prac-

tical. These observations suggest a hint with regard to other substances whose violent toxic action in large doses is known, such as *Iodine*, *Arsenic.*, a large number of the poisonous organic compounds being experimented upon with similar objects in view; such experiments, if carried on with a knowledge of the subject, carefulness and patience would enrich our positive knowledge with many a new fact, would throw new light on our theoretical views, and also open up here and there an odd corner for renewed activity in our therapeutics. (B. J. H., 1873, p. 29.) Comp. R. I., p. 8; II., p. 3; III., p. 2; IV., p. 2.

Arsenicum, its effects upon the heart, by Prof. Imbert-Gourbeyre. (A. H. Z., 87, p. 103.)

— Has to sit up in bed with knees drawn up; rests her head and arms upon her knees. (H. V. Miller, A. J. H. M. M., v. 7, p. 531.)

— Its action upon the skin. (Continuation from vol. 84.) By Prof. Imbert-Gourbeyre. (A. H. Z., v. 86, p. 175.) Comp. R. I., p. 9; II., p. 3; III., p. 2; IV., p. 2.

Ant. crudum, practical study of. By Karl Hencke. (A. H. Z., v. 8, p. 7, 187.) Comp. R. I., p. 13; II., p. 4; III., p. 3.

CARBON GROUP.

Carbo veg., as epidemic remedy in January, 1873, was indicated by the following symptoms in various complaints: nausea; loss of appetite; aversion to food, especially fat things; foul taste in mouth; vomiting; bad smell from mouth; diarrhœa; badly smelling feces; weariness and aversion to any kind of work; heavy dreams; unrefreshed after sleep; flatulency; fullness in epigastrium, etc. These symptoms were present in gastric affections, erysipelas, intermittent fevers, diphtheria, all which were cured by *Carbo veg.* The 30th potency acted more favorably than the 3d. (C. Kunkel, I. Pr., 1873, p. 238.) Comp. R. I., p. 15; II., p. 4; III., p. 4.

Graphites. Great aversion to salt. (Hills. See *Amm. carb.*) Comp. R. I., p. 16; II., p. 4; III., p. 4; IV., p. 5.

Petroleum. its healing powers. (J. Pr., 1873, p. 225.)

— Cured promptly during the summer of 1872 various forms of diseases, in all of which the following symptoms were the most prominent: great chilliness with occasional flushes

of heat; coldness of the legs; vertigo; violent pressing pain in forepart of head; whizzing and ringing in the ears; hardness of hearing; unpleasant bitter taste; loss of appetite; diarrhœa only through the day, not at night, or at least much worse through the day than through the night. (J. Pr., 1873, p. 230.) Comp. R. I., p. 17; II., p. 5; III., p. 4; IV., p. 5.

Silicia[30] given for onanism to a lymphatic boy, cured him also of his egotism and violent character. (Gallasard, N. A. J. H., v. 22, p. 242.) Comp. R. I., pp. 17, 18; II., pp. 5, 6; III., pp. 4, 5, 6; IV., p. 5.

OXYGEN GROUP.

Ozone. Medical Rundschau. (J. Pr., 1873, p. 220.) Comp. R. IV., p. 6.

Acidum nitricum. By Dr. Weil. (A. H. Z., v. 86, p. 53.) Comp. R. I., p. 13; II., p. 6; III., p. 6; IV., p. 6.

HALOGEN GROUP.

Fluoric acid. (Jas. C. Burnett, H. W., v. 8, p. 54.) Comp. R. I., p. 19; II., p. 6; III., p. 7.

Bromine. (A. Elblein, Proc. H. M. S. Penna., 1873.) Comp. R. I., p. 19; II., p. 7; IV., p. 6.

Iodine. Dull, pressing, wedge-like pain extending from the right ovary toward the womb. Patients describe it "as if a dull plug were driven from the right ovary toward the womb." (W. F. Laird, N. Y. J. H., Dec., 1873, p. 445.)

— Proving of. By Dr. T. J. Merryman. (Med. Inv., v. 10, p. 336.) Comp. R. I., pp. 19, 20; II., p. 1; III., p. 7.

Muriatic acid. *Characteristic:* All the time pushing his finger down the throat, or keeps clawing at the mouth, as if some obstruction must be pulled out of throat. (Drs. C. D. F., and H. R. W., Med. Inv., v. 10, p. 225.) Comp. R. III., p. 7.

ALUM GROUP.

Alumina. Painful throbbing like the tick of a watch in left side of vagina. (See *Amm. carb.*) Comp. R. I., p. 20; III., p. 7.

Plumbum. *Vaginismus caused by lead poisoning.* (D. D. Brown, H. M., Sept., 1873, p. 88, also in M. H. R.)
— Poisoning. (M. A., April, 92, C. C. B.) Comp. R. I., p. 20; II., p. 7; III., p. 7; IV., p. 6.

IRON GROUP.

Ferrum phosphoricum is the remedy for relaxation of the muscular fibres, therefore in hyperæmia it is dilatation of the blood-vessels in consequence of a strong irritament which affects the muscular coats of the vessels. For instance, inflammation of the fauces (redness and pain without exudation); acute conjunctivitis. (Schüssler, A. H. Z., v. 86, p. 91.) Comp. R. III., p. 8.

AURUM GROUP.

Mercurius viv. *Cases:* Mrs. ——, æt. 50, used blue pills habitually for constipation. For six months forehead is red, presenting a number of small orifices, like "worm-holes," exuding serous fluid; margins of holes, which communicated with the frontal bone, were somewhat elevated. Pain in forehead when in bed, and subject to severe headache up to time when forehead was affected. *Merc. viv.*^{34m} cured in about sixteen days. (A. Berghaus, Tr. Am. Inst., 1872, p. 338.) Comp. R. I., p. 22; II., p. 9; III., p. 8.

Cinnabaris. *Pain from the inner canthus of the eye across the brow.* (See Neidhard's monograph on Cinnabar, in "Metcalf's Provings.") T. F. Allen, N. Y. J. H., April, 1873, p. 65.) Comp. R. I., p. 23; IV., p. 23.

Cuprum. The most characteristic symptoms by which Cuprum was indicated in the most diverse forms of diseases during an epidemic were the following: *headache* (fulness, heaviness, dullness, stitch pain); *delirium; dyspnœa; pain* in the chest (stitch or pressure); *cough*, either dry or loose, pain, with rust-colored or bloody expectoration; *nausea, vomiting, diarrhœa* (watery, slimy, bloody); *griping and cutting pain in the bowels;* rumbling; tingling in the extremities; muscular weakness; prostration; *fever* (thirst, frequent pulse, heat). (Porsch, A. H. Z., v. 86, p. 171.)

— *Therapeutical value of Aceticum.* (Dr. John Drummond, B. J. H., 1873, p. 393.)
— Therapeutic hint. (Quoted by R. J. McClatchey, H. M., Aug., 1873, p. 27.) Comp. R. I., p. 23; III., p. 9; IV., p. 7.

MAGNESIA GROUP.

Magn. phosphorica is a remedy for the nerves. It cures, *a*, pure neuralgias, for instance, such of the nervous supra-orbitalis and infra-orbitalis; gastralgia (without catarrh), enteralgia, etc.; *b*, spasms, caused by idiopathic affections of the corresponding motory nerves, also reflex spasms of the calves of the legs; spasmodic retention of urine; cramp and inward colic; singultus. (Schüssler, A. H. Z., v. 86, p. 91.)

Zincum. By Dr. Adolf Geistel. J. Pr., 1873, p. 449, etc.) Comp. R. I., p. 25; II., p. 10; III., p. 9; IV., p. 9.

CALCAREA GROUP.

Calcarea sulphurica acts upon the connective tissue. Rheumatism and gout. Formation of abscesses. Tetter and catarrh with thick, white-yellowish secretion. Indurated glands. Is similar to *Hepar sulph.*, but acts deeper and more intense, etc. (Schüssler, A. H. Z., v. 86, p. 92.)

Calcarea phosphorica *in its physiological and therapeutical relations.* When animals are fed on insufficient quantities of lime, they exhaust the lime in their own bodies. Fractures in young animals heal sooner while they receive phosphate of lime with their food. Dissolved in lactic acid it is good in fractures, rhachitis, cranio-tabes, in scrofulous and atrophic children, especially when they suffer from vomiting and diarrhœa, and in tuberculosis.

It is more a palliative than a direct remedy. Cows using the hay of a certain meadow had friable bones; this hay lacked lime and phosphoric acid; the meadow was manured with bone-flour and the same fed to the cows, and in a month they were well. Nurses whose milk was poor in lime got normal milk by taking white-burned powdered bones. The phosphates are useful in rhachitis and cranio-tabes as an article of nutrition; profuse menstruation of anæmic women; syphilitic ulcers, tuberculosis; syphilitic

periostitis. Calc. phosph. is useful to pregnant and nursing women, especially when they decline after puerperia. (Drs. Dusart and Beneke, trans. by S. Lilienthal, H. M., Oct., 1873, p. 112.) Comp. R. III., p. 10; the same Dusart and Beneke, and forty years ago the same was preached and practiced by the homœopathicians. C. Hg.

Calc. fluor is indicated in affections of the bones. Spavin of horses. (Schüssler, A. H. Z., v. 86, p. 92.)

Bromide of Calcium in sleeplessness and irritability of teething children. (E. M. Hale, A. H. O., March, 1873, p. 134.)

Baryta acetica, poisoning by. (A. M. C. Z., I. Pr., 1873, p. 361.) Comp. R. I., p. 27.

ALKALI GROUP.

Amm. carb. Menses anticipate from exposure to cold air. (Alfred K. Hills, N. Y. J. H., Aug., 1873, p. 279.)

— A lecture on it. (T. S. Hoyne, U. S. M. and S. J., v. 9, p. 1.) Comp. R. I., p. 31; II., p. 12.

Sea air. *Effects of, upon the human system* (verification of Natrum mur.); strong disinclination for intercourse; frequent micturition; great sleepiness and sound sleep; increased appetite; boils and eruptions on skin. (Oehme, N. A. J. H., v. 21, p. 418.) Comp. R. IV., p. 10.

Natr. mur. *Polyuria caused by common salt.* That an enema, strongly saturated with salt, should produce polyuria, nay, even wasting, will appear startling to many; but these symptoms were already observed by Hahnemann, and are here corroborated in the proper field of observation. Thus, what I have already maintained has been confirmed, viz., that physicians of the psychological school will arrive at a more decided corroboration of the original views and observations of Hahnemann than homœopathists. Hahnemann was, nevertheless, the first to make psychological experiments and observations in order to solve this question. It seems incredible that of our school scarcely any one but myself has warned against the abuse of salt, or made any further observations on the manifold complaints which form its daily use, especially in its crude or raw form. But this cannot continue forever, since an initiative by a true psychological observation has commenced. I readily admit that

chloride of sodium, having to fulfil several important uses in the economy, may be wanted at times, just as well as other chemical elements which enter into the composition of the various tissues; but as these are under normal conditions assimilated out of the food, and only should be administered as medicines (homœopathic) when they are not so supplied, or else morbidly eliminated in the secretions, so also ought we to look upon the use of salt. Prof. Abelin relates a case in which an enema in which a considerable quantity of common salt was dissolved was used for constipation. During the following night the patient became very thirsty and drank large quantities of water, passing also a great quantity of urine. These symptoms uninterruptedly continued, and increased rather than remitted. I would recommend the Hahnemannian salt-antidote, *Spir. nitri dulcis* and *Arsenicum* as antidotes to the salt (also *Phosphor.* C. Hg.). (Dr. Liedbeck, B. J. H., 1873, p. 415.)

— Acts upon the vitreous humor, cartilage, salivary glands, glands of the stomach, mucous glands, catarrh with clear, transparent secretion, catarrh of stomach with gulping up of matter. (Schüssler, A. H. Z., v. 86, p. 92.) Comp. R. I., p. 29; III., p. 10; IV., p. 10.

Liquor Sodæ chloratæ. (Labarraque's Fluid.) Recommended in uterine weaknesses and other affections. (Dr. Robt. T. Cooper, B. J. H., 1873, p. 625.)

Natrum bromicum. Its effects. (A. H. Z., v. 87, p. 46.)

Natrum sulphuricum acts upon the kidneys and liver-cells. Increased secretion of urine and bile. Tongue yellow-coated. Catarrh with yellow-greenish secretion. Eczema moist and oozing profusely. Secretion more watery than sticky—in contradistinction to Kali sulphuricum. (Schüssler, A. H. Z., v. 86, p. 92.) Comp. R. II., p. 11.

— *Contribution to Homœopathic Balneology.* This article gives an analysis of the water of the chief springs of Kissingen, and the symptoms produced by drinking and bathing in the water. (Dr. H. Welsch, M. H. Z., v. 17, p. 213.)

Natrum phosphoricum acts upon the lymphatic glands: Leucocytosis, swellings of the lymphatic glands, scrofulous inflammation of the eyes. (Schüssler, A. H. Z., v. 86, p. 92.)

Borax has cured serpiginous ulcers of the lips and mammæ; also ulceration of external commissure of the eyelids; also

cough, which is aggravated by drinking wine. Comp. R. I., p. 29; II., p. 11.; III., p. 10.

Kali sulphuricum acts upon the epithelium and epidermis. Copious peeling of the epidermis upon a moist, sticky surface, especially on the scalp. Catarrh with yellowish, sticky secretion. (Schüssler, A. H. Z., v. 86, p. 92.)

Kali phosphoricum acts upon the spleen. Leukræmia lienalis, typhus, scurvy, septic hemorrhages, putrid states. (Schüssler, A. H. Z., v. 86, p. 92.)

Kali picro-nitricum produces and cures icterus catarrhalis. (Weil, A. H. Z., v. 86, p. 69.)

Kalium chloratum. Inflammation of the serous membranes; fibrinous exudation upon the mucous membranes. Dysentery (very important). Inflammation of lymphatic vessels. Zona. Chicken-pox. Blisters, followed with lymph upon the skin. Conjunctivitis with vesicles. Frost-bite. First stage of mastitis. Uterine hemorrhage. (Schüssler, A. H. Z., v. 86, p. 92.)

Kali hydriod. Took fifteen grains. At night before going to sleep terrible spasmodic pain at root of tongue, extending to both sides of throat for fifteen or twenty minutes; the pain was excruciating, causing fear of death; sensation as if the spasm would close the pharynx. (E. P. Colby, N. E. M. G., Jan., 1872, p. 25.) Comp. R. I., p. 30.

Bromide of Potassium. The principal phenomena following repeated doses are: Acne, salivation and salt taste in the mouth, irritation of the fauces generally, with odema and redness, sometimes with paleness of those parts, moderate anæsthesia of the pharynx, laryngo-bronchial weakness, sometimes with cough and sometimes with a changed and whispering voice, rarely with aphonia, a fœtid or bromized breath, occasional stammering, increase of renal secretion, diminution of mucous secretions generally, slight constipation, and in a few instances diarrhœa, sense of mental and physical languor, general aspect of hebetude and indifference, more or less somnolence, repression and occasionally temporary abolition of sexual desire and power, impaired locomotion, which, when the dose is excessive, resembles the gait of locomotor ataxia, diminished nervous sensibility in general, and especially diminished reflex sensibility; finally, an increase of destructive, without a corresponding decrease

of constructive metamorphosis and consequent emaciation. Hearing and vision are unaffected, the conjunctivæ sometimes congested; the pulse and heart are unaffected. After excessive doses the heart acts slower and feebler, and the temperature is lower than natural. The capillary circulation is materially affected, not only of the nerve-centres, but of the whole system. As a rule, the appetite and digestion are unimpaired, the former often increased.

In cases of fatal poisoning, the fœtid breath becomes nauseous; œdema supervenes on congestion of the uvula and fauces; the whispering voice sinks into aphonia, sexual weakness becomes impotence; muscular weakness, complete paralysis; reflex general and special sensations disappear; hearing, sight and taste are gone; the expression of hebetude becomes first that of imbecility and then of idiocy; hallucination of sight and sound, without mania, precede general cerebral indifference, apathy and paralysis; the respiration is easy and slow; temperature lowered, as bromisum become more profound, the patient lies quietly on his bed, unable to move, feel, swallow or speak, with dilated and uncontractible pupils, scarcely any color of skin or face; the extremities become gradually colder; the heart's action feebler and slower, until finally it ceases altogether. (Fellows, M. I., v. 10, p. 286.)

Kali bromidum. Fragmentary Proving. By C. Wesselhœft. (N. E. M. G., Nov., 1873, p. 514.)

— *Other Haloid Salts.* (N. E. M. G., Nov., 1873, p. 517.)

— In melancholy and loss of memory. Several cases. (N. E. M. G., Nov., 1873, p. 519.)

— Tonic effects on the respiratory organs and on the general system. By Ralph Blakelock. (T. N. Y. S., 1872, p. 135.) Comp. R. I., p. 30; II., p. 11; III., p. 11.

Kali causticum,* of all other remedies recommended in surgical cases after suppuration has ensued, *Caustic potassa* takes the first rank. By its application, the formation of pus is greatly diminished. It produces healthy granulations; it cleanses the wounds and favors the discharge of pus; it keeps the neighboring parts in a healthy condition. In extensive traumatic injuries it prevents inflammatory swelling, and when it exists, it readily reduces it; it suppresses

* Not Causticum Hahnemanni.—C. Hg.

foul odor, and thus purifies the air. I have during the past ten years of surgical practice, employed it extensively, and have obtained results which cannot be produced by any other remedy. (T. Hiller, N. J. H. M. M., v. 7, p. 45.)

Organic Compounds.

THE ALCOHOLS.

Common Alcohol. Congestion of the cheeks; vertigo, with whirling sensation in head; sour vomiting. (H. C. M., N. A. J. H., v. 22, p. 85.)

— Extracts from a paper on its morbid effects. Quoted by R. J. McClatchey. (H. M., Sept., 1873, p. 87.)

— Removes the conditions of cerebro-spinal meningitis which induce paralysis of the brain. It primarily increases nervous and muscular action, quickening the pulse, and augmenting the heat of the body. It removes febrile and inflammatory conditions, therefore effects the cure of fevers and inflammations homœopathically. (W. C. Dake, M. A., v. 1, p. 210.) Comp. R. I., p. 32; II., p. 13; III., p. 11; IV., p. 11.

THE ETHERS.

Hydrate of Chloral. Poisoning of, and its treatment; from Correspondenzblatt der deutschen Ges. für Psych. und gerichtl. Psychol., 1872. (J. Pr., 1873, p. 68, etc.) Comp. R. I., p. 14; III., p. 12; IV., p. 11.

Hydrate of Croton Chloral in principal affections of the fifth nerve. This drug was given to about twenty persons, all suffering pains in the regions supplied by the fifth nerve—that is, the upper and lower jaw, the face and the supra-orbital region of the forehead; pains paroxysmal, increased at night mostly; in nearly all the patients there was caries of the teeth, and in about one-half signs of anæmia. Five, ten and twenty grains were given at a dose, dissolved in water. In all the patients, except two, great relief from pain followed the dose. In the two cases the pains were aggravated. Some slept; others were eased, but did not sleep. (Dr. J. Wickham Logg, B. J. H., 1873, p. 188.)

Bromal Hydrate. Proving, reported by C. C. (I. M. A., April, 1873, p. 80.)

THE GLYCERIDES.

Glycerine. By Dr. Weil. (A. H. Z., v. 86, p. 60.)

Glonoine. A case of poisoning. (Dr. Holst, A. H. Z., v. 86, p. 95; A. H. O., Aug., 1873, p. 408.)

— Relieved sensitiveness and pain in occiput, upper back and upper chest, coming on a few months after *violent jarring* from being thrown from a carriage. (W. P. Wesselhœft, N. E. M. G., Feb., 1873, p. 55.) Comp. R. I., p. 33; II., p. 13; III., p. 11; IV., p. 13.

Note.—Since analysis has shown that it is not a compound of Nitr. ac. and Glycerine, but a new formed combination, the name nitro-glycerine ought to be left to exploders and their working men; the name Glonoine is formed according to the custom of all the great explorers, from the initials of the elements and compounds in combination, like Aldehyde and several others.—C. Hg.

THE ACIDS.

Lactic acid. Provings, reported by T. F. Allen. (N. Y. J. H., May, p. 102; June, p. 156; July, p. 213; 1873.) Resumé. (N. Y. J. H., Oct., 1873, pp. 339–355.)

— Profuse inoffensive sweating of the feet. (F. R. Schmucker, N. Y. J. H., Oct., 1873, p. 373.) Comp. R. III., p. 12.

PRODUCTS OF DESTRUCTIVE DISTILLATION.

Nitro-benzine. Poisoning. (Dr. R. Bahret, translated by S. Lilienthal, H. M., April, 1873, p. 421.) Comp. R. III., p. 15; IV., p. 14.

Carbolic acid. Pains feel as if they would be increased by motion, but are not. The pains are sharp, but come suddenly, last a short time and disappear suddenly. (E. C. Price, A. H. O., Sept., 1873, p. 471.)

— Does not prevent complications nor constitutional disturbances, when used in surgical cases, nor does it prevent sloughing. It retards the process of healing and destroys granulations. Wounds dressed with it leave an unsightly cicatrix. (F. Heller, N. J. H. M. M., v. 7, p. 45.)

— *Discussion on it*, before Phila. Hom. Med. Soc. (H. M., Oct., 1873, p. 125.) Comp. R. I., p. 33; II., p. 13; III., p. 12; IV., p. 13.

Plants.

Arranged according to Kosteletzky's Medical Flora.

HYMENINI.

Agaricus muscarius. Poisoning, by Dr. Wutcher. Schmidt's Jahrbücher, 5, 1873. Quoted by R. J. McClatchey. (H. M., Oct., 1873, p. 122.) Comp. R. I., p. 34; II., p. 14; III., p. 15.

LICHENS.

Sticta pulmonaria. A lady contracted a bad cold, which was characterized by a pulsation from the right side of the sternum down to the abdomen. *Sticta* cured within two days. (P. Sheurer, A. H. O., Dec., 1873, p. 596.) Comp. I., p. 34; IV., p. 14.

IRIDEÆ.

Crocus sativus. Sensation, as if she had been looking through too sharp spectacles. (C. C. Smith, A. J. H. M. M., v. 6, p. 303.)

— And **Carthamus tinctoria** liable to be confounded. (E. P. Colby, N. E. M. G., April, 1873, p. 173.) Comp. R. II., p. 16.

COLCHICACEÆ.

Helonias dioica. Proving, by S. A. Jones. (A. H. O., Jan., 1873, p. 39.) Comp. R. III., p. 16.

Veratrum viride. History and clinical indications, by N. B. Covert. (Trans. N. Y. S., 1872, p. 125.)

— Has, as a distinctive symptom, a tongue with a deep red stripe longitudinally through the centre, dry or moist, with white or yellow coating, or no coating at all upon either side. Erysipelas of the face, and acute articular rheumatism, were rapidly cured by this remedy, selected upon this symptom as a characteristic. W. S. Searle. (A. H. O., Feb., 1873, p. 110.)

Two cases confirming the above by the cure of inflammatory rheumatism in twenty-four hours. Everett Hasbrouck. (A. H. O., May, 1873, p. 255.) Comp. R. II., p. 15; IV., p. 14.

LILIACEÆ.

Lilium tigrinum. Sensation, as if the heart were overloaded with blood, and it would afford relief to bring up a quart of blood. S. Lilienthal. (N. E. M. G., May, 1873, p. 221.)

Compare *Sepia*, *Aloes*, *Tilia europea*, *Platina*, *Palladium*, *Belladonna*; promises excellent help in combating the caustic and pessary treatment. I would not lay too much stress on its actual production of anteflexion (as well as prolapsus and anteflexion), which seems to be well proved; because anteflexion is often physiological, or at least it appears to be, as it is often found to exist without causing any symptoms; and this fact, by the way, *is a strong proof of the Hahnemannian doctrine that the symptoms constitute the suffering to be removed*. In cases of so-called uterine complaints, the symptoms often bear little relation to organic conditions, as revealed by thorough examination. When patients believe from their feelings that there are serious displacements, or other difficulties, we find nothing there. It has many uterine symptoms. Dr. Payne has found its chief use in cases that did not recover well after delivery; uterus sensitive to jar at pressure; bearing down; desire to press upon vulva with the hands, to keep something in; excoriating leucorrhœa. I confirm the above, also:

Abdomen tender to pressure. Bloated feeling of bowels and stomach. (Under aggravation from jarring.) *She can walk on level surface, but great aggravation from walking on uneven ground.* Leucorrhœa generally yellow. Clammy, cold extremities, more when excited or "nervous." Depression of spirits. Fear of incurable internal disease. There is a singular apparent cure of a horizontal hypermetropic astigmatism in the case of a prover. (Miss C. C. B.) Her sight grew weaker [more hypermetropic?] under the influence of the drug, but afterwards improved. She says, "for

one year I had turned my head toward the left when reading, trying thereby to look with the left eye out of the right glass of the spectacles, and this, in order to be able to see the whole of a letter like P, etc., of which, otherwise, I could only see the straight part, but not the curve,—I now see distinctly without turning the head." Probably she saw the vertical part of the curve, but not its horizontal parts. I have used mostly the 12th potency of the pollen. J. B. Bell. (N. E. M. G., Jan., 1873, p. 16.) Comp. R. I., p. 38; II., p. 15; III., p. 17; IV., p. 17.

CONIFERÆ.

Abies canadensis. Fragmentary proving, by Dr. H. P. Gatchell. (M. I., v. 10, p. 54.)

Thuya[30], [200] or [300], has cured the following symptoms, collected from clinical cases selected by Dr. C. Kunkel (F. P., 1873, p. 170, etc.):

Bad effects from vaccination.

Heavy sleep; feels very bad in the morning after a heavy sleep; can't get "agoing."

Bad sleep. Thin hair of slow growth; dry hair of slow growth. The skin of the whole body looks dirty, cannot be washed clean. Craving appetite alternating with loss of appetite; pot-belliedness (Krötenbauch); terribly constipated; frequent urination; scanty urine; urethra inflamed.

Asthmatic attacks in shorter or longer intervals, and at different times of the day; palpitation of the heart, periodically in rest and motion; craving appetite at times; violent headache, especially at night; tearing in forehead, temples, occiput. Nose stopped up; coryza after spells of asthma. Comp. R. I., p. 41; II., p. 48; III., p. 18; IV., 18.

URTICACEÆ.

Urtica urens. Pruritus vulvæ, curative; itching and stinging of scrotum curative. W. P. Wesselhœft. (N. E. M. G., Feb., 1873, p. 55.) Comp. R. III., p. 18.

PIPERACEÆ..

Piper methysticum. Known by the name *Awa* to the natives of the Hawaiian islands, is said to cure eruptions and aid the digestion of food. Remy says, the chewed root (mixed with the saliva of the chewer), when used habitually, causes the skin to be covered *as in leprosy with large scales which fall off and leave white scars which often become ulcers.* (Remy, quoted by C. F. Nichols in N. E. M. G., March, 1873, p. 102.)

MYRISTICACEÆ.

Nux moschata. Poisoning. A woman ate several nutmegs at 2 P. M., in order to stop her menstrual flow. She soon felt a sickly faint sensation, then an inability to open her eyes, lids felt heavy and stiff; both eyes presented a blood-shot appearance and were swollen. Look bewildered, and later objects looked misty. Upon standing erect she became very dizzy, with swimming in the head; she felt also weak and numb in her lower extremities, with sensation as though she were floating through the air. While going up stairs was seized with a sense of weight and oppression in the stomach. After lying down quickly passed in a deep sleep, but was restless, tossed about, and being called up by name, could not rouse herself fully; was petulent and irritable when aroused. Mouth and tongue were now pasty and dry, having a velvety and spongy feeling; tongue felt stiff, she could not articulate distinctly. In going down stairs felt the same symptoms as when ascending. When sitting down her head dropped forward, the chin resting on the breast; countenance presented a silly look.

8 P. M. Speech rather difficult; tongue rolled in the mouth like one intoxicated; tongue felt numb; ideas rather confused; eyes dull and heavy looking; a sort of general indescribable feeling of languor and lassitude all over the body, especially about the head; while upright and walking could hold the head erect, but when sitting it would drop forward; expression of countenance distressed, eyes blood-shot and almost swollen shut. As soon as she lay down felt a sinking sensation as if she would die, with no fear whatever, being free from pain and any suffering; knew

all that was transpiring about her, but could not express herself clearly.

9 P. M. Coldness commencing in lower limbs, succeeded by several chills with marked intervals of immunity between them; conscious during chills, with a desire to sleep, but the movements of those around her prevent her from sleeping; hands very cold, and rubbing them on any part of her body annoys her, nor does it relieve the coldness.

10 P. M. Dr. von Tagen being called in found her in the following condition: recumbent position on the back, breathing slow and heavy, and in a state of apparent unconsciousness; limbs rigid; hands clasped across the breast and firmly clinched, so much so that upon attempting to open them a violent convulsive effort was made by the patient; then followed a writhing of the whole body, *clonic spasms*. The abdominal muscles drawn up during the spasms; the muscles of the face drawn with an expression of suffering.

1 A. M. Marked symptoms of opisthotonos; patient passed water several times during the night while in spasms, but in small quantities. Stomach very much distended and swollen; skin mottled, in some places so deep as to appear bluish; menses ceased entirely; womb and ovaries tumefied and much swollen.

9 A. M. Evident symptoms of sinking; lower and upper extremities cold and clammy (relieved by Ammonia, brisk friction, etc., after chloroform failed entirely, it just suspended for a time the spasms).

10 A. M. Vomited freely with great relief, but felt for weeks prostrate and weak with headache. (N. A. J. H., v. 21, p. 321.) Comp. R. I., p. 71; II., p. 18; III., p. 18.

LAURINEÆ.

Camphor. Harley's *rationale* of its action. (A. H. O., May, 1873, p. 140.) Comp. R. I., p. 43; II., p. 19; III., p. 19.

CAPPIFOLIACEÆ.

Viburnum opulus. Tinct. or 1 dec., spasmodic dysuria in hysterical subjects; spasmodic dysmenorrhœa. (J. H. Woodbury, N. E. M. G., March, 1873, p. 121.)

RUBIACEÆ.

Coffea, in a person not used to it, caused a discharge of exceedingly bright blood every morning, with the regular stool in a hemorrhoidal patient. It also increased his myopia. (Oehme, N. A. J. H., v. 21, p. 418.)

— Great loquacity, brain feels clear and is active, he feels strong enough to do anything, feels impelled to push things; veneration for the Supreme Being, and love for family, benevolence excited; stinging pain into locality of amativeness on left side; pulse full and frequent. Secondarily: sensation of heaviness in the forehead, over the eyes, and cold, clammy perspiration all over the body, but chiefly in the palms of the hands, feet and hands cold, on account of easy perspiration, chilliness and shivering from the least exposure to cold air, cannot get warm; chills ascend from the fingers and toes to the nape of the neck, and thence to the vertex; vertigo, with whirling sensation in the head, occasioning a general faint feeling, with aggravation when thinking; vertigo, with burning in the stomach, vertigo relieved by a change of position or from moderate out-door exercise; on going to sleep, starts up suddenly in affright, with groans and fear of falling; great sleeplessness, from mental and nervous excitability, timidity and fear of sudden death; muscular jerking; great lassitude and general debility, pulse often weak, and sometimes intermitting, frequent, profuse micturition, urine colorless; left side generally affected. (H. C. M., N. A. J. H., v. 21, p. 88.) Comp. R. I., p. 60; IV., p. 19.

Ipecacuanha^{em}. One dose cured paroxysms of shooting across abdomen from left to right, which cause nausea and vomiting, vomits froth and bile with difficulty; when vomiting, coughs to bring it up, and sweats; offensive black stools; the vomiting causes great pain in loins and hips, as if all the bones in body were being torn to pieces. (E. W. Berridge, N. A. J. H., v. 22, p. 187.) Comp. R. I., p. 60; II., p. 19; III., p. 20.

Chininum sulph. Its bad effects in large doses. (J. D. K., J. Pr., 1873, p. 205.) Comp. R. II., p. 19; III., p. 20; IV., p. 19.

Cincho-minine. Properties of. (A. J. H. M. M., v. 6, p. 336.)

SYNANTHEREÆ.

Flores pyrethri rosei, the Persian insect powder. (Dr. Weil, A. H. Z., v. 86, p. 85.)

Arnica montana. Supplement of Physiological Provings to Hahnemann's R. A. M. L. By Dr. Karl Hencke. (A. H. Z., v. 68, p. 147.)

— Accidental proving. (Dr. Morrison, M. H. R., v. 17, p. 471.) Comp. R. I., p. 55; II., p. 20; III., p. 22; IV., p. 20.

CUCURBITACEÆ.

Bryonia. Diarrhœa and dysentery, worse by every motion. Again colic, better by doubling up, pressing on abdomen, also, by lying on it. (J. C. Morgan, A. J. H. M. M., v. 6, p. 390.) Comp. R. I., p. 63; II., p. 20; III., p. 23.

LABIATÆ.

Lycopus virginicus. Proving by Dr. Morrison. (A. H. O., Feb., 1873, p. 89.) Comp. R. I., p. 50; IV., p. 21.

SOLANINEÆ.

Hyoscyamus. A child swallowed a quantity of dried seeds, and after two hours it appeared like one intoxicated. There was no sleep, but restlessness, and some symptoms of mental aberration; she gesticulated lively, cried and laughed in alternation, her hearing rather weak, *skin pale*, heat of body increased, pulse 128, both pupils greatly dilated, with little reaction to light; tongue pale, red, dry; some difficulty in swallowing. Dr. Koever remarks, that Bellad. gives us a red face, with an anxious, solicitous expression of the face; but Hyosc. a pale face and cheerful humor. (N. A. J. H., v. 21, p. 421.) Comp. R. I.; II., p. 22.

Tabacum. Symptoms of smoking: great burning in the stomach, ravenous appetite, trembling of hands and arms, circumscribed redness of the cheeks, darting pains from the heart upwards to the vertex, and sensation of constriction across front of upper chest, with dispnœa and disposition to take a full inspiration. (H. V. Miller, N. A. J. H., v. 22, p. 84.) Comp. R. I., p. 44; II., p. 22; III., p. 24; IV., p. 21.

Use of tobacco opposed by J. B. Wood. (H. M. S. Penna., 1873; H. M., Sept., 1873, p. 60.)

Nicotinum. Physiological experiments by Dr. S. von Basch and Dr. L. Osen. (M. J., 1872, 4tes Heft, H. Kl., 1873, p. 63.) Comp. R. I., p. 45; IV., p. 22.

Stramonium. Poisoning. (Dr. Fetterhoff, H. M., Aug., 1873, p. 35.)

— (E. W. D., J. M. A., May, 1873, p. 149.)

— Poisoning. By Dr. Bürkner. (A. H. Z., v. 86, p. 18.) Comp. R. I., p. 45; II., p. 22; III., p. 24; IV., p. 22.

Capsicum should always be thought of in burning pains. (J. C. Morgan, A. J. H. M. M., v. 6, p. 395.) Comp. R. I., 46; II., p. 22; III., p. 25; IV., p. 22.

Belladonna. Poisoning by a plaster. (Dr. Shuldham, M. H. R., v. 17, p. 38.)

— Proving by L. B. Wells. (Trans. N. Y. S., 1872, p. 129.)

— Proving by B. B. Schenck. (Trans. N. Y. S., 1872, p. 133.)

— Cured excessive fatigue in soldiers, who also suffered from want of nourishment and hygienic care. (N. A. J. H., v. 22, p. 242.

—^{60m} (F.) Cured sensation in throat, as if throttled, which recurred on mental worry, as if he could not swallow; *fear of being in company in a room;* worse when fasting, but removed by food; at night he lies awake, thinking of the business of the day; when the feeling comes on, he must stand still; fear of going out doors, pain at occiput, as if a string were tied there, throat feels dry and contracted. Before the throat symptoms came on, had itching red pimples in axilla and upper arm, which were removed by vinegar. (E. W. Berridge, N. A. J. H., v. 22, p. 185.)

— Hahnemann's Pathogenesis. (Dr. Richard Hughes, B. J. H., 1873, pp. 68, 200.) Comp. R. I., p. 49; II., p. 22; III., p. 24; IV., p. 22.

Atropine. Poisoning. (J. G. Blackley, M. H. R., v. 17, p. 481.) Comp. R. I., p. 29; II., p. 22; III., p. 25; IV., p. 23.

— Sulphuricum; uses and abuses. (Geo. S. Norton, N. Y. J. H., Oct., 1873, p. 365.)

APOCYNIEÆ.

Gelseminum. Characteristics. Chills running up from sacrum to base of occiput. Profuse sweat about the genitals. (T. S. Hoyne, M. I., v. 10, p. 183.) Comp. R. I., p. 58; II., p. 18; III., p. 26; IV., p. 23.

Nux vomica[3], after stimulants, relieving headache, etc., the patient developed *a distaste for wine and other liquors*, and complained that all were bitter, or seemed to be spoiled. See Hahnemann, Jahr and others. C. F. Nichols. (N. E. M. G., March, 1873, p. 108.) Comp. R. I., p. 58; II., p. 23; III., p. 27; IV., p. 23.

UMBELLIFERÆ.

Eryngium maritimum. Proving of. (A. H. O., Nov., 1873, p. 564.)

Ammoniacum gummi. Night-blindness; glaring, as from molten metal running down before the eyes; sparks, streaks; worse evening; styes; throbbing in the eyes, which feel tired from use, headache; as if forehead were too full. (Farrington, N. A. J. H., v. 21, p. 557.)

Sylphium laciniatum. Proving. In asthma, where there is expectoration of *large* quantities of stringy mucus; also, in phthisis, where gray and yellow mucus is expectorated *copiously*, causing rapid exhaustion, Sylphium laciniatum, 2d degree trituration has been of very great benefit. (Dr. G. A. Hall, M. I., v. 10, p. 24.)

Conium maculatum. Proving. (By T. C. Duncan, Trans. N. Y. S., 1872, p. 119.)

— *Easy intoxication* by use of very small quantities of alcohol. (Jno. F. Griffin, N. Y. J. H., May, 1873, p. 108.) Comp. R. I., p. 62; II., p. 24; III., p. 28.

ANACARDIINEÆ.

Rhus radicans. Poisoning can be effectually cured by a single dose of Rhus tox. If the case be complicated by psora, use the indicated remedy after the Rhus tox. (Dr. Seward, H. M., April, 1873, p. 419.) Comp. R. I., p. 58; II., p. 25; III., p. 29; IV., p. 28.

PAPILIONACEÆ.

Baptisia tinct. Its yellow inflorescence distinguishes it from the other Baptisias. It is related to the Robinia pseudacacia, incipient fevers when Gelsem. fails. Its sphere is that of an agent which very successfully assists the *recuperative power of nature to establish itself on a firm basis*, but not to *continue a tonic effect.* It should never be given in the sthenic stage of any malady, but always in the depressed asthenic stage.

Dysentery, the attacks coming on with rigors, pains in limbs and small of back; stools small, all blood, not very dark, but quite thick; tenesmus; prostration, *very profound* and severe. (J. T. Greenleaf, H. M., June, 1873, p. 507.)

— Three provings. (A. E. Wallace, M. I., v. 10, p. 623.) Comp. R. I., p. 318; II., p. 26; III, p. 29, etc.

CÆSALPINIACEÆ.

Copaifera jacquini. Physiological effects and clinical hints. (Dr. Weil, of Berlin, trans. by S. Lilienthal, H. M., Feb., 1873, p. 327.) Comp. R. II., p. 135; III., p. 30; IV., p. 28.

CACTINEÆ.

Cactus grandiflorus. Proving. (Karl Hencke, A. H. Z., v. 86, p. 173.) Comp. R. I., p. 64; II., p. 87; III., p. 30; IV., p. 29.

RIVINACEÆ.

Phytolacca decandra. Cough with burning pains in trachea and larynx, with a sensation of contraction of the glottis; labored breathing. (W. D. Stillman, A. J. H. M. M., v. 6, p. 184.) Comp. R. II., p. 27.

MYRTINEÆ.

Eucalyptus globulus, like quinine, produces contraction of the spleen, which, under its use, becomes more resistant and hard, its surface granulated and the whole organ diminished in size (Mosler). (N. A. J. H., v. 21, p. 422.)

— *In its Agricultural and Hygienic Relations.* (R. J. McClatchey, H. M., Aug., 1873, p. 25.)

Eucalyptol. Its action on man (proving). (Schmidt's Jahrbücher, 3, 1873, quoted by R. J. McClatchey, H. M., Aug., 1873, p. 26.) Comp. R. I., p, 63; IV., p. 29.

CRUCIFERÆ.

Brassica oleracea, *cabbage leaves.* First. The cabbage-leaf excites and augments suppuration or the secretion of ulcers, ulcerations, vesicles and pustules. It has the same action on the integuments affected by an erysipelatous or furunculous inflammation, but recovers tissue in a morbid condition.

Second. This augmentation of suppuration is constantly followed by an amelioration and often by a cure. It is the condition necessary to the result, and the property of the leaf which determines this is an indirectly curative property.

Third. This property does not consist in any principle which the leaf yields for absorption, but rather in an affinity which the leaf has for the vitiated secretions.

Fourth. The leaf exercises this affinity on open ulcers, or on ulcers covered by a thick or thin scab or crust; it exercises it on the thickened epidermis or where it is converted into thickened rind-like membranes; in simple or confluent variola, throughout mortified tissues, through the integuments, whether inflamed or non-inflamed, but recovers tumors capable of absorption.

Fifth. When the tegumentary affection is widespread or general, the action of the leaves on the parts where they are applied benefits the whole disease.

Sixth. The matter in the parts not covered by leaves is absorbed, and at once directed under the leaves, to be immediately excreted at the part.

Seventh. Treatment by the leaves of a suppurative affection prevents reabsorption and consequent pyæmia.

Eighth. The cure obtained by this means is more complete and certain than by any other, because it is brought about only when the cause and products of disease are eliminated from the system.

Ninth. The mode of treatment is in perfect harmony of action with the vis medicatrix naturæ. This essays in skin diseases to eject from the system their cause and effects, whilst the leaves did this action.

Tenth. The cure of an ulcer by the leaves, however widespread and long-standing it may be, is without danger, and relapse is very rare.

Eleventh. The cicatrices obtained by the leaves are remarkable for their small degree of deformity.

Twelfth. Small-pox, measles and scarlatina, treated by applications of the leaves, have few or no sequelæ, *e. g.*, phthisis is not to be feared. (Dr. Blanc, quoted by B. W. James, H. M., May, 1873, p. 496.)

Note.—Great care is to be taken not to apply leaves where caterpillars have been creeping on; gangrene has followed such applications.—C. Hg.

PAPAVERINEÆ.

Sanguinaria canadensis. Pathogenesis, by A. K. Hills. (N. A. J. H., v. 21, p. 359.) Comp. R. II., p. 28; III., p. 32; IV., p. 31.

Opium. Poisoning, antidoted by Cocculus. (E. C. Price, H. M., May, 1873, p. 474.) Comp. R. I., p. 70; II., p. 28; III., p. 32.

Morphine^{2x}. Trembling before and during a thunder-storm (occasioned by the electrical state of the atmosphere). (Dr. Seward, H. M., Dec., 1873, p. 206; M. I., v. 10, p. 615.) Comp. R. III., p. 32; IV., p. 32.

Apomorphia. Exp. 1. On May 25th, 1869, at 9 P. M., my general health being good and the pulse and temperature normal, in the presence of my friend, Dr. Wright, I injected ten minims of a ten per cent. solution of apomorphine under the skin of the left arm, the pulse and temperature at the moment of injection being 72 and 98° respectively. During the first two minutes no effects were produced. After about three minutes the pulse began to rise slightly, and the respirations became slightly accelerated. At the end of four minutes a sudden qualmishness, almost immediately followed by nausea and profuse vomiting. This continued for several minutes, and was followed, as soon as the contents of the stomach had been evacuated, by severe retching. A draught of water with a little brandy in it was immediately rejected, and cold water too returned at once. No bile in the vomited matters. Seven or eight minutes from the commencement of the experiment very

faint, compelled to lie down, and almost immediately on doing so fainted entirely and remained in a state of syncope for about five minutes. On awaking from this giddy and chilly, obliged to take a little brandy and water. This was retained; began to feel slightly drowsy, remained lying down for about an hour, perspiring profusely. On rising, giddiness, but no inclination to vomit. Went to bed, slept soundly all night, awaking about 8 A. M. in usual health, slightly pale, but very hungry.

The pulse and temperature observations taken by Dr. Wright during the course of the experiment were as follows:

May 25th, 9.00 P. M., pulse 72, temp. 98°.
" " 9.05 " " 80, " 99.2°.
" " 9.12 " " 65, " 97.8°.
" 26th, 8.20 A. M., " 70, " 98.2°.

The second experiment made was upon a patient with an ulcer of the leg, a stout, strong carrier, æt. 28, commencing with a less quantity than the one-tenth grain.

June 5th.—Wm. J., æt. 28, carman. Pulse 76; temp. 98.3°; general health good; pupils normal.

8.04 P. M.—Injected one twentieth grain of hydrochlorate of apomorphine under the skin of arm.

8.08.—Feels giddy; complains of pressure at epigastrium; pulse 88, weak, but regular; pupils moderately dilated.

8.09.—Began to vomit slightly.

8.10.—Vomiting profusely. This continued for three minutes.

8.13.—Ceased vomiting. Took a drink of water, which came up immediately. Milk was also rejected in like manner. Pulse 80, weak; temperature 98.6°.

8.20.—Still feels very giddy and looks pale; pupils dilated. After lying down for half an hour got up and walked home; felt no unpleasant after-effects, and ate a good supper on reaching home.

Dr. Gee experimented upon cats, dogs and rabbits; communicating this to the Clinical Society.* Since then papers have appeared by MM. Siebert,† Riegel and Böhm,‡ Blaser,§

* "On the Action of a New Organic Base," by Samuel Gee, M.D.—*Transactions of Clinical Society*, vol. ii.
† *Archiv der Heilkunde*, xii., 522–548.
‡ *Deutsch. Archiv für klin. Med.*, ix., 211.
§ *Archiv der Heilkunde*, xiii., 272.

Quehl,* Loeb,† Moerz‡ and Rabuteau,§ giving the results of their observations, physiological and clinical, upon the action of apomorphine.

With cats and dogs a larger dose was required than in the human subject; the symptoms were such as above described. The quantity required to produce vomiting varying from $\frac{1}{5}$ to $\frac{1}{2}$ gr., vomiting being produced in five to ten minutes, the animal recovering directly. In dogs a somewhat smaller quantity suffices. In rabbits and all rodent animals even large quantities failed to produce the least emetic effect.

Dr. Quehl found that by cutting the vagus nerve on both sides, or by chloroforming the animal, vomiting was prevented.

In several of Dr. Gee's experiments on cats, however, he found that the group of symptoms produced was far from being as simple as those given above; in two cases different.

Feb. 20th.—A large, powerful tom-cat; injected $\frac{1}{5}$ gr. in ten drops of water under the skin of the abdomen.

10.20 P. M.—Within a few seconds after excited and jumps about the room; pupils very much dilated; runs wildly round the room looking up at the walls.

10.25.—Respiration and pulse much quickened; very excited and savage; very sensitive to slight noise; runs round the room and tries to scale the walls, falling backwards on his back at each attempt. On examining the eyes with the opthalmoscope the retinal vessels appear much congested.

10.40.—Another $\frac{1}{5}$ grain; urination; walks to and fro like a tiger in a cage, constantly looking up at the wall; pupils dilated to their fullest extent; breathing 92 per minute, labored; pulse too rapid to be counted.

11.00.—$\frac{2}{5}$ gr.; slightly salivated; tongue protruding; very savage if touched; runs about from side to side, the hind legs being slightly dragged; slight twitchings of head, especially on hearing any noise; runs backwards.

Next morning all symptoms had disappeared with the exception of a slight dragging of the hinder limbs, which

* *Centralblatt*, Oct. 12, 1872.
† *Berliner klin. Wochensch.*, Jan. 20, 1873.
‡ *Prager Vierteljahrsschrift für prakt. Heilkunde*, xxix., 76.
§ *L'Union Médicale*, Feb. 22, 1873.

continued for a couple of days. A fresh supply of pure apomorphine was tried upon two cats; in one of them the same train of symptoms was observed somewhat less. No vomiting in either case. Gee found that by commencing with a large dose these symptoms could invariably be produced. In one of his cases, in all 7½ grains injected, the animal had epileptiform convulsions, and was found dead the next morning.

Post-mortem appearances have been so slight as to afford little or no clue to the *modus operandi* of the poison. In one of Quehl's cases a little hyperœmia was found in the pons Varolii and adjoining parts of the crura cerebri, the remaining organs being perfectly healthy.

Classified the symptoms:

Brain and Cord.—Slight deafness, giddiness, singing in ears, great excitement, epileptiform convulsions brought on by touching. Tetanic condition, running round and round room, scaling walls, turning somersaults. Partial paralysis of the hinder extremities, clawing, natatory movements. Diminution of reflex irritability, continuous workings of stomach, depression. Uncomfortable sensation in the head.

Eye.—Pupils dilated. No action when applied locally in powder.

Ears.—Dimness of hearing.

Circulation.—Pulse accelerated, or accelerated and then retarded. Syncope, lessening of blood pressure, fall of bodily temperature.

Respiration.—Accelerated, labored.

Digestion.—Qualmishness, nausea, vomiting, retching, convulsive movements of stomach. Præcordial pain, salivation. Diarrhœa (in cats).

Urinary.—Urination.

It has already proved a very serviceable emetic in cases of poisoning, to which, from its portability and readiness of administration, it is peculiarly applicable. Dr. Loeb injected ⅛ grain in a man who had swallowed 2½ oz. of bitter almond oil. In the course of a few minutes nearly the whole of it returned, and the patient speedily recovered. Gee used it with perfect success to produce vomiting in a man who had taken a large quantity of raw spirits.

Its advantages over the ordinary emetics are, first, the rapidity of its administration; secondly, that it can be given subcutaneously when the patient cannot swallow, or when the stomach-pump tube cannot be introduced; third, the absence of unpleasant after-effects, or of any irritation in the skin when given subcutaneously.

Apocodeine.—When codeine is submitted to the same treatment as morphine a homologous substance to apomorphine is produced, differing from codeine by the absence of one atom of water.* This body has been examined by Dr. Wickham Legg, of St. Bartholomew's Hospital.† (Dr. J. G. Blackley, B. J. H., 1873, p. 497.)

BERBERIDEÆ.

Podophyllum peltatum. Partial provings, by T. S. Hoyne. (Trans. A. I., 1872, p. 499.) Comp. R. I., p. 71; III., p. 33. — A glance at the effects. By W. S. Searle, July, 1873. Our knowledge of this drug is comparatively recent‡ and very incomplete. Its provings are scanty, and the recorded cases of poisoning by it few. Sufficient, however, is known to render it a remedy of no mean value.

Upon the sensorium no marked primary action is discernible. As secondary effects, however, we find depression of spirits with fatalistic ideas, and vertigo with a tendency to fall forward. Secondarily also, it produces other decided disturbances in the head. The prover complains of dull, heavy, pressing pains, which are confined to the forehead, temples and vertex, and are relieved by external pressure.

*The relation of apomorphine and apocodeine to the alkaloids from which they are derived may be expressed as follows:

Morphine . .	$C_{17}H_{19}NO_3 - H_2O =$
Apomorphine .	$C_{17}H_{17}NO_2$
Codeine . .	$C_{18}H_{21}NO_3 - H_2O =$
Apocodeine . .	$C_{18}H_{19}NO_2$

† *Transactions of the Clinical Society*, vol. ii.

‡ Dr. J. Jeanes and W. Williamson, after they had proved it and used as a polychrest for seven years, published it 1846, in the Transactions of the American Institute of Homœopathy, page 204 to 218; and in 1849, a German translation appeared in Buchner and Nusser's Zeitung. Nothing of much importance has been added since.—C. Hg.

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These pains generally occur in the morning on waking, and grow less during the forenoon. (The diarrhœa has also this morning aggravation.) As accompaniments of the pain, we observe drawing sensations in the eyes, and at times, soreness at the seat of distress. It is noticeable that the headache may alternate with the diarrhœa which the drug also produces.

In the eyes some hyperæmia of the conjunctiva is visible with drawing, smarting, aching, and heavy sensations. These symptoms occur equally whether the prover has ingested the drug or only been exposed to its dust.

The tongue exhibits a moist, white coating, and salivation is copious. The breath is offensive even to the prover himself, and a foul putrid taste disgusts him. The pharynx is at first full of mucus, but afterward becomes dry. Then deglutition becomes painful, especially when swallowing liquids, and soreness, appearing first upon the right side, extends to the left, and upwards through the eustachian tubes.

The appetite is diminished and soon satisfied, while a strong desire for acids is developed. What little food is taken is not well digested, for burning, acid eructations soon appear and after a short time, nausea sets in, rapidly increasing to vomitings. Some of the food seems to undergo putrefactive fermentation for the ejecta have, at times, a putrid taste and odor. The vomiting is very protracted and often very severe, being accompanied by agonizing epigastric pain. Even after the stomach has been thoroughly emptied, the inverted peristaltic action continues, and extends also to the duodenum, so that bile, mingled perhaps with blood, is ejected.

Sometimes colic now puts in an appearance, but not seldom the disturbances in the abdomen are unaccompanied by pain. When colic does occur it is aggravated by lying upon the back, and relieved by bending forward. The intestines become distended with gas, and a profuse diarrhœa sets in.

Before the stool there is often a sensation of heat in the abdomen, while after it comes a feeling of great emptiness. Both colic and diarrhœa are worse in the morning. In the region of the liver, fulness, soreness and stitching pains are

developed, and similar feelings are complained of in the splenic territory.

In the morning aggravation of the bowel symptoms, *Podophyllum* resembles *Aloes* and *Sulphur*, but may easily be differentiated from these. The stool of *Aloes* is a windy spurt of watery or slimy, yellow fæcal matter, the desire for which can hardly for an instant be controlled from a seeming if not real weakness of the internal sphincter. *Sulphur* demands equal haste from tenesmus. It has a brown stool, not especially flatulent, and neither so scanty as that of *Aloes*, nor so profuse as that of *Podophyllum*. *Podophyllum* gets its victim up early, but not in so great haste as the others, (probably because the internal sphincter alone is affected) and has a very profuse, yellow or greenish stool—so profuse indeed, that one wonders whence so much can come. It often contains undigested food, and is very offensive to the smell, having sometimes the odor of carrion.

Not seldom it is preceded by prolapse of the rectum. Accompanying it are excessive prostration, simulating even the collapse of cholera; constant, heavy, dragging pain in the back which increases during and after stool; flashes of heat running up the back, and sometimes severe tenesmus. At a later stage mucous and muco-gelatinous stools occur which may be streaked with blood. The whole alimentary canal becomes so irritable that the ingestion of food or drink at once renews the desire for stool.

As secondary and reverse effects, the stool becomes dry and hard; is voided with difficulty, and is covered with yellow mucus. This condition alternates with returns of the diarrhœa.

Similarly to the bowels the kidneys are affected. First comes enuresis with, at times, involuntary nocturnal discharge, and then follows diminished secretion. A sediment occurs but its nature has not been determined.

Little is known of its effects upon the male organs. An eclectic druggist, however, states that those engaged in preparing the resinoid suffer from a pustular eruption upon the scrotum. Topically applied it produces similar effects upon other portions of the skin.

Upon the female organs its influence varies with the time of its administration. Given at or near the time of men-

struation, it hastens and increases the flow of blood as well as of vaginal mucus. But, if sufficient interval occurs between the dose and the menstrual nisus for the primary effect of the drug to disappear, the secondary and reverse symptoms obtain, viz., amenorrhœa and dryness of the vagina. It is noticeable that it produces prolapse of the vagina as well as of the anus.

Upon the respiratory organs its influence is slight and purely reflex. This is also true of the few symptoms which are developed in the extremities.

It is susceptible of physiological interpretation. It attacks the involuntary muscles, particularly those of the blood-vessels which supply the alimentary canal with its adjacent and contributing organs. In this way it affects the kidneys, uterus and the heart itself. Of the involuntary sphincters, moreover, it causes a paresis.

Beginning with the mouth and salivary glands, the result of such a paresis of the blood-vessels would cause stasis, passive congestion. The capillaries are relaxed and over-distended; their lattice-like tissue opens, and out pour floods of serum and protoplasmic masses: epithelial activity is stimulated, and an imperfect, half-elaborated and abundant secretion is the result. The same conditions produce like effects in the mucous membrane and glands of the stomach, and hence a similarly inefficient gastric juice is deluded upon the flood. This, together with the directly irritant effect of the drug upon the surface of the stomach, induces nausea and vomiting. The same results are seen in the intestinal canal. It pours forth a superabundant secretion: the decomposition of the undigested food, and perhaps also the irritated mucous membrane itself furnish the gas which distends the intestine and pains its irritated nerves; and hence the colic and the flood of fæcal discharge.

Upon the liver, spleen, kidneys and uterus its effect is the same in kind, and therefore each discharges profusely its half-elaborated production.

Upon the muscular fibres of the heart the action of the drug is particularly powerful. The beat becomes feeble; the pulse weak—then scarcely perceptible; the surface of the body is bathed in a cold and clammy sweat; and thus death by collapse steals on.

The involuntary sphincters are enfeebled, so that the rectum and vagina prolapse and the sphincter vesicæ fails to perform its whole duty.

All the glands above mentioned have their parenchyma distended, and hence come the sensations of weight, dragging, fulness, soreness, etc., in them all.

Nothing but secondary symptoms remain for which to account. The heavy, dull frontal headache with which the prover awakes from a stupid sleep is easily explicable. The secretory organs, which have lately been so active, have now reacted against the influence of the drug: their capillaries have contracted and secretion has fallen below the normal standard. Such a condition produces just these kind of head symptoms. In confirmation, we may refer to the fact that, after the diarrhœa has ceased and constipation begun, occasional returns of the former occur, and with the recurrence of the loose stools, the headache disappears.

We have only a few outlines of the secondary picture; but these, together with the primary picture and our clinical records, complete the drawing. Here also *Podophyllum* is often valuable.

Beginning with the head, and coming to the mouth and throat, we find a dry, yellowish tongue; a foul, bitter taste, and thirst with very little appetite. The pharynx is dry and deglutition painful. The stomach is irritable, and the gastric juice small in quantity. Owing to the diminished secretion of bile (or perhaps rather to its retention and reabsorption), there is more or less jaundice, and the stools become pale, dry and hard. The urine is scanty, charged with sediment, and colored yellow by the biliary acids. There is also, in women, amenorrhœa, with its train of consequences.

Crowning all, and growing out of the irritable condition of the heart itself, together with the stimulus reflected upon it from other excited organs, comes general fever.

To this congeries of symptoms *Podophyllum* is secondarily homœopathic. What does this practically mean? I confess I do not know. Hale would tell you it means that, to be curative in these conditions, it must be administered in small doses. But some facts are decidedly against Hale's law of dose. For instance, Dunham, in his lecture on

Graphites says, he has been equally successful in the treatment of the diarrhœa and constipation which are cognate to this drug with the two hundredth attenuation.

Multitudes of similar facts can be adduced from our clinical records, and we must therefore remit the whole matter to those who feel competent to deal with this vexed question of the dose.

To what diseases is it applicable?

First, and most accurately, to bilious fever. With this as a type we shall not go far wrong in its administration. It has been praised for its curative power in typhoid forms of fever, in the genuine zymotic fevers it may be given as an intercurrent in persons of a bilious temperament.

In intermittent fever it may, at times, be useful in a similar way, but it is better adapted to the remittent type which is generally bilious *au fond*.

In the treatment of gall stones its use is, of course, purely toxical.

Is there any warrant in the pathogenesis for supposing that it is more than a mere function remedy? If my physiological reading of it be correct, I think there is. In such conditions of vascular stasis as have been described, the white blood corpuscles, and other more minute particles of protoplasm pass through the meshes or stomata of the capillaries, and wander by their inherent power of locomotion, into the various neighboring tissues. Here they grow and multiply, and by their transformations bring about the serious of phenomena which we call inflammation. Hence, we may prophecy that it will be useful in gastritis, hepatitis, enteritis, dysentery, and perhaps even in nephritis and metritis. However, should it ever be appropriate in such forms of disease, we should expect to find in the history of each case an incipient stage when the symptoms corresponded to those existing in the proving.

I have thus endeavored to *characterize* Podophyllum, and if it has afforded you as much information as the study of the drug has me, I am fully repaid for my trouble.

— *Ulceration of Cornea and Eruption in Skin, from the root while being ground.* A man engaged in powdering it got a large central superficial ulceration of the cornea from the dust, attended with intense general conjunctival congestion. It

is known to the trade to produce "inflamed eyes," and an eruption of "scabs" on the arms and legs of the men who attend the mill in which the root is ground. (Mr. Hutchinson, B. J. H., 1873, p. 189.)

Podophyllin. Practical remarks. Coe has proved that lactic acid is an effectual antidote to the effects of it. Fifteen grains have been given and immediately afterwards a draught of sour milk, and the effect of it has been *nil*. Sugar antidotes it somewhat; common salt increases its action; acetic acid does not affect it. In *gout* it is useful after acute symptoms have subsided, or in cases where the attack is preceded by premonitory symptoms it is indicated at once. It will ward off an impending attack of gout. It had good effects in jaundice when it had returned again and again after China and Mercurius. The following inferences are drawn from the facts related:

First. That it is a very active and penetrating medicine, resembling calomel in its specific action on the liver and glandular system, but beyond that the similarity ceases.

Second. That its direct sphere of action is the whole portal system, and indirectly all other systems connected with that either by nervous or vascular ties.

Third. That while the liver and gall bladder are directly acted upon by this medicine specifically, and led by it to discharge their contents, great relief is given to the lungs and the brain, when oppression of these vital organs is connected with inactive and irregular action of the liver.

Fourth. That torpidity of liver rather than vascular congestion is the chief sphere of it; in other words, a non-secretory state, or a state of non-expulsion of the secretion of bile, is the indication for it, and this state is indicated by sallow complexion, furred tongue and constipation.

Fifth. That the curative dose in such cases must be brought near to the physiological, viz., the 10th, 5th or 4th of a grain given once, or at the utmost twice, a day, and immediately arrested if diarrhœa appears.

Sixth. That the middle dilutions ought to be prescribed for the other diseases in which it is indicated—diarrhœa, dysentery, prolapsus ani or uteri, etc.

Seventh. That the diseases in which it has been found most serviceable by the writer are gout, erysipelas, spas-

modic and bronchial asthma, and chronic bronchitis, and in all these diseases only as an intercurrent. (The writer has not had any personal experience of its benefit in syphilis and goitre, and cannot therefore affirm or deny its power in these diseases.)

Eighth. That it is not specially indicated in hepatitis, nor in any of the early stages of acute disease, save in the diarrhœa and dysentery, for which it is homœopathic.

Ninth. That it ought never to be given where a simple aperient is required, as in cases of undigested food, lodgements in the cæcum and colon, etc. Its use should be restricted to liver constipation.

Lastly, while a specific has been defined by Dr. Drysdale as a remedy in which the whole physiological is absorbed into its therapeutical action, there are some exceptions, and this I believe to be one of those where the boundary line between the physiological and therapeutic action is not easily defined, and where we are most certain of the therapeutic effects when we touch the physiological sphere. (Dr. John Moore, B. J. H., 1873, p. 326.)

RANUNCULINEÆ.

Pulsatilla, a practical study of, by Dr. Karl Hencke. (A. H. Z., v. 86, p. 27.) Comp. R. I., p. 72; II., p. 28; III., p. 33.

Hydrastis. Vertex headache in paroxysms every other day, commencing about 11 A. M., with excessive nausea, retching and anguish. Quotation. See Hills on Amm. carb. (W. J. H., Aug., 1873.) Comp. R. III., p. 33.

Aconite. Provings by Dr. Jousset and Dr. Jablunsky. (Bulletin de la Soc. M. H. de France, 1872; J. Pr., 1873, p. 136.) Comp. R. I., p. 74; II., p. 29; III., p. 34.)

— A study, with clinical observations. (J. H. Nankivell, B. J. H., 1873, pp. 211, 419.)

Actæa racemosa. Partial provings, by T. Backmeister. (Trans. A. I., 1872, p. 491.) Rheumatism in fleshy portion of left arm, pain coming on in afternoon, excruciating, getting worse and worse towards night. Gave five drops. Patient immediately complained of rush of blood to head; saw black spots before eyes; thought she was going to die; pulse became intermittent, etc. In twenty minutes she got better, and she seemed under the action of this remedy. Always gives me dull frontal pain.

In a bad case of typhoid fever gave Cimic., pretty strong dose, in the evening, about 9 o'clock. The patient soon after went into a comotose state; jaw sunk, etc. Was called in the night, and found her comatose, apparently dying; stimulated her with wine, and she soon opened her eyes; made a speedy recovery, receiving but little medicine afterwards. (Dr. Ward, H. M., April, 1873, p. 447.) Comp. R. I., p. 73; II., p. 29; III., p. 34; IV., p. 33.

Macrotin. A proving, by C. P. Seip. (Trans. H. M. S., Penna., 1873.)

EUPHORBIACEÆ.

Ricinus communis. Poisoning. An interesting case is reported at length of poisoning by the bean of Ricinus com. (M. I., v. 10, p. 222; Bulletin de la Soc. M. H. de France, Nov., 1871.)

— As a Galactic in *Agalactea*, relieved in three cases. (J. H. Woodbury, N. E. M. G., Nov. 1873, p. 522.) Comp. R. IV., p. 33.

XANTHOXYLINEÆ.

Xanthoxylum fraxineum. Proving by E. M. Hale. (A. H. O., Jan., 1873, p. 11.)

TERNSTROENIACEÆ.

Thea chinensis. Green Tea. Determination of blood to head, with sensation of fulness, especially in forehead over eyes, flashing, fiery lines darting from the eyes and radiating outwards from the axis of vision; sensation at root of nose as if epistaxis would occur; vertex-heat and vertex-vertigo with sensation of pulsation at vertex. (H. C. M., N. A. J. H., v. 22, p. 87.) Comp. R., II., p. 32.

Drugs from Animals.

From the lower type Radiates, nothing new has appeared, but we have a right soon to expect a proving of the nettling poison

of the jelly fish. On comparing the notice in Record I., p. 77, of Hunnius and other physicians in Russia, and Record IV., p. 34, a case of poisoning observed in France, translated by J. G. Houard, we observe that like the snake poison it can be exposed to the heat of boiling water without losing the specific effect it has on the action of kidneys and on the mammæ, similar to the urtica urens and formicic acid.

ARTICULATES; OR INSECTS.

Apis mellifica. Accidental Proving. In the summer of 1872, W. S., æt. 50, nervo-bilious temperament, general health somewhat feeble, while near his bee-hive was stung by a bee on the back of his hands. He had several times before been stung without experiencing much inconvenience. On this occasion he was seized in a few minutes with nausea and vertigo, and a general sense of distress and prostration accompanied with mental anxiety. When seen a half hour later he was found lying on his back with puffed and slightly flushed face and ears, and flushed neck, breathing with some difficulty; a sense of fulness and choking as if filling up in the throat, oppression over the chest and epigastrium, troublesome itching or stinging of the face, ears and throat, and also of the hands, feet, wrists and ankles. There was little or no itching on any other portion of his body. There was marked redness of the hands and wrists, also of the feet and ankles. The pulse was quick and full, not hard. Upon examining one of the punctures it was observed that the bee had struck directly upon a prominent vein on the dorsum of one of the hands. There was no swelling at this point. The precise order of development of all the symptoms could not be accurately ascertained. He suffered in this way about two hours and then the symptoms gradually subsided. (H. Ring, O. M. and S. R., v. 7, No. 5; Proc. H. M. S., O., 1873, p. 60.)

A man stung by twenty-seven bees in the head. Head did not swell at all, but shortly was attacked by sharp crampy pains in the stomach and abdomen, followed by vomiting and diarrhœa which lasted at intervals for about two hours. In a few hours symptoms passed away, followed by great exhaustion. He was entirely well next day. (E. W. South, A. J. H. M. M., v. 6, p. 181.)

Farmer stung by bees in nine places became faint and began to vomit, which was repeated nine times; his bowels also were relaxed. (J. Kitchen, A. J. H. M. M., v. 6, p. 249.)

— Will often do excellent service in seasons when the flies sting with unusual vigor. It acts well in such times in chills and fever. (Eggert, N. A. J. H., v. 22, p. 255.) Comp. R. I., p. 79; II., p. 33; III., p. 36; IV., p. 34.

Arachnides, *Scorpion-poisoning.* Two species of scorpions (Alicrans) red and black are frequently found in Mexico; the red being the most poisonous of the two. Bites and consequent death of children especially are very numerous, the deaths amounting to several thousand per year. The symptoms of the bite, which are immediate, are: numbness throughout the whole body, commencing at the point bitten and sometimes extending through the whole body in fifteen minutes; choking, seemingly a spasm of the glottis, accompanied by tetanus; there is a slight flush of the face, brightness of the eye, with increased heat of the body, later coldness of the extremities; death ensues often very quickly from strangulation.

The tincture of aconite-root in water has been found to relieve the symptoms and antidote the poison very speedily. (G. M. Pease, M. I., v. 10, p. 665.)

VERTEBRATES.

Molluscs vacat, First Step.

Fishes, Second Step.

Oleum jecoris, Cod-liver oil. Proving, by C. N. (M. A., p. 83.)

Effects when taken in dilutions (prepared by mixing the pure Ol. jec. aselli with alcohol, and letting it remain on it for a long time):

Giddiness in the head.
Dull aching pain in the forehead.
Steady aching sensation from left to right temple.
Everything turns black.
Swelling of the thyroid gland.
Weakness in breast; tickling in the throat.
Soreness of the chest.
Quick, sharp stitch in the left side.

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Giddiness in the head.
Dull aching pain in the forehead.
Steady aching sensation from left to right temple.
Everything turns black.
Swelling of the thyroid gland.
Weakness in breast; tickling in the throat.
Soreness of the chest.
Quick, sharp stitch in the left side.

Burning heat in left chest.
Expectoration of thick white phlegm.
Hard coughing spells in the morning.
Cough all night.
Soreness in chest on coughing, with expectoration of thick yellow phlegm.
Palpitation of the heart.
Heat in the palms of the hands every night.
Soreness of both feet.
Chill at 3 A.M.; chill in evening.
During chill blindness before the eyes.
Sleeplessness after 3 A.M.
Sensation of nausea.
Loss of appetite for dinner and supper.
Yellow coating on the tongue.

— *Relieved* by it:
Soreness extending all over the chest.
Soreness in chest through the shoulders, more on right side.
Pain through lower part of the left chest passing through to the back.
Laughing excites fit of coughing.
Region of liver sensitive to touch.
Stitch in right side on motion, with coughing on raising the arm.
Draughts of air aggravate the cough.
Cough worse on lying down at night.
Loose cough all day, worse on lying down, preventing her from sleeping.
Expectoration of a yellowish-green color.
Menstruation irregular but of a natural color; sometimes amenorrhœa for six months.
Heavy pain in right side, with numbness in right arm as though it were dead.
Hæmoptysis with hawking of phlegm in morning; flying pains all across the chest caused by a fall.
Sore, dull pain in chest when in motion or riding on horseback.
Chills from occiput down to the back (very characteristic).

In eighty-one cases the most characteristic symptom was the *soreness in various parts of the chest. Pain through the back* was mentioned in twenty-one cases. (C. Neidhard, U. S. M. and S. J., v. 8, pp. 139, 301.) Comp. R. III., p. 39; IV., p. 35.

Reptiles, Third Step.

Elaps corallinus. Cases cured, by A. C. Clifton. (H. M., Nov., 1873, p. 171; B. J. H., Oct., 1873.) Comp. R. II., p. 35.

Lachesis[7] and [200], confirmations: craving hunger; relief after eating; sufferings after acid drinks; constipation; abdomen sensitive to weight of clothes; flushes of heat; flushes after eating, after mental or physical effort. (C. F. Nichols, N. E. M. G., March, 1873, p. 105.)

— Confirmation: suddenly something runs from the neck to the larynx and interrupts breathing completely; it wakens him at night. (H. Gross.) (J. Heber Smith, N. E. M. G., July, 1873, p. 310.)

— Recommended and used with good results in hydrophobia. (Drs. Leadam and Pope, B. J. H., 1873, p. 128.)

— For the troubles of the menopausea, especially when the capillary circulation is affected. (B. J. H., 1873, p. 130.)

— Apotheosis. (J. Heber Smith, N. E. M. G., March, 1873, p. 113.) Comp. R. I., p. 83; II., p. 35; III., p. 39.

On Therapeutic Action of Serpent Venom. (Dr. Richard Hughes, B. J. H., 1873, p. 114.)

See Toxicological Remarks.

Aves vacat, Fourth Step.

Mammalia, Fifth Step.

Kumiss. Provings, reported by C. C. (M. A., p. 75.)

Pepsin. Its preparation, properties and effects. (A. Z., 1873; J. Pr., 1873, p. 208.) Comp. R. IV., p. 35.

NOSODES.

Ustilago maidis. Provings by T. S. Hoyne. (Trans. A. I., 1872, p. 493.)

— Like ergot, it deteriorates rapidly with age. It should be selected in the field at maturity, before it has been injured by the heavy autumnal rains and winds. Very little value remains in this drug after having undergone the heating process incident to the gathering and husking of the corn;

hence it should never be obtained from the shock or bin.

Doubtless some of the published provings of this medicine are rendered incomplete by its age or imperfect preparation. Ustilago controls uterine hemorrhage and induces uterine contractions, but not with the same promptness or vigor. *Characteristics:* For many days slow, persistent oozing of dark blood, with small black coagulæ; passive congestion of uterus, with enlarged uterus, cervix tumefied or somewhat dilated. (J. H. Woodbury, N. E. M. G., Sept., 1873, p. 408.) Comp. R. I., pp. 84, 252; II., p. 14; IV., p. 36.

Secale cornutum. A paper on its physiological effects. (J. H. P. Frost, H. M., March, 1873, p. 345.)

— Caused retention of urine. (A. H. O., Nov., 1873, p. 577.) Comp. R. I., p. 83; III., p. 39.

Ambra grisea. A practical exposition of, by Dr. Karl Hencke. (A. H. Z., v. 86, p. 187.)

— *Ambra*[15c]. Cough worse by reading aloud, waking her at night, with sore throat. (E. W. Berridge, N. A. J. H., v. 22, p. 190.) Comp. R. III., p. 40; IV., p. 36.

Psorinum. Confirmations: canine hunger; craving for food without appetite; depressed in spirits and hopeless; aggravation from sudden changes of weather; eruptions; headache with hunger, or hunger before headache. (W. P. Wesselhœft, N. E. M. G., Feb., 1873, p. 51.) Comp. R. I., p. 84; II., p. 35; III., p. 41.)

COMPARISONS.

Sulphur and Calcarea. I conclude that Sulphur giddiness is mainly congestive and visual, that is, connected with affections of the corpora quadrigemina and great sympathetic; while the *Calcar.* giddiness is mainly nervous, that is, not connected with mechanical causes like blood pressure, such mechanical causes, at least, as we have cognizance of. The giddiness of Calcar. is sometimes produced through the action of the par vagum, is frequently of the whirling character, and often attended with stupefaction. Studies from the Materia Medicæ. (Dr. T. Hayle, M. H. R., v. 17, p. 345.)

NOTE.—One of the best essays in our whole literature. The most able author ought to continue such studies, and attempts to reach such real scientific steps ought to be made by others.—C. Hg.

Comparison of Graphite with related remedies. By Dr. Goullon, Jr.

1. *Graphite and Pulsatilla.* Both suit more the female sex; both have silent whining mood with melancholy; in both we find suppression of or delaying menses, an unequal distribution of blood, with tendency to chilliness; chlorotic constitution, with a sallow color. Graphit. gives us dryness of the skin, cysts, erysipelatous inflammations, moist herpetic eruptions, phagadaenic blisters, vulnerability of the skin, stinking, granulating ulcers; scurfy eruptions around the mouth and chin, and many other cutaneous diseases; Pulsat.: eruptions, like varicella, erysipelas with swelling, cracking of the skin, easily bleeding ulcers; great tendency to blenorrheas. Digestion cannot be healthy in chlorotic patients, and we find thus under Graphit. great weakness of digestion, with bloatedness and vomiting of all food, foul urinous breath, excessive foul smelling flatulency; tedious constipation or constant inclination to diarrhœa, a quantity of mucus being passed with every stool. Under Pulsat. foul breath, flat taste, or of putrefying meat; bitter taste after drinking or eating; eructatious tasting of the food, vomiting of food immediately after eating, diarrhœa. C. Hg. gives as a parturient symptom of Graphit. when in large women of venous constitutions, here and there, with greatly stitching herpetic spots, having a viscous exudation, labor-pains become weak or cease entirely. Both have rheumatic pains; Graphit.: pains, with reddish swelling, tightness, as from muscular contraction, and curvation of some parts; stiffness of the joints: Pulsat.: wandering pains, paretic debility and swelling of the affected parts. Stitches and sensation of coldness at every change of weather.

Differential diagnosis. Graphit. is the Pulsat. of climaxis; it is also a specific for the so-called dartrous, dry herpetic constitution. Pulsat. corresponds to blenorrhea and suppuration, and thus becomes a remedy for the scrofulous constitution. Graphit.: constipation; Pulsat.: diarrhœa, which is green, mucous, bilious, whereas the stools of Graphit. are knotty, and united by mucous threads or tedious pultaceous diarrhœa. Pulsat. has tenesmus, which is absent in Graphit.

2. *Graphite and Platina.* The former: menses too late, too scanty, too pale, the latter: too early, too copious, too long. Graphit. anti-herpeticum, Platin. anti-hystericum, both remove the labor-like colicky pains setting in at the beginning of menstruation, but

Platin. cures dysmenorrhœa, with consequent hypermenorrhœa, Graphit. the same with consequent amenorrhœa.

3. *Graphite and Sepia.* Sepia is also a chlorotic remedy, has suppressed, scanty, rare menstruation setting in under difficulties. Both have chronic herpetic eczemata (moist, itching, burning), but Graphit. corresponds more to the psoric and scrofulous dyscrasia, and Sepia more to those forms of herpes standing in direct connection with hepatic diseases. Sepia cures migraine, which Graphit. fails to do, though it has symptoms of sour vomiting, eructations, frontal headache, dizziness, etc. Faulty innervation is found in Sepia, but not in Graphit. There is also a great difference in the precision by which they act in suppression of habitual discharges, where Graphite is far ahead of Sepia.

4. *Graphite and Kali carbonicum.* In dysmenorrhœa, the Kali carb. is only reliable in cases of hypermenorrhœa, or where menstruation lasts for weeks, and in passive hemorrhages during puerperium. It is also a great remedy for the pneumonic processes of consumptive persons.

5. *Graphite and Sulphur.* Both remedies suit persons of sedentary habits, but we select Sulphur in the habitual constipation of the plethoric sanguineous, Graphit. for the constipation of a girl with tardy, scanty menstruation. Both are indicated in chronic and obstinate skin diseases. Warmth ameliorates the pains of either one, and each has dislike for cold, and sensitiveness to wind and fresh air; great sleepiness in daytime, and difficulty of falling asleep at night; yellowish pale sunken features; roughness of the skin, fissures. Sulphur suits male constitutions, Graphit. female constitutions. The sphere of Sulphur extends farther than that of Graphit.

6. *Graphite and Lycopodium.* Lycop. is also a herpetic and scrofulous remedy; has also constipation, hard defecation and flatulency, but it is also a hepatic remedy, which Graphit. is not. Lycop. has a wider use in gout than Graphit. The relation of Graphit. to Lycop. is like the herpetic or hydraemic constitution to the scrofulous one.

7. *Graphite and Arsenicum.* Arsen. is as indispensable in the dartrous constitution as Graphit., but surpasses the latter in the hydropic constitution. The leucorrhœa of Arsen. is acrid, corroding, that of Graphit. watery, occurring in gushes. In Graphit. the menses too late, too weak, amenorrhœa, in Arsen. too early, too copious. Arsen. has collapse. The eruptions suitable to Arsen

generally attack the face (parts of nose and mouth, in and around the nose), the eczematous eruptions of Graphit. have their seat in the region of the ears, and on the hairy scalp.

8. *Graphite and Carbo.* The vegetable charcoal is indicated where in acute as well as in chronic disease the vital power becomes nearly extinct, where stagnation of the circulation threatens, showing itself outwardly by ominous cyanosis; where vital heat sinks to a minimum, and the anguish of the patient with unclouded consciousness is perfectly awful. Animal coal acts on the glandular system, it acts well in cirrhotic dyscrasia, which is only a higher degree of the herpetic dyscrasia.

9. *Graphite and Silicea.* Silic. suits cases involving profuse suppuration, Graphit. unhealthy state of the skin, leading to rhagades, excoriations and unhealthy ulcers. The Silic. patient has with a sensation of exhaustion an exalted condition of susceptibility to nervous stimuli; the curative process of Graphit. is a depurative one.

10. *Graphite and Petroleum.* Both grand herpetic remedies, but Petrol. also acts on the sympathetic, which Graphit. does not.

11. *Graphite and Natrum sulphuricum.* Herpes and sycosis. (N. A. J. H., v. 22, p. 33.)

Comparison between Muriatic and Phosphoric acids. (John C. Morgan, A. J. H. M. M., v. 6, p. 158.)

Comparison of Phosphorus and Hyoscyamus.

Phosphorus.	*Hyoscyamus niger.*
Tongue, dry, coated white, with stinging in tip.	Parching dryness of the tongue.
Soreness of mouth, *easily bleeding.*	Soreness of soft parts between the gums and cheeks.
Dryness of throat, day and night.	Constrictive, dry and burning sensation in throat, with *inability to swallow, especially liquids.*
Sensation as of cotton in throat.	
Saliva increased, tasting saltish or sweetish.	Foaming, bloody saliva, tasting salty.
Painfulness of larynx, preventing talking; the tonsils and uvula are much swollen, and the *uvula is elongated*, with dry and burning sensation.	Parching dryness in fauces, with *swelling and elongation* of the uvula.

Phosphorus.	*Hyoscyamus niger.*
Pain in chest with coughing, relieved by external pressure. *Stitches in left side of chest, relieved by lying on the right side.*	Slow breathing. Spasms of chest, with arrest of breathing, *compelling one to lean forward.* Stitches in sides of chest.

(Alfred K. Hills, Trans. N. Y. S., 1872, p. 237.)

Characteristic of Rhus tox. and Merc. sol. In dysentery both Rhus tox. and Merc. sol. have aggravation each evening, lasting through the night until 3 A. M. (C. C. Smith, M. I., v. 10, p. 39.)

Helonias and Senecio compared. (E. A. Farrington, A. J. H. M. M., v. 6. p. 333.)

Conium has trembling after stool.

Veratr. alb. Great weakness after stool. (J. C. Morgan, A. J. H. M. M., v. 6, p. 395.)

Vomiting of Æthusa and Podophyllum. The distinction to be made between the vomiting of Æthusa is, that when Æthusa is indicated, the child vomits without nausea, and will go to the breast and nurse again immediately afterward; whereas when Podophyllum is indicated there is nausea, and the child will not nurse after the vomiting. (W. M. Williamson, H. M., April, 1873, p. 444.)

Apis mell. and *Natrum muriaticum.* 7, No. 4, p. 26, etc. *Apis mell.* and *Belladonna*, *Apis mell.* and *Rhus tox.*, *Apis* and *Cantharis*, *Apis* and *Lachesis.* (Compared by E. A. Farrington, in A. J. H. M. M., 1873, appendix to Nos. 1, 2, 3, 4.)

Acon., *Chamom.*, *Rhus tox.*, *Stramom.*, *Apis*, *Arsen.*, *Kali carb.*, *Hydrast.*, *Pulsat.*, *Camphor.*, *Ferrum*, each has as a symptom, "the patient wants to walk about," comparison of same. (J. C. Morgan, A. J. H. M. M., v. 6, p. 260.)

TOXICOLOGICAL REMARKS.

Disinfectants. *Sanitary advantages of Sunflower.* Many facts have been adduced to show that the sunflower has the property of purifying air laden with marsh-miasm, absorbing a great quantity of moist and noxious gases and exhaling *ozonized* oxygen. (M. I., v. 10., p. 556.)

NOTE.—Of Eucalyptus globulus it is said that the tree destroys all malarious poisons.—C. Hg.

Chromic acid a Disinfectant. It possesses beyond any other single article of which we have knowledge, the power to coagulate albumen; consequently to destroy and prevent the formation of diseased germs. Being a powerful oxidizing agent and its efficacy depending on its own decomposition by contact with organic matter, it is not so likely to be taken up by the absorbents as is carbolic acid, the result of the decomposition being insoluble. As a disinfectant, use in one per cent. solution; with a vaginal injection of one grain to the ounce. I have known a foul smelling sanious lochia lose its offensive odor and become natural after two or three applications. Being without volatility it is worthless as an atmospheric disinfectant. (E. P. Colby, N. E. M. G., 1873, April, p. 169, and Oct., p. 446.)

Disinfectants. (J. F. Cooper, Proc. H. M. S., Penna., 1873.)

Carbolic acid. Lionel Beale says, injected into the blood-vessels, it causes death, "though the blood is not coagulated, the living matter of the flowing blood being killed, seems to be the sole cause of the stoppage of circulation." In other words, if it is used beyond a yet undetermined limit, its very disinfectant properties render it a blood-poison; it is readily taken up by the absorbents. Symptoms of depression sometimes follow its prolonged use even in dilute solution. *Introduced into the uterine cavity, the solution has produced dangerous collapse.* (E. P. Colby, N. E. M. G., Oct., 1873, p. 444.)

Antidote to Carbolic acid. Sugar of lime, made by dissolving sixteen parts of white sugar in forty parts of water, digesting with lime for three days filtering and evaporating. (M. I., v. 10, p. 253.)

Bryonia is the best antidote to chlorine. (T. C. Duncan, M. I., v. 10, p. 516.)

Antidote to Phosphorus. Carbon absorbs Phosphor. to such an extent that, taken in pills, it is a complete antidote to the disastrous consequences of the latter to workers in match factories. (M. I., v. 10, p. 252.)

Oxide of Carbon. Poisonous effects. (L. Sulzer, A. H. Z., v. 86, p. 93; trans. by S. Lilienthal, H. M., June, 1873, p. 519.)

Vermillion. *Poisoning from, in dental plates.* (N. E. M. G. March, 1872, p. 69.)

Morphine antidoted by Aconite. Three cases given to illustrate its usefulness; as an antidote to the secondary effects, will always remove ill effects produced by it, and eradicate the habit of

using it. (C. H. Thompson, H. M., Feb., 1873, p. 340; M. I., v. 10, p. 87.)

Aconite will antidote Digitalis, and *vice versa*. (M. I., v. 10, p. 253.)

Poisoning with Cantharides. Used to relieve chilblains. Dragging in the back, as if about to be "unwell," which period she had regularly passed about ten days before. Slight show, but pains the same. *Camphor.*[30] cured. (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Poisonous Serpents. What is this strange and subtle fluid, whose minutest portion possesses such terrible power, which can so speedily quell the force of the active brain and nervous system of a man? To sight, and smell, and taste, it seems a mere harmless saliva. Chemical analysis detects in it a little mucus, much water, and some of the salts of saliva; from which it differs mainly in the slight predominance of an animal acid. There is nothing in all this that could suggest, beforehand, the specific properties of the secretion. It is not poisonous when taken into the stomach. The only danger in swallowing the venom of the viper, cobra or rattlesnake, arises from the possibility of some blister or scar, or any lesion of the mucous membrane of the mouth, throat, or æsophagus, which might allow the poison to be absorbed, and enter the circulating blood. The readiest, therefore, and perhaps the most efficient remedy, that of sucking the wound, may be performed with scarcely any risk. This has been known of old. "Whoever," writes Celsus, "will suck the wound, will be both safe himself and save the sufferer." As to remedies: whenever a person has been the subject of attack, the first indication is to remove the inoculated venom, either by suction or excision; but this, to be effective, must be done promptly, almost instantly after the bite. Olive oil around, and dry radiating heat should then be applied directly to the wound. Alcoholic stimulants and ammonia should be administered freely to the patient until the effect of the poisoning is past.

In the light of this subject, we see a familiar, but striking example of the effect on the animal economy of an almost infinitesimal, yet potent, and deadly power; showing how that finely balanced entity we call vital existence, or life, may be influenced, or swiftly destroyed by a minute principle, inimical to its well-being, that quantity has little to do with resulting and proving effects. (C. C. Bronson, M. A., p. 33.)

Ophidians. Judge D., of New York, confirms the statements of S. B. Higgins, concerning the gall of serpents acting as an antidote to the bite. (J. Heber Smith, N. E. M. G., July, 1873, p. 314.)

NOTE.—In Merklein's Thier Buch, 1739, it is mentioned as a well-known fact, on page 639: Die Galle zieht das Gift heraus und an sich, wenn man es über die Schlangenbisse legt. And in Loskiel's History of the Missions of the United Brethren, Barby, 1789, London, 1794, we find the gall of the snakes is, according to the Indians, a good remedy after the bite.

Toxicological Effects of *Agaricus muscarius* (Lenz); *Phalloides* (Fries); *Boletus satanas* (Lenz); *Russula* and their antidotes: *Atropine*, vinegar and lemon juice, common salt, *tannic acid* and *iodide of potass.*, without effect. (H. Kl., 1873, p. 145.)

Milk as a Disease Agent. May not the milk transported in filthy cans absorb the poison and produce typhoid fever? (R. J. McClatchey, H. M., Oct., 1873, p. 124.)

NOTE.—At the tinsmith's, when repairing the cans, the smell is terrible.—C. HG.

Index to Cases of Poisoning in the allopathic journals. (E. W. Berridge, M. H. R., v. 17, pp. 224, 415.)

Morphia or Apoplexy: Which? Mr. S. had been taking morphine, and was "twitching and jerking." On reaching him, found his allopathic attendant giving him strong coffee. For six hours efforts were made to rouse him, at the end of which time he died. Did he die of morphine?

He was æt. 45; short, stout, fleshy, pale face, phlegmatic temperament; had not been under treatment for a long time. Thursday evening had neuralgia of head and face, for which he got of Dr. K. a powder of morphia (given by guess) supposed not to exceed half a grain. He retired, and at 10 had pain in the stomach. Dr. W. was called, and R. a capsule of morphia and ipecac., the former not to exceed ¼ gr., leaving a like capsule, which was given at midnight. He seemed easier, slept some; but at 3 A. M. his wife awakened him on account of his *loud and difficult breathing*. He sat up on the edge of the bed, complained of *feeling bad; was sick at the stomach; had itching and stinging of the skin;* said, "this morphine makes me feel bad, give me some water. I feel better now. If I can go to sleep I shall be all right." He went to sleep, and at 4 A. M. his wife was awakened by his *loud stertorous breathing*, and tried vainly to arouse him. He never awoke. When I saw him he was *pale and cadaverous; head, whole body and face were cool; facial muscles relaxed; lips bloodless; lower jaw hanging down; eyes*

half open, eyeballs turned upward, pupils contracted; complete relaxation of muscular system; pale-bluish color of skin over whole body; respiration infrequent and irregular; the heart's action very faint. Did he, as his doctors said, die of apoplexy or because of a fibrinous heart clot induced by the morphine? (E. Beckwith, H. M., Oct., 1873, p. 119.)

GENERAL REMARKS.

On the Mental Symptoms of Drugs. (J. Heber Smith, N. E. M. G., Sept., 1873, p. 373.)

A complete Materia Medica. *Shall it be Reproved before Publication?* (C. Wesselhœft, N. E. M. G., May, 1873, p. 213.)

Elaboration of the Materia Medica according to the present state of Science. According to Hahnemann, drugs only become remedies by exciting certain conditions and symptoms; that is, by exciting a certain artificial morbid state, and thus removing and annihilating the already existing symptoms; that is, the natural morbid state which is to be healed. In unison with this idea, drug provings were undertaken and symptoms of drug diseases collated, principally by Hahnemann and his disciples, and, in a lesser degree, by their followers. Of late years, work in the province of materia medica is getting more sparse. Perhaps the reason of this may partially be sought in the fact that, homœopathic physicians of the present day are occupied in making clinical use of the pharmacodynamic material, and thus rendering it practically useful. But the ebb cannot be quite explained in this way, more especially as we cannot maintain that the existing portraitures of drug disease are perfect as to completeness or lucidness. It appears an opinion has been gaining ground that both cannot be quite obtained by pursuing the same course as heretofore. If it be asked how are we to hold fast to the tried principles of Hahnemann, and at the same time make one method of investigation, take a course that shall be in accordance with the time, a course by which the object can be best attained, then we find ourselves brought back to our first starting point, and the conviction is confirmed by us that we must start from a conception of drug disease contemporaneous with the times, if we wish to get a fresh *élan* and renewed progress in the investigation of the action of drugs in the normal organism.

In the past and contemporaneous observations of homœopathic physicians, and in the facts collated by them, we have a pretty considerable mass of material presented to us, which, however, in one direction or another, stands in need of completion and correction. The most complete are the pharmacodynamic observations of homœopaths regarding the functional processes, and of these again the most complete are those concerning the sensations, general and special, *i. e.*, of the subjective symptoms as they are usually termed. Physicians of the old school have set such little value upon these that they remained unnoticed or were regarded with a sneer and underrated. We must, therefore, not be surprised that this is partly transferred to the productions of the homœopaths as they offered in regard to the subjective phenomena something essentially new, setting a value on them as characterizing drug action, and making them useful for practice. Although many of the disturbances of the sensations general and special, by the action of drugs on the healthy, are so very valuable for the recognition of the drug action in its specific peculiarity and for the right choice of remedies in disease, yet we cannot deny that they may very easily lead to error, especially as a control of the subjective symptoms produced by drugs is in so many ways extremely difficult, and in part quite impossible. In order here to keep from error, we must before all things consider the individuality of the experimenter, so that his idiosyncratic symptoms may not be regarded as the specific pathogenetic effects of the drug.

Then we must only regard such symptoms which are produced by the same drug over and over again as really belonging to it and as such to be registered. It is also of import for the settlement of a subjective drug symptom that it be repeatedly corroborated *ex usu in morbis*, when it had been chosen under the guidance of the law of similars. At any rate there are many disturbances of sensation and feeling which must be made use of with very great prudence. They are, however, of such importance for the more minute distinctions in drug action that, were they neglected, we should only get a very faulty picture of the drug-diseases, and we should be deprived of many most valuable *points d'appui* in choosing our remedies at the bedside. Hence we must maintain them in their integrity as essential parts of the picture of the drug-disease, but yet make use of them with the greatest prudence and circumspection.

Functional disturbances which allow of objective observation

offer a greater certainty against error. These must therefore constitute the physician's principal object in his proving of the drug-action on the healthy. To affirm these said facts, he may not confine himself simply to his own sensory perceptions, but he must have at his elbow all the auxiliary measures which physics and chemistry offer, in order to obtain a result which shall satisfy the demands of science in its present state. For the attainment of subjective symptoms, small and moderate doses suffice, not so here, however, for to attain an exhaustive observation, we must know the action of larger and very large doses. Direct observations with moderate doses must indeed be the principal ones and constitute the foundation; but those of cases of poisoning are of the greatest importance, inasmuch as they bring out the functional disturbances into a clearer light, and allow us to recognize the difference between the primary action and the after-influence. The most of such observations are, however, too little pure to offer pharmacodynamics blameless material, inasmuch as the operation of the antidote has very often changed the picture.

Here experiments on animals must help us out of the difficulties, as in these many functional disturbances can be observed all the more certainly as we can choose the object as we like, and bring it into a position favorable to observation.

We cannot always make a direct inference from this to the human subject, yet the results thus gained when brought together with the observations made in man conduce to a correct view.

If with this comprehensive knowledge of the subject and objective functional disturbances we now combine the discovery of the chemical changes resulting from the action of, and I could not even admit that such an arrangement is exemplary of objectivity. If we desire to attain to a correct view we must give a genetic portraiture of the drug disease; a portraiture which must be arranged so as to consist of the individual cases of drug disease, an objective physiological insight into these latter having been the guide in such arrangement. In this way we get a portrait of drug disease as nearly as possible *secundum vitam*, and in which the symptoms are brought together in series and connection, and thus may be recognized according to their physiological and therapeutic value.

This objective and truly physiological portrait of drug disease contrasted with the known portrait of natural disease acquired in the same way can lead to the correct choice of a remedy, and that with greater certainty than the mechanical symptom covering.

Yet we do not consider it sufficient, we rather demand of scientific and truly physiological pharmacodynamics that the totality of existing facts be subjected to a physiological test and so result in but one portrait. We seek a scientific basis for our views of drug disease not in theory of drug action, but in an analytical dismemberment of the phenomena, and in their being brought back to their causal connection, without, however, leaving the firm ground of empiricism and wondering off into the domain of hypothesis. If we do the same with the natural disease, if we also subject this to a physiological analysis, then we acquire a pathological pathology and physiological pharmacodynamics standing homologously side by side. Both sciences must advance with equal steps and grow up to be two sisters of great resemblance to one another. A comparison of both in general and a discovery of similarity and difference in particular will bring scientific enlightenment into our pathological therapeutical knowledge and conduce to a right guidance in the path of healing. (W. Arnold, B. J. H., 1873, p. 276.)

PRACTICE.

Mind.

Somnambulism. Boy, æt. 11, was taken with cramps of the stomach, which were relieved by *Chamom.*[6] and *Nux vom.*[6]. Later, spells of colic with constipation. *Coloc.*[6] and *Plumbum*[30] relieved. A month later, frequent desire to urinate; clear urine. By and by the quantity lessened, until the secretion ceased altogether. The boy feels now generally very bad, is much excited at night, and after a week or so he was seized with convulsions—a kind of St. Vitus' dance, with inclination to bite and tear everything that comes near him. When the fit ceases he falls asleep, and on awaking he is entirely unconscious of what has happened. He has not voided water since more than fifteen days. After trying various remedies without effect, I gave *Tarant.*[6], ten glob. in 125 gram. of water, a tablespoonful every four hours. Next morning I found the boy had urinated a large quantity of clear water, and from that time on the fits grew fewer and less intense. Next day I found him in an exalted state of mind. Although he could not speak he could write, and told us that from now his disease would change. He would fall every day into a somnambulistic sleep, the exact time of which he would state every morning. This state would continue for several months, and then he would be well. It all came to pass as he had foretold. (M. Jardien, de Saint Etienne, from l'art medicale, Août 1873; A. H. Z., v. 87, p. 166.)

Hallucinations with Perfect Sanity. Occurring after childbirth, *only when nursing;* visions pleasant; even in day-time they will start up before her whenever she closes eyes; hears noises and knockings at night, so that she is constrained to rise and go over

the house to see that no strangers are within; while not actually alarmed at these visions and sounds, she grows anxious on account of them, is worn from loss of sleep, and fears she will become insane if the difficulty is not removed; is a great *coffee drinker;* was directed to abstain from coffee, and with the aid of *Nux vom.* and *Natr. mur.* recovered. (J. H. P. Frost, N. E. M. G., June, 1873, p. 272.)

Hallucination with Insanity. Mrs. C., æt. 26, light complexion, mild. Previous eruption of large, raised burning blotches, relieved by *Arsen.*[3]. After a severe illness aversion to husband and children; desire to leave the house; hallucinations; the room appeared full of people, crowding in when there was no longer room for more. What was peculiar to this lady's case, and to which I find no parallel in the one hundred and eighty-one instances of hallucination related by Dé Boismont, was the custom the apparitions had individually of personating some one in particular, and thus keeping her company for hours. She would both see and converse with the forms sitting beside her, nor could she always distinguish the semblance from the reality. Treated by humoring her fancies, and given *Veratr.* Under this single remedy she improved in mental and moral condition. (J. H. P. Frost, N. E. M. G., June, 1873, p. 273.)

Insanity. Woman æt. 24, unmarried. Three years ago, after apparent perfect health, was taken suddenly with violent pains through her breasts like knife-thrusts; followed after a few days by a raging fever, during which she commenced imagining all sorts of queer things. In two weeks fever left her, but not the imaginings. Great fear was now prominent; afraid to eat, to sleep and of everything; became greatly emaciated, was reduced from one hundred and forty pounds to ninety. Her bodily health began to improve, but she now became very violent, breaking everything she could lay her hands upon. She would bite and pinch, would swear and use the most indecent language; would laugh in a peculiar maniacal manner, the laugh ending in a half howl. Her eyes had a never-ceasing, rolling motion, and her face that look of stealthy cunning of the insane. Would sometimes stop in the middle of some mad freak, and would say with a scream, "I know I'm doing wrong; I can't help it," etc., and in a few minutes would perhaps be more violent than ever. Had menstruated at 12, and had been regular up to the time of her sickness; had always been modest and retiring in disposition, and a great

student. There was no inherited taint of insanity. When I first saw her she was very reticent, and upon my approach retired; had not menstruated for eleven months; bowels were constipated, and she was passing but little water; very restless at night, seemed to be always awake; appetite varied, no thirst; had been less violent of late and very moody. Complained of no pain, but was weaker than usual. ℞. *Nux vom.* in water. One week afterwards she wanted to sleep all the time, and in fact it was difficult to arouse her from her stupor. For this and because her body was covered with a cold, clammy sweat, and she was troubled with an offensive watery diarrhœa, induced me to give her *Secal.* Two days afterwards she had a profuse discharge from the womb of thick, black, putrid substance, looking like disintegrated liver and very offensive. The bloated abdomen had assumed its natural size, and she awoke from her stupor appearing better than for a year. She continued to improve rapidly, and symptoms changing somewhat, received *Hyosc.* and became entirely cured, and is at present teaching school. (J. Arthur Bullard, A. J. H. M. M., v. 6, p. 186.)

Characteristics of a few of the Remedies in Mental Affections. *Nux vom.* A kind of fainting feeling, with nausea and flushes of heat, going off when lying down. Comp. *Acon.*, *Amm. mur.*, *Aurum*, *Acon.*, *Arsen.*, *Calc. carb.*, *Cuprum*, *China*, *Ignat.*, *Mur. ac.*, *Opium*, *Phosphor.*, *Ipecac.*, *Laches.*, *Chamom.*, *Sulphur.*

Natr. mur. He likes to dwell upon past unpleasant occurrences, with depression of spirits. Comp. *Arnic.*, *Arsen.*, *Carb. veg.*, *China*, *Lycop.*, *Nux vom.*, *Pulsat.*

Pulsat. Early in the morning depression of spirits, and full of cares about domestic affairs. Comp. *Agar.*, *Ant. crud.*, *Arnic.*, *Aur. mur.*, *Bellad.*, *Conium*, *Ignat.*, *Lycop.*, *Laches.*, *Sepia*, *Sulphur.*

Chelid. Full of sad thoughts about the present and the future; cannot remain long in any one place. Comp. *Thuya*, *Sulph. ac.*, *Opium.*

Lycop. Weeps the whole day; cannot calm herself; worse from 4 to 8 o'clock. Comp. *Arsen.*, *Bryon.*, *Calc. carb.*, *Graphit.*, *Phosphor.*, *Pulsat.*, *Sepia*, *Silic.*

Imprisoning the Criminal Insane. A plea against the injustice of the present laws on this subject. (S. Worcester, H. M., Feb., 1873, p. 331.)

Emotional Insanity. (S. Worcester, N. E. M. G., Oct., 1873, p. 466.)

Acute Mania. Miss M., æt. 16, after suffering for several

weeks with melancholia, suddenly developed acute mania. After severe allopathic treatment, under which she grew worse, she had paroxysms of frenzy. Eyes red, protruding and ghastly, hair dishevelled, and wild demeanor; talking and singing alternately; hands, feet and head alternately hot and cold; tongue much coated; bowels constipated, and appetite capricious. *Gelsem.* in drop doses every hour, cured in less than three weeks. (C. P. Hart, A. H. O., Sept., 1873, p. 474.)

Melancholia is really a central hyperæsthesia of the general sensory nerve-centres, and with this excitability we find nearly always a suppression of all muscular actions. It may well be called the "pain of the soul," "the mania of sorrow." (Frese, N. A. J. H., v. 21, p. 423.)

Amylnitrite in Melancholy. It reduces the pressure of the blood, causes a dilatation of the capillaries, especially of the head, and accelerates the activity of the heart. It is inhaled two to four times daily, four or five drops for thirty-five or forty seconds, till symptoms of hyperæmia set in. (N. A. J. H., v. 22, p. 142.)

Melancholia. Mr. B., artist, æt. 43. In ten years has had four attacks; was in a lunatic asylum five months during the last one. Thinks himself guilty of every imaginable crime; worse at night; with palpitation of heart; fears to be left alone, yet must be kept in his room by force; despairs of getting well. ℞. *Arsen.*[3] each evening. Cured. (Trans. by S. Lilienthal, H. M., July, 1873, p. 553.)

Bad taste after losing rest; melancholy; drowsiness, but cannot sleep; mind too active. *Colchic.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Influence of Mind over the Heart. (E. M. Hale, N. Y. J. H., Aug., 1873, p. 249.)

Psychiatrics. Illustrated by clinical cases. (F. A. Rockwith, H. M., Jan., 1873, p. 269.)

Aphasia. Extract from a paper on. (Quoted by R. J. McClatchey, H. M., Aug., 1873, p. 26.)

Aphasia. Thomas J., æt. 30. Has lost the power to articulate, also has no memory for words, this condition set in three days since, during the night, having retired in ordinary health. *Glonoin.*[3], una pil. ter in die. Cured in three days. (Jas. C. Burnett, H. W., v. 8, p. 9.

Delirium tremens with restlessness and fear of death. *Cimrac.* (Austin, H. M., April, 1873, p. 445.)

Delirium tremens, where there was nearly constant drowsiness,

but with the usual inability to sleep, after *Hycos.* had failed, *Crotal.* cured. (Mackechnie, B. J. H., 1873, p. 131.)

Thomas Johnson, æt. 9, has, during a period of two years been affected with wakefulness and fright. About an hour after he falls asleep he suddenly starts up and screams, leaps out of bed and runs about like a maniac—this occurs two or three times every night—when his alarm has diminished he wrings his hands, sweats profusely and trembles. *Sulphur*[3], cured in a few days. (J. H. Nankivell, H. W., v. 8, p. 57.)

Brain and its Membranes.

Vertigo. A pathologico-therapeutic study by J. Kafka. Remedies for vertigo in alphabetical order by S. L. (N. A. J. H., v. 21, p. 433.)

Epileptic Vertigo. Sudden attacks of partial loss of consciousness, in shorter or longer intervals. Before the attacks peculiar sensation in the head; can't bear anything coming near him; gulping up of an insipid fluid; drawing pain from the nape of the neck to the forepart of the head. At times attacks of dyspnoea; epigastrium sensitive to presssure. *Laches.*[200]. Much better for a time; but after some weeks worse again. His hair is dry and the finger-nails are ribbed. *Thuya*[300], one dose. After this there is a gradual improvement with occasional short spells of dyspnoea, and weak pain in bowels of diarrhœa, with perfect restoration to health. (C. Kunkel, J. Pr., 1873, p. 530.)

Pathology of Sea-sickness. Irritation of the striated bodies from the irregular flow of blood is the pathology of sea-sickness. (F. Baker, M. I., v. 10, p. 486.)

Sea-sickness. The small bottled *Gherkin-pickles*, which are very sour, freely taken, with a hearty dinner on first going to sea is a finality. In the height of the disease, they are useless. (J. C. Morgan, M. I., v. 10, p. 602.)

Sunstroke cured by Opium. The children slept in the sun, they were found unconscious, the eyes glassy and half closed, pale face, deep coma. Cured by *Opium*[3]. (N. A. J. H., v. 21, p. 80.)

Hyperæmia of the Brain, caused by the influence of excessive cold or heat. *Glonoin.* (Mossa, A. H. Z., v. 87, p. 147.)

Hyperæmia of the Brain in scrofulous subjects. *Kali hydroj.* (Mossa, A. H. Z., v. 87, p. 155.)

Mrs. ——, æt. 35, had for about twenty-four days dull and burning pain in occiput, coming in forenoon, feeble gait, twitching of single muscles, starting in sleep; later there was double vision, followed by the burning pain in occiput, aggravated by everything tight around the head; better from pressure on vertex. *Gelsem.*[30] in water, improved at once, and cured in about six days. (Geo. S. Norton, Trans. A. I., 1872, p. 336.)

A lady, æt. 28, of extremely nervous temperament, complains of severe headache, pulsation in the temples, fulness and heavy aching on the vertex; *she had her hair cut off to within two inches of the scalp, because the heaviness and heat of it almost distracted her;* the least motion makes the pain much worse; she has not slept for three nights; keeps her eyes closed, because the light is disagreeable, though not painful; tongue coated heavily on the back part; moderate thirst, putrid taste; perspiration alternately with chilliness, which causes her to cover herself up very heavily, till perspiration breaks out again; oppressed breathing, caused by a sense of weight in the chest, and occasional light cough; pulse 106, small and empty; hands hot; aversion to food; on *attempting to rise, such weakness of the limbs she could not stand. Glonoin.*[cm] in water, every two hours, gave quick and permanent relief. (Ad. Lippe, M. I., v. 10, p. 607.)

Apoplectic Attack in a drunkard cured by *Opium*[12], followed by *Nux vom.*[6]. (S. R. Higgins, N. A. J. H., v. 22, p. 58.)

Hydrocephalus. *Prophylaxis for.* Mr. and Mrs. K., both thick skinned and dark complexioned, with dark eyes and hair, husband tall and slender, the wife short and stout, lost two children by hydrocephalus during first dentition, and wondered why they must. Mrs. K. during her next pregnancy took *Sulphur*[6] one day and *Calc. phosph.*[6] the next (as suggested in Grauvogl's "Text-Book of Homœopathy," p. 367), and with a satisfactory result. For whereas the former children were born with unnaturally large heads, and always during life manifested defective nutrition, this one was quite different; from the first moment of his existence he has been hearty and plump, and has cut his mouthful of teeth without trouble. (A. W. Woodward, U. S. M. and S. J., v. 8, p. 242.)

Hellebore. Constant rolling of head, day and night; moaning; tongue dry and red, previously black; pulse 130; fever thermometer 160 degrees (?). (Strong, H. M., June, 1873, p. 541.)

Child *regularly protrudes and retracts the tongue* in fever, with profuse watery stools; suppressed urine; pulse fluttering. Previously

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Hyperæmia of the Brain in scrofulous subjects. *Kali hydroj.* (Mossa, A. H. Z., v. 87, p. 155.)

Mrs. ——, æt. 35, had for about twenty-four days dull and burning pain in occiput, coming in forenoon, feeble gait, twitching of single muscles, starting in sleep; later there was double vision, followed by the burning pain in occiput, aggravated by everything tight around the head; better from pressure on vertex. *Gelsem.*[30] in water, improved at once, and cured in about six days. (Geo. S. Norton, Trans. A. I., 1872, p. 336.)

A lady, æt. 28, of extremely nervous temperament, complains of severe headache, pulsation in the temples, fulness and heavy aching on the vertex; *she had her hair cut off to within two inches of the scalp, because the heaviness and heat of it almost distracted her;* the least motion makes the pain much worse; she has not slept for three nights; keeps her eyes closed, because the light is disagreeable, though not painful; tongue coated heavily on the back part; moderate thirst, putrid taste; perspiration alternately with chilliness, which causes her to cover herself up very heavily, till perspiration breaks out again; oppressed breathing, caused by a sense of weight in the chest, and occasional light cough; pulse 106, small and empty; hands hot; aversion to food; on *attempting to rise, such weakness of the limbs she could not stand. Glonoin.*[cm] in water, every two hours, gave quick and permanent relief. (Ad. Lippe, M. I., v. 10, p. 607.)

Apoplectic Attack in a drunkard cured by *Opium*[12], followed by *Nux vom.*[6]. (S. R. Higgins, N. A. J. H., v. 22, p. 58.)

Hydrocephalus. *Prophylaxis for.* Mr. and Mrs. K., both thick skinned and dark complexioned, with dark eyes and hair, husband tall and slender, the wife short and stout, lost two children by hydrocephalus during first dentition, and wondered why they must. Mrs. K. during her next pregnancy took *Sulphur*[6] one day and *Calc. phosph.*[6] the next (as suggested in Grauvogl's "Text-Book of Homœopathy," p. 367), and with a satisfactory result. For whereas the former children were born with unnaturally large heads, and always during life manifested defective nutrition, this one was quite different; from the first moment of his existence he has been hearty and plump, and has cut his mouthful of teeth without trouble. (A. W. Woodward, U. S. M. and S. J., v. 8, p. 242.)

Hellebore. Constant rolling of head, day and night; moaning; tongue dry and red, previously black; pulse 130; fever thermometer 160 degrees (?). (Strong, H. M., June, 1873, p. 541.)

Child *regularly protrudes and retracts the tongue* in fever, with profuse watery stools; suppressed urine; pulse fluttering. Previously

Bryon. and *Silic.* had been given. Same symptom of tongue in hydrocephalus; both cases cured by *Sulphur*[200]. (R. R. Williams, N. E. M. G., Sept., 1873, p. 407.)

NOTE.—A child with symptoms of acute hydrocephalus in a very intense degree, whose tongue was darted back and forth with great rapidity, like a snake's, *Cupr. ac.* possessed all the other characteristics of the patient, and developed a favorable crisis in a few hours.

Meningitis. C. S., æt. 6 months. *Symptoms:* distinct chill, followed by fever, vomiting, restlessness, crying; the muscles became rigid and twitched, chest thrown forward, body resting on head and heels; motion of head from side to side; wild, frightened look; disturbed by slight noise; could not bear to be touched; threw arms about; pulse rapid; excessively nervous; breathing difficult; bowels loose.

Whisky and *Rhus rad.* were given every hour alternately for a time, and then whisky alone. Convulsions threatened the child on the fifth day, when *Bellad.* one dose was given, followed by *Hyosc.* and whisky in alternation, with speedy relief. Cerebral and spinal troubles speedily disappeared on eighth day, and the patient made a speedy recovery.

Indigestion was relieved by *Nux vom.* and colic pains by *Coloc.* Case dismissed on fifteenth day. (Reported by W. C. Dake, M. A., June, 1873, p. 213.)

Meningitis. E. W., æt. 8, was attacked in May, 1872, with pain in back of head and neck resembling the pricking of needles, with headache and high fever. *Acon.* and *Bryon.* gave no relief, and the next marked symptoms of meningitis appeared, viz., spots on the face; great cerebral and spinal excitement, which rapidly grew worse; constant motion, talking, contraction of muscles of the back and neck, drawing the head backward; pulse quick and irregular; whining; anxious countenance; saw imaginary objects, picking at them constantly; aversion to light; difficult, choking respiration; pain in chest; tongue red at tip; pain in arms and limbs. Whisky, two teaspoonfuls in four tablespoonfuls of water and *Rhus rad.* were given in alternation every hour, gradually increasing the intervals till eighth day, when the cerebral and spinal troubles nearly ceased. The disease now assumed a typhoid form with hardness of hearing, and the usual remedies were given. On the fifteenth day a swelling of the left parotid and submaxillary regions was observed, which soon became a large abscess and was lanced. *China* relieved the prostration following.

Nitr. ac. was administered for coldness of extremities and sloughing about abscess. One dose of *Silic.* was given, which promoted granulation. Recovery succeeded. (Reported by W. C. Dake, M. A., June, 1873, p. 212.)

Cerebro Spinal Meningitis. Indications for the use of some of the chief remedies in. (E. M. Hale, U. S. M. and S. J., v. 8, pp. 207, 310, 460.)

Cerebro Spinal Meningitis. History, Symptoms, etc. Treatment. Acon. Alcohol (first advised by Dr. B. W. James). *Arnic., Bellad., Bryon., Camphor., Cann. ind.* (very acute hearing, mild delirium alternating with madness; cold face, clammy skin; feeble, irregular pulse, lower limbs paralyzed; head shakes). *Cicut., Cimic., Cuprum, Gelsem., Glonoin., Helleb., Hydr. ac.* (desire to sing and dance, eyes drawn to the right and upwards, twitchings of wings of nose, facial spasms, cold extremities, dysphagia, involuntary stool, etc.), *Hyosc., Nux vom., Opium, Rhus tox., Secal., Sol. nig., Stramon., Veratr., Ziz. aur.* H. H. Hoffman, P. Seip.—When the tongue is thickly coated, winewhey, ice cream, brandy, milk punch, etc., must be given. Tongue dry, less nourishing food. Bathe in whisky, inject beef-tea, etc., when very weak. Clean tongue, beef-tea and broths, etc. (L. H. Willard, Proc. H. M. S., Penna., 1873.)

Calabar bean. Speedily relieved the tetanic rigidity, retraction of the head, severe headache, and hurried and irregular respiration. (C. J. Wells, A. H. O., Sept., 1873, p. 476.)

R. S., æt 3. Gave evidence of being unwell for a few days—was petulent and cross, wanted to be held in his mother's lap, called frequently for drink, thrust his fingers into his mouth. I was summoned at midnight of third day, and found child presenting following symptoms: severe diarrhœa, stools frequent and copious; very watery and yellow, containing undigested particles of food that had been eaten the previous day. Had also nausea and vomiting. Gave *Ant. crud.*[6th], with only partial relief of diarrhœa and vomiting, otherwise no change for better. On day following, cerebral symptoms were manifested; twitching of limbs, particularly when asleep, would start suddenly out of sound sleep and sit up in bed, looking about as if to inquire the cause, would then lie down and fall into another dose, and thus on alternately waking and sleeping with startings; tendency to drawing backwards of head. Dark red spots of various size appeared on child's face and neck, chest and arms. Opisthotonic spasms now set in

gradually; teeth were clenched, jaws firmly locked; limbs extremely cold, the latter as far up as the knees, the former up to elbows; at times patient would cry out as if in sharp pain; eyes rolled about in their sockets, followed by intervals of comparative freedom of pain.

Patient made vain efforts to sleep, after a night or two were thus passed the breathing became more labored; insomnia ensued, subsequently coma set in; discharges from bowels continued more or less watery and became involuntary; eyelids relaxed and drooped, eyeballs turned up; strabismus convergens was present; skin harsh, dry; gradually insensibility set in, eyes became insensible to light, and the mind to all that transpired around the child; all efforts failed to attract any attention from child.

The Chapman spinal ice-bag was applied at this stage, embracing within its limits the spine from occipital protuberance above, to fifth lumbar vertebra below. The rigidity of body gave way in five minutes, and patient passed into a state of quiet repose. Skin became soft and moist, stools, both urine and fæces, were evacuated at regular intervals during same night, requiring some effort on patient's part indicating return of vigor and tone to sphincters; no more involuntary stools.

Glonoin.[10th] was administered every two hours, and patient passed on to complete convalescence in a few days. (C. H. von Tagen, O. M. and S. R., v. 7, No. 2, 1873).

SCALP.

Alopecia. M. A. B., æt. 7. Hair falling out, leaving bare patches. *Fluor. ac.*[3], given without benefit. *Aloes*[3] was followed by improvement and resulted in a cure. (A. E. Hawkes, H. W., v. 8, p. 260.)

Tinea Tonsurans. *Sepia* cured. (Jas. C. Burnett, H. W., v. 8, p. 37.)

Erysipelas. M. J., æt. 48. Face, ears and scalp hot and swollen. Swelling uniform; skin scarlet, smooth. Severe pain in head and back; drowsy, but cannot sleep; at times delirium; tongue brownish-yellow in centre, with red edges; nausea and thirst; short, dry cough and chilliness when disturbing bed-covers; constipation; urine scanty, high colored; pulse 96. ℞. *Bellad.*[30], three hours. Kept head and face covered with dry cotton-wool. Cured. (J. C. Burgher, H. M., May, 1873, p. 467.)

Eyes.

IN GENERAL.

Lacerated Wound of the Eyeball. Child, æt. 5, while running with a croquet hoop in his hand, fell. We found a punctured wound on the eyelid; beneath the upper and lower lids, enormous effusion of blood; the ocular conjunctiva torn for three-quarters of an inch; the external rectus muscle torn through; the sclerotic torn about the same as the conjuctiva, but no escape of humours; pupil dilated; concluded that the spike of the croquet hoop had done the mischief. *Arnic.* lotion was ordered, and *Acon.* and *Arnic.*[9] alternately. The seventh day the patient could distinguish light, but not objects. In fifteen days well. *Bellad.* and *Gelsem.* were also administered during the amaurotic condition. (Wilde, M. H. R., v. 17, p. 737.)

Rheumatic Inflammation of the Eye, with periostitis of the frontal bone, which almost always leads to a staphylomatous degeneration of the cornea. Several cases of staphyloma from this cause have been cured by *Ilex aqui fol.*[1], five drop doses four times a day for eight days. (Hendrichs, A. H. Z., v. 87, p. 148.)

Neuralgia Oculi. Frank B., æt. 20, was attacked about February 25th, 1873, with a slight pain in the back part of the orbit, near the optic foramen, with photophobia. Symptoms steadily increased. The ophthalmoscope reveals no interior change. Photophobia, pain in temples, soreness in the back part of eyeballs, all greatly increased now. Movement produces very severe pain, as though the globes would be torn from their orbits. Treatment consisted in *Macrot.*, two drops per dose, every two hours, which cured the patient, even while attending to his daily duties. (F. B. Sherburn, M. A., Sept., 1873, p. 404.)

Headache with Distress from Light. From sunrise to sunset. At midday when the pain is most severe the right eye is much congested and sore, painful when moved, and sensitive to light.

Pain in and over right eye, coming on and going off with the sun; can bear neither natural nor artificial light; pain from lamplight, could not hurt worse if eyes were pulled from socket; discouraged; craves salt. Both cases cured by *Natr. mur.* (C. M. Chamberlain, N. E. M. G., Nov., 1873, p. 496.)

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LIDS.

Tinea Ciliaris. There are three forms. I wish to notice first that which corresponds to *pityriasis capitis*. Girl, æt. 26, had a dry branny eruption upon the eyelids, chiefly about the cilia, which had existed for years. Eyelashes irregular and imperfectly grown. The scales covering the skin were very fine, and the eyes weak and watery. *Carbolic acid* lotion had no effect. *Thuya* cured in a month or six weeks. The sister of the same patient, *pityriasis of face*, forehead, neck and ears; worse after washing in warm water and during the day time. *Thuya*[10] cured in a month. *Mezer.* should be used when the irritation exists on the hairy parts of the body, and especially should the irritation fly elsewhere on being scratched. *Magn. mur.*, should it be accompanied by a pimply eruption on the face, which comes and goes, but is worse after supper and in a warm room, and on women before the menses. The second form corresponds to *favus in the scalp*, and is due probably to a parasitic fungus embedded around the hair follicle. *Carbol. ac.* locally is the specific. The third form corresponds to *eczema of other parts*, and is especially liable to attack children with eczema of the bends of the knee-joints. *Graphit.* and *Hepar s. c.* are the main remedies for this form.

Carbol. ac. externally, two drops to six ounces of water, will cure psoriasis guttata in half the time that *Arsen.* will. *Arnic.* is an excellent remedy in housemaids knee. (R. F. Cooper, M. H. R., v. 17, p. 410.)

Scrofulous Inflammation. *Tellurium* has been found efficient with the following symptoms: Worse, left upper lid; lachrymation, itching and pressure in the lid. (T. S. Hoyne, M. I., v. 10, p. 184.)

Symblepharon et Trichiasis. R. W., æt. 28, a native of Scotland, some twelve years ago met with a very severe accident under the following circumstances: while engaged in pouring some moulten lead in a damp cavity, the hot metal rebounded and flew into his right eye, burning the orbital and ocular conjunctiva and cornea to such an extent that months of skilfully conducted medical treatment failed to prevent adhesions setting up between the conjunctival surfaces of the lower half of the eye ball. Patient states that Prof. Simpson, of Edinburg, attended his case, and after several months' treatment improved his vision, which was seriously threatened at one time; but he dismissed the case, saying he could

do nothing further, deeming adhesions inevitable. After the lapse of eleven years there is now the following described appearance present: The inner half of margin of lower lid is turned in (entropium) the cilia (in this instance consisting merely of short stiff stumps) impinge upon the ocular conjunctiva, teasing and irritating it to such a degree that the entire eyeball is in a state of chronic inflammation. The lower puncta is drawn out of its natural position so that the lachrymal secretions cannot pass but flow over the cheek. The lower third of cornea is in a complete state of pannus opacity; the lower fourth of cornea, together with lower third of ocular and palpebral conjunctiva surfaces being firmly adherent. The eyeball moves but slightly, being bound down and limited in its action, sight being much impaired, eye is almost useless.

After consulting the various works and methods recommended, I concluded to try one that suggested itself to my mind after much thought and deliberation.

My first effort was directed toward relieving the entropium; this was accomplished by removing an ellipsoidal piece parallel with the margin of the lid from the tegumental surface, overlapping in extent the entropium; this done I dissected away and freed the adhesions (symblepharon). Next in order I split the tarsal margin to a length corresponding with the tegumental incision, and along the inner margin so as to prevent wounding the hair bulbs; this allowed of a free rolling out of the entropium. The edges of the ellipse were now accurately approximated with three fine sutures.

Remembering the prompt and good effects obtained some years ago in the use of sheet lead to ulcerated and abraded surfaces, the thought occurred to me in an instant to try to overcome and prevent adhesion of the dissected surfaces by this means. I cut and moulded a flat piece to suit the parts, inserted it, strapped the eyelids well together, and applied a compress. The metal was worn about sixty hours; three dressings were made; the parts healed, and success was complete. Appropriate after-treatment removed the corneal opacity; perfect freedom in the movement of the eyeball was re-established. The organ became as useful as the sound one in less than two months. The only lotion used was very weak arnicated water. The entire operation healed "per primam intentionem." (Von Tagen, O. M. and S. R., v. 7, No. 6.)

Ophthalmia Tarsi. (*Blepharitis marginalis*). E. G., æt. 24, male, presented himself for treatment with highly inflamed lids,

very much thickened and infiltrated from disease of long standing. The ciliæ were matted together in bunches along both upper and lower margins; there was profuse lachrymation of a muco-purulent nature; the surrounding integument over which the secretions flowed was excoriated, presenting the appearance as if burned. Intolerable burning sensation, conjunctiva both palpebral and ocular portion much injected, the former presenting a rough, granular appearance. Vision more or less impaired, objects looked dim, as if enveloped in a halo or mist, eyeballs feel tense, sensitive to both light and pressure.

In early childhood, some twenty years or more prior, patient had sore eyes, induced as was supposed by cold. Eyes were treated by a charlatan. The medicine administered was a white powder, following the use of which there was ptyalism, sore mouth, inflammation and swelling of the glands of mouth and throat. The integument at various points over the body became very sensitive and painful, looking red and inflamed in portions from an inch to four or five in diameter. The cuticle scaled off, leaving a tender inflamed surface beneath and somewhat raw as if blistered. There was much emaciation. His finger-nails shed off, and this has occurred three or four times during the period above referred to (some twenty years). Upon inquiry being made the mother of patient stated that calomel had been given in considerable quantities during childhood. Almost every year since then patient had had a siege similar to the afore-mentioned symptoms, differing only in severity, some years worse than others. Marked emaciation generally followed each attack. Within the past two years one attack was so severe as to confine him to his bed for a period of nearly six months.

The following symptoms presented when the patient came under my care: Itching, burning and smarting of eyelids, could scarcely resist rubbing them; margins of eyelids red, swollen, inflamed; intolerance to light of sun. *Sulphur*^{81m} was given. This seemed to aggravate; both eyes looked much worse on fourth day following the use of this remedy. The discharge was more profuse, and margins of lids were covered with thick crusts.

Regarding the case as one of mercurial cachexia, *Merc. corr.* 200th potency was given, three doses at intervals of three to four hours. With the exception of a relapse induced by exposure of the eyes to the rays of the sun on the water for several hours during a fishing excursion; the patient passed on to gradual recovery.

Some three months were consumed in the treatment of this case. A few doses of the *Merc. corr.* at intervals of ten to twelve days apart, and now and then a dose of *Sulphur* high, together with hot fomentations of flax seed applied at night, constituted the treatment. The patient made a complete recovery from a disease of at least eighteen years standing. (Von Tagen, O. M. and S. R., v. 7, No. 4.)

Colchicum^{2c}. Stye on left lower eyelid, near inner canthus. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Graphites. *Graphit.*^{200}, curative in several cases of wens of the eyelids. (W. P. Wœsselhœft, N. E. M. G., Feb., 1873, p. 50.)

Clonic Spasms of the Muscles of the Eyelids. K. K., æt. 15. Case of chronic nature. *Calc. carb.*^{6}, followed by *Nux vom.*^{3}. Cured. (Jas. C. Burnett, H. W., v. 8, p. 84.)

CONJUNCTIVA.

A mechanic, æt. 45. Sick four years. Suffered from inflammation of the eyes and stomach. When eyes were troubled, stomach was better; obstinate constipation, short breath, able to walk about but slowly; under allopathic treatment for three years and a half; rather thin in flesh, very excitable, and worse from the least excitement; fainting spells, which began with a sensation of fluttering in the pit of the stomach, going generally to the throat, causing fainting, which would last some time; these turns would come on and waken him from sleep, then he would give a scream, and faint. Sometimes he could throw them off by jumping out of bed, and walking around; there was no time of day that he was exempt from these attacks; sometimes falling when standing, or falling from his chair; some times a hard pain would come on over and through the eyes, and last for a day or two, during which time the stomach was better; vomiting of bilious matter and food; much wind in the stomach after each meal, for more than an hour or two after dinner; urine dark and thick, and discharged with much trouble; constant pain in small of the back; was afraid to go to sleep, because he was afraid he should die (not a constant symptom); when first lying down, had palpitation of the heart for a few minutes, and then felt quite easy; palpitation frequent from over-exertion or excitement. ℞. *Nux vom.*^{6} in water without results. *Bellad.*^{30} and ^{200} cured. (C. B. Adams, A. J. H. M. M., v. 6, p. 261.)

A. B., æt. 16. Had both eyes inflamed for three months, and is now blind; veins of sclerotica highly injected, with excessive lachrymation; eyes worse at night, with little sleep, they feel excoriated; right eye has a small vesicle in the centre; left eye looks as if it had been touched by a live coal; both pupils are covered with a thick, whitish, lead-colored film. *Euphras.*[3], a dose every twelve hours. July 25th, inflammation and lachrymation diminished. July 26th, vesicle has burst, patient has an eruption of prurigo on arms and legs. *Sulphur.*[7], *ut supra.* July 29th, right eye very much inflamed, lower lids a very bright red; eyes very hot to touch. *Bellad.*[7]. August 1st, eyes bloodshot, but the film on the left eye is becoming semi-transparent in the centre. *Cannab.*[2]. August 6th. Patient sees more clearly with the left eye; with the right eye he can see objects in bulk. *Spigel.*[6]. October 30th, under continued use of *Spigel*, left eye vision clear, the right eye also more transparent. (S. H. Higgins, N. A. J. H., v. 22, p. 57.)

Patient nervo-sanguine young man, dark complexion, of good habits. Congestion of conjunctival covering of sclerotic tunic of eyes from childhood. Sight unimpaired, health excellent, and no inconvenience from the congestion save the annoyance caused by the redness of his eyes, which was marked if disturbed of his usual rest nights. Prescribed *Thuya*[3], for slight prurigo, a dose every two hours. Three days later saw patient, found the local affection improved, and the *sclerotic restored to nearly its normal whiteness.* Had not considered the disease of the eye in giving *Thuya*, and was as much surprised as the gentleman was pleased at its result. (A. K. Frain, M. A., May, 1873, p. 143.)

Merc. nitr. Useful in pustular form of conjunctivitis or keratitis; relieves the inflammatory *burning* lachrymation, excessive photophobia; spasm of the lids; great *sensitiveness to heat* and damp cold; nocturnal aggravation. (A. K. Hills, N. Y. J. H., Jan., 1874, p. 520.)

Chronic Ophthalmia. Sela F., æt. 5. General health good, and of healthy parentage, was placed under my care August, 1871; had disease of eyes for three years; allopathic treatment had proved unavailing; on examination, found the entire conjunctiva very much inflamed, lids much swollen, no granulation; the cornea of one eye was thickened, rough and cloudy, and of a milky white (no ulceration). Photophobia and lachrymation were the prominent symptoms; some smarting, itching and burning, with sensation of sand in the eyes. Treatment. *Caustic.*[6] and *Macrot.*[2], internally, in alternation from one to three hours; a simple collyria of sulph. zinc, one grain to the ounce of water, applied by compress until the inflammatory symptoms subsided, with frequent bathing, until all irritation was gone. *Macrot.* was discontinued upon relief from photophobia, but *Caustic.* was continued every four hours until entire recovery. Cured in four weeks. (F. B. Sherburne, M. A., Sept., 1873, p. 406.)

Ophthalmia. From unslacked lime thrown in the eyes; swelling of the eyes; conjunctiva injected; lashes pressed inwardly by the excessive swelling. Cured. *Apis*[1], internally, and as a collyrium, 15 drops *Apis* in ice water. (Deschére, N. A. J. H., v. 22, p. 245.)

Scrofulous Ophthalmia. A little girl, æt. 3, light hair, blue eyes, *pale* complexion; formerly subject to profuse scalp-sweat during sleep; head not large; of scrofulous parentage; since weaning, at six months, has had scrofulous ophthalmia, principally of *one eye*, but both eyes were more or less affected; great photophobia; conjunctivitis; ophthalmia always greatly aggravated on taking the least cold, with constant reproduction of ulcers on the corneæ; *on forcing open the eyes a stream of tears flows down the cheeks;* papulæ around the eyes; finally there was an erysipelatous inflammation of the eyelids of both eyes and of the parts adjacent; a shining redness and swelling; the upper eyelids covering the lower; edges everted, and the conjunctiva excoriated by the friction of the lower eyelashes; the eyes could not be opened. *Hepar s. c.*, *Calc. carb.* and *Apis*, prescribed consecutively, ameliorated the symptoms; nothing proved curative. *Calc. jod.*[30] in a very few days completely removed the photophobia and all traces of inflammation. Afterwards, on taking a severe cold, her eyes were not affected, but the second attack of coryza produced considerable ophthalmia, which *Calc. jod.* cured as quickly as at first. (H. V. Miller, H. M., Feb., 1873, p. 344.)

Child, æt. 3, suffering from scrofulous inflammation of the eyes. Symptoms: great dread of light, with inflammation of conjunctiva always worse from the least cold; constant reproduction of ulcers on cornea of either eye; erysipelatous inflammation of the lids and adjacent parts, shining redness and swelling; upper eyelids covering the lower; edges everted and excoriated by the lower lashes. *Calc. jod.* cured very speedily. (H. V. Miller, M. I., v. 10, p. 88.)

Ophthalmia scrofulosa. A child, æt. 1½. Sick since four to

six weeks. Eyes closed, cannot be opened; constant discharge of an ichorous matter, disseminating a foul odor; the face is covered with an impetiginous eruption, which discharges a similar pus. The child was cured within four weeks by the following remedies: *Nitr. ac.*[6], for two days; *Merc. præc. rub.*[3], night and morning, for four days; *Sulphur*[1], night and morning, for six days; *Calc. jod.*[3], for five days, and *Graphit.* finished the cure. (H. Goullon, Jr., A. H. Z., v. 87, p. 189.)

Chamom.[200] relieved ophthalmia scrofulosa: intense photophobia, *the least light unbearable;* profuse acrid discharge from eyes and nose; fiery-red rash on face. (A. K. Hills, N. Y. J. H., Jan., 1874, p. 520.)

Scrofulous Inflammation of the Eyes. Skin pale; nose thick; eczema in the face; sub-maxillary and cervical glands swollen and hard; periostitis on one finger and two toes; body emaciated; belly thick, no appetite; eyes shut on account of pain and photophobia; lids swollen, discharging copious quantities of pus when being forcibly opened; conjunctiva bluish-red and swollen. *Bellad.* did nothing. *Ferr. jod.*, in trituration, brought about a gradual cure. (Fischer, A. H. Z., v. 86, p. 37.)

Diphtheritic Conjunctivitis. Rarely met with in this country or in England; more common in Germany. An Irish laborer, æt. 40, living in damp, ill-ventilated house, of irregular habits, occasionally indulged in a drunk. Patient says eye got sore in a single night, and on following day was much swollen, so much so that lids could not be turned out (everted) without much pain and some considerable trouble, being very sensitive to touch; when lids were parted a stream of hot acrid tears, mixed with yellowish flakes of fibrinous material, gushed out. There was marked chemosis of a pale yellowish color, and presenting a succulent appearance. The infiltration was marked throughout the entire conjunctival surface, presenting a firm fibrinous nature; over both palpebral surfaces a thick, opaque membrane had formed, which could be detached in small patches and shreds. There was much extravasation of blood over the entire ocular conjunctiva. The cornea was invaded by ulceration at three distinct points, the larger and deeper of these being at the centre. The latter for several days threatened to penetrate into the anterior chamber, and at one time this seemed inevitable, the ulcer presenting a bulging outward at its centre.

Merc. bij., 6th trituration, was administered internally, together with a local application of *Arg. nitr.*, 1 gr. to aqua 1 ℥, twice to

thrice daily. The patient was kept in a darkened room, and was ordered a generous diet. At the close of the third week after treatment was commenced, the patient was sufficiently recovered to return to his home.

The air of patient's room was kept at a temperature of 55° Fahr. The strictest cleanliness was enjoined of both body and clothing, a separate apartment was used for the patient, and every article used by him was kept separate and apart from those used by others.

Frequent ablutions with water, as hot as could be borne, and compresses of old, soft flannel were wrung out of hot water and frequently changed; these gave marked and speedy relief of the pain and exquisite sensitiveness that was present in the affected eye and surroundings.

Great care should be observed from the outstart of the malady to prevent the patient from using any articles, such as towels, cloths, etc., upon the sound eye, otherwise infection will be thus conveyed and that organ will become likewise invalid. The sound eye should likewise be protected, and the patient instructed not to lay on side opposite the affected organ, otherwise the discharge from the affected eye would be likely to flow over the bridge of the nose and find its way into the sound eye. (Von Tagen, O. M. and S. R., v. 7, No. 4.)

Granular Conjunctivitis. *Natr. sulph.* Large, blister-like granulations with burning lachrymation.

Thuya. Large, blister-like granulations and indolent inflammation.

Arsen. Inside of the lids feel *dry* and seem *burning up*, so *excessive* is the *heat*, *photophobia* intense, with *spasmodic closure* of the lids (consequent upon traumatic or sympathetic irritation of the delicate corneal tissue), frequently accompanied by *great restlessness and anguish;* a long continued action of this drug will complete the cure.

Rhus tox. Spasmodic closure of the lids, with *excessive photophobia*, and as the lids are separated there *spurts forth a perfect gush of hot tears. Anguish and restlessness compelling continued motion*, with *nocturnal* aggravation, and sometime the characteristic rheumatic diathesis.

Mercur. Pains are generally of a *burning* character, the lachrymation *acrid*, the photophobia considerable, and the sensitiveness to

extreme heat or cold very marked, especially the *heat of the "glaring fire"* and the coldness of damp places.

Cinnab. Old, tedious cases, that have taken mercury, in excess. "Parboiled" looking patients.

Hepar. Spasmodic closure of the lids in a *marked degree.* This also is an excellent antidote to the mercurial cachexia, and differs in its action from the latter drug, especially in its extreme *sensitiveness* to *cold air.* Desire to keep the eye *warmly* covered. The greatest *sensitiveness to touch* frequently exists. Patient withdraws as an attempt is made to examine the organ, as if *afraid of being touched.*

Sulphur. In the beginning, as an intermediate remedy or in *terminating* (does not the doctor mean *completing?*—Ed.), the cure has now high repute; and without it some old indolent, scrofulous cases would go uncured. Eyelids *glued together in the morning*, and it is with the *greatest difficulty* that they are separated. Water is not a favorite application, and when it is used aggravation is almost sure to follow.

Calc. caust. In scrofulous *chalky* appearing patients inclined to *obesity*, with their lids firmly adhering to each other in the morning and scurfs in the cilia during the day. Children during dentition; plethoric females with *too early* and *profuse* menstruation. *Profuse perspiration about the neck*, and *cold clammy condition of the feet.*

Sepia. Cures granulations especially in tea-drinking females. Aggravation from bathing. Desire for cool air. Inclination to drooping of the lids as if it were impossible to keep them open.

Pulsat. Want of thirst. The granulations generally very fine, sometimes dry, and at others accompanied by excessive secretion of *bland* mucus, and not much photophobia. *Anæmic, amenorrhœic* females who *delight in open air exercise.* The *heat* of the sun is not agreeable, and the wind frequently increases the lachrymation. Cold applications agreeable and refreshing. (A. K. Hills, N. Y. J. H., April, 1873, p. 67.)

Trachoma. Report of a case in which improvement progressed rapidly under *Aur. met.*, 6th, 30th and 200th successively. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 205.)

Two cases of *Pterygium, Laches.*[30]. (S. R. Rittenhouse, Proc. H. M. S., Penna., 1873.)

CORNEA.

Ulcers of the Cornea. *Acon.* Ulcers from traumatic causes. *Arg. nitr.* Old ulceration with sub-acute keratitis; superficial ulceration with granulation of the lids; coldness in the eye, and burning pain in the scalp, as if drawn tight; ulceration of cornea in new born infants, with profuse discharge from the eyes.

Arnic. Traumatic ulceration with much hemorrhage in the anterior chamber.

Arsen. Central ulcer with intermittent pains. Central vascular ulcer with hot burning lachrymation; scalding pain in the eye, especially in the morning, ameliorated by warm water. Superficial ulcer with slight redness, but much photophobia and lachrymation; child lies with head buried in the pillows. Dryness of the eye with considerable itching. Burning pain in the eye at 2 A. M., and the ball feels sore to touch. Dull pain in the eye, worse at night, especially after midnight, preventing sleep; slight photophobia and lachrymation, and after bathing in cold water, the eye feels swollen, painful, and burning. Burning pain across the brow, with acrid lachrymation, worse at night.

Asa fœt. Extensive superficial ulceration with iritic pains from within outward, relieved by rest and pressure.

Aurum. Ulceration occuring in the course of pannus with enlarged cervical glands. Pains from without inward, and aggravated by pressure.

Calc. carb. Ulcer, worse for a few days after menstruation, vascular with much photophobia. In fat unhealthy children. There are no prominent eye symptoms under this drug, but we are guided chiefly by concomitant symptoms.

Iodide of calc. Ulceration with enlarged tonsils and cervical glands.

Chin. mur. Severe periodic pains.

Cim. vulg. (properly *Actæa*). Sharp pain through the eye into the head.

Cinnab. Pain above the eye, extending from the internal to the external canthus; or pain running around the eye.

Conium. Intense photophobia and very little redness of conjunctiva.

Crot. tig. Upper part of cornea, in nursing women. Severe pain in supraciliary region, worse at night. Conjunctiva greatly inflamed. Pimples on the face.

Euphras. Ulcer and pannus extending from above, downward to centre of cornea; slight dimness of cornea with profuse smarting lachrymation; profuse thick, acrid discharge. Lids thick and red; photophobia and pain worse in the daylight. Blurring of the eyes, ameliorated by wiping.

Graphit. With moist fissured eczematous eruptions. External canthi cracked. Ulcerous cornea with a few small vessels running into it, great photophobia, soreness with fissure of the external canthus.

Vascular ulcer, cannot get eyes open till 9 or 10 A. M.

Hepar s. c. Red vascular elevated ulcer, like a piece of red flesh, at the margin of the cornea. Much pain in one before going to bed, and much photophobia; shooting pain, worse in evening and morning. Hypopyon, with central circular ulcer. Abscess of cornea. Round, smooth, perforating ulcer. Ulceration with much photophobia, child will not, and cannot open eyes. Vascular ulcer from injury, with throbbing pains about eyes, and top of head. Ulceration of upper part of cornea from large granulations which bleed easily, much photophobia; eye better when warm. Lids swollen and bleed when opened. Serpiginous ulcer, relieved by warm water. Ulcer with white base, great rednes of cornea and conjunctiva, and much pain, relieved by warmth. Pains aggravated by cold or uncovering eye. Lids spasmodically closed, and sensitive to touch. Throbbing pains.

Kali bichr. Ulcer with slight photophobia in morning and agglutination; smarting worse after rubbing, stringy discharge from the eye. Ulcers and pustules of cornea with *no* photophobia, no redness.

Merc. prot. Ulceration commences at margin of cornea and extends, involving only the superficial layers, either over the whole cornea or a portion of it. Ulcers occurring in the course of pannus and conjunctivitis granulosa. Large excavating ulcer on upper part of cornea with several small ulcers on lower portion; generally excessive photophobia. Thick yellow coating at base of tongue.

Merc. sol. Ulcers, extending across upper part of cornea, vascular, with pains worse at night, and relieved by holding lids open; with erysipelatous swelling at lids and nose, flow of burning hot tears, always worse before midnight, and relieved by bathing with cold water; with intense photophobia, sore nose and eczematous eruptions on face; central (ulcer) cannot bear to have eye

covered; mouth bleeds easily; pressing pain on looking at a light. Ulcer surrounded by grayish opacity; tearing, burning pains in and about eyes, extending into frontal bones. Severe tearing in forehead and vertex. Pains always aggravated at night. Photophobia very marked and worse from any artificial light. Lachrymation profuse, burning and excoriating. Lips thick, red and swollen.

Natr. mur. Ulcerations, after cauterizing with nitrate of silver; with dread of light, so that child lies with head buried in pillows, lids swollen, bleed on opening, much lachrymation and eruption on face and lids. Sharp piercing pain above right eye on looking down, with throbbing headache worse in the evening. Feeling of sand in the eye, worse in the morning, itching and burning in the eye, canthi cracked, and lachrymation acrid.

Nux vom. Excessive photophobia and aggravation (general) in the morning. Large central ulcer, sharp darting pains, chronic ulcerations; lids thick, red, swollen, and agglutinated in morning. Conjunctiva injected.

Pulsat. Thick white or yellow bland discharge. General amelioration in open air.

Rhus tox. Vascular ulcer of upper part of cornea, worse latter part of night, and from sunlight. Superficial keratitis with much photophobia and lachrymation, so that tears gush out on opening, spasmodically closed lids. Lies constantly on face. Lids œdematously swollen, particularly the upper; chemosis of conjunctiva. Worse after midnight and in damp weather.

Silic. Sloughing ulcers. Hypopyon.

Sulphur. Sharp sticking pains, as if a needle or splinter were sticking in the eye. Superficial ulceration with much photophobia and lachrymation and sharp pains as from sand in eye, worse in the house. Ulcers with eczema capitis, with stitches temporarily relieved by ice water, with sticking pains in morning, with pain in eyeballs, intense photophobia, profuse discharge of mucus and tears, and red lids, with hypopyon, commencing with sudden sharp pain, causing lid to drop, now sharp stitches; after vaccination, pain in eyes and heat ameliorated by cold water, wakes at 4 A. M., with sharp pain in eye, recurrent, with pain, much photophobia and lachrymation and restlessness at night; and border of cornea, resulting from pustules. Great photophobia generally and profuse lachrymation. Aggravation from bathing.

Thuya. Linear peripheral ulceration, with hypopyon after venereal trouble. Suffusion of eyes. Pain, as if a nail were being

driven in over the left eye. (Geo. S. Norton, N. Y. J. H., Feb., 1874, pp. 543–553.)

IRIS.

Diseases of the Iris. In traumatic iritis, *Arnic.* has never given satisfaction. *Bellad.* and *Acon.* are much better. In *syphilitic iritis mercurial preparations*, especially *Merc. p. r.*, 2d trituration in acute, and *Merc. subl.*, 2d dilution in chronic cases. *Kali hydr.* in relapses after abuse of mercury, or *protojoduret of mercury*, when no abuse of mercury did precede. *Nitr. ac.* in relapses and old cases spoiled by mercury. In collection of pus in eye-chambers (hypopyon) *Mercur.*, *Hepar* and *Sulphur*, have proved beneficial. Where there is great intraocular pressure caused by it, *paracentecis of the cornea.* (Payr, J. Pr., 1873, p. 320, etc.)

Iritis. Mr. W., æt. 19, complained of pain in the left eye, over the brow and down the temple, which was aggravated at night. There was intolerance of light, with lachrymation and injected conjunctiva. The muscles of the eyeball were stiff on movement, and the ball itself was somewhat sensitive to the touch. Cured by *Spigel.*[6], every three hours. (Eye and Ear Clinic Hahn. Med. Col., W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 201.)

Rhus tox. in Irido-choroiditis. *Lids red, swollen and œdematous, especially the upper, and spasmodically closed, with profuse gushes of hot tears on opening them;* sac-like swelling of the conjunctiva; yellow, purulent mucous discharge; swelling around the eyes. Burning pain in eye, with much photophobia; stitches in eyes and temples, with vertigo; lids cannot be opened; worse in the evening. Pain in right eye, so tense he could not bear the slightest touch, with pressive, burning pain in the eye. Child lies constantly on its face with its hands to the head; head hot, and face red. Rhus pains relieved by motion, aggravated by damp weather and on getting wet; sensitiveness to change of temperature; restlessness at night, especially after midnight; disturbed by bad dreams. (Geo. S. Norton, N. Y. J. H., March, 1873, p. 30.)

Nitr. ac.[2c]. Syphilitic iritis. On lying down, or even inclining head from the upright position, feeling as if warm water was flowing over, and from both eyes, first right, then left, relieved by cold water. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Syphilitic Iritis is generally more rapid and disastrous, and has a greater tendency to produce irido-cyclitis and irido-choroiditis

than any other form of iritis. Generally assumes the parenchymatous form, involving the whole iris tissue, the fibrillæ of which become swollen from exudation into its parenchyma. It is more smooth than normal, with a dull glistening appearance. Pupil irregularly contracted, acts sluggishly and sometimes immovable. Large tortuous veins on the surface of the iris, injection of the anterior ciliary vessels forming a rosy or brownish ring about the cornea. Exudation of lymph along the edge of the pupil binding the iris to the capsule of the lens. Pus in the aqueous humor rendering it turbid and settling in the anterior chamber, causing hypopyon. *Condylomata, of yellowish red or brown color upon the iris;* protruding into the anterior chamber; highly vascular, sometimes degenerate, but are more often absorbed.

Severe, cancer-like syphilitic pains, *in*, *above*, and *around the eye*, and even over the whole side of the face. Fever, coated tongue, anorexia, lassitude, and symptoms of constitutional syphilis. The most common sequelæ are synechia, capsular cataract, atrophy of the bulb, or staphyloma of the cornea or sclerotic. Bandage *both* eyes, keep patient in bed on low diet, keep the pupil dilated with a solution of atropine. (*Atrop. sulph.*, iv. grs. to ℥j.) *Merc. corr.*, *sheet-anchor.*

Merc. corr. Severe burning, cramping pains.

Merc. sol. Worse at night after going to bed. Very sensitive to heat and cold. Gaslight more painful than sunlight.

Merc. prot. Eye symptoms like *Merc. sol.;* tongue, red tip and edges, and thick yellow base.

Cinnab. A very important remedy. Pain from the inner canthus across the brow; pain seems to run around the eye.

Thuya. Large wart-like excrescences on the iris, with severe, sharp, sticking pains in the eye, aggravated at night, and ameliorated by warmth.

Asaf. Pains, burning, sticking or pressing, extending from within outwards, relieved by rest and pressure.

Aurum. Bone pains. Pressive pains in the orbit and above, from above downward, and from without inward.

Petrol. Dull pulsating pain in the occiput.

Hepar s. c. In latter stages, eye very sensitive to touch. Pains relieved by warmth.

Sulphur. Intercurrent, removes *recent* adhesions. Little, sharp, sticking pains in the anterior part of the eye, feeling as though there were a glass splinter under the lid.

Chin. mur. Symptoms intermit with chills and some fever.

Rhus tox. Œdematous swelling of the spasmodically closed lids, and upon opening them a profuse gush of tears. Also consult *Arsen.*, *Clemat.*, *Arg. nitr.*, *Laches.*, *Lycop.*, *Natr. sulph.*, *Nitr. ac.*, *Phytol.*, and the *Kali's*. (Geo. S. Norton, N. Y. J. H., June, p. 172, and July, p. 216, 1873.)

LENS.

Visual Accommodation. Since the article on the mechanism of accommodation was published, I have continued my investigations from time to time. More particularly I examined the changes observable in the image reflected from the anterior surface of the crystalline in the eyes of some myopes when they attempted to adjust their sight from distant to near objects. In some, if not in all of these, I observed that the reflected image of the candle appeared brighter and smaller than in normal eyes, and that in these attempts at accommodation this image moved in an uncertain and unsteady manner. From these phenomena I inferred that myopia does not always or solely depend on increased length of the visual axis, but that it may sometimes be owing to abnormal convexity of the anterior surface of the crystalline and to deficiency in the power of regulating the movements of the crystalline. Myopia may be produced: first, by undue elongation of the visual axis; second, by increased convexity of the cornea; third, by increased convexity of the crystalline lens; and fourth, by abnormal refractive power of the crystalline. Careful observations will, I believe, enable us to determine which of these conditions exists in each individual case of myopia.

In order to study the various catoptrical and dioptrical phenomena that take place in the eye, I constructed a model of the eye on a scale of ten times the dimensions of the natural eye. The sclerotic is represented by a glass globe having a diameter of twenty-four centimetres, painted black on the inside to represent the choroid, and colored white outside in imitation of the color of the sclerotic. A section is cut out of the globe in front to receive the cornea, which is represented by a section of a globe of eight centimetres radius of curvature cemented on to the sclerotic over the anterior opening. Behind this hangs the iris made of vulcanized India rubber, with a circular opening to represent the pupil moderately dilated. Immediately behind this, and at three centimetres

from the cornea, lies the crystalline lens made of sections of two glass globes, the anterior surface of ten centimetres radius of curvature, the posterior surface of six centimetres radius of curvature. These two sections are united by means of a brass ring, to which they are cemented, and the space between—five centimetres from centre to centre—filled with a mixture of two parts of glycerine to one part distilled water, which gives a lens of a refractive power equal to that of the natural crystalline lens. The whole of the space behind and in front of this artificial crystalline is filled with water, which nearly represents the refractive power of the aqueous and vitreous humors. At the back of the globe exactly opposite the cornea a circular space of the artificial globus is left clear to observe the picture formed on what corresponds to the retina. When the model eye is directed towards a bright image, say a lighted candle at the distance of twenty feet, the image of the candle is accurately focussed inverted on the clear space corresponding to the retina in the visual axis. On bringing the candle nearer to the eye the inverted portion on the retina becomes blurred and hazy, in consequence of the focus being thrown beyond the retina, and this haziness increases as the candle is brought nearer to the eye. A slight movement of rotation of the crystalline on its vertical axis suffices to restore the perfect image of the candle on the retina by shortening its focus. The nearer the candle is approached to the eye, the greater is the inclination required to be given to the crystalline lens in order to focus the image correctly on the retina.

When we now look into the eye from one side, the candle being placed on the opposite side at an angle of a few degrees from the line of vision, the catoptrical phenomena of the eye can be easily observed. When the lens is placed as for distant vision the three images reflected respectively from cornea, anterior surface of crystalline and posterior surface of crystalline are seen; the two former large and upright, the last small and inverted. The image from the cornea is nearest the candle, then comes that from the anterior surface of the crystalline, and nearest to the observer is the small inverted image reflected from the posterior surface of the crystalline. We shall suppose we are observing the eye from the nasal side while the candle is on the temporal side. If we now perform the slight rotation of the crystalline on its vertical axis from temporal to nasal side I suppose to take place in accommodation for near vision, we shall see that the image reflected from the anterior

surface of the crystalline moves away from the observer and towards the corneal image. If now we restore the lens to its unaccommodated position and transpose candle and observing eye, the former to the nasal the latter to the temporal side, we see the three images as before. Then if we slightly rotate the lens as in the previous experiment, we see image reflected from the anterior surface of the crystalline move towards the observer and away from the corneal image, just as it is seen in the natural eye, as I described and depicted in my former paper.

This model has no pretensions to be an accurate reproduction of the eye ten times the size of nature, for the surfaces of the actual cornea and crystalline are ellipsoidal, and those of the artificial eye are spherical. The index of refraction of the real crystalline varies in its different layers, the outer layers having a smaller refractive power than the central portions. The glycerine lens being of the same refractive power throughout represents the average index of refraction of the natural crystalline; just as the radii of curvature of the spherical cornea and crystalline represent the average radii of curvature of the same parts in the real eye. Notwithstanding these dissimilarities, the model gives a very fair reproduction of the optical effects of the real eye, and all the phenomena of vision are sufficiently well represented on a larger scale in the artificial eye, and, as I have said, they completely corroborate and demonstrate the—truth, I was going to say, but I shall say the—possibility of the changes, I have conceived as occurring in accommodation, being those that actually take place in the natural eye. (Dudgeon, B. J. H., 1873, p. 63.)

Unsuspected Loss of the Crystalline Lens. Patient, æt. 60. Vision of r. eye nearly normal (11–12); l. eye 1–200; l. eye distinguished light from darkness and outline of a figure; eyes alike externally; eighteen years before left eyeball was struck by a nail; no visible wound at the time of pupil or external eye; under the ophthalmoscope media clear, retina, cheroid and optic nerve healthy. Oblique illumination found slight tremulousness of the iris. The iris is never tremulous when it has its natural support, and its natural support the crystalline lens must be dislocated or absent. The ophthalmoscope had discovered it not dislocated. Placing a thick cataract glass before the eye, the patient could read through it. (H. C. Angell, N. E. M. G., Feb., 1873, p. 76.)

Glaucoma. Essential, common to all kinds of glaucoma is the increase of intraocular pressure, which is conditioned by the pressure of the blood, and by the quantity of secreted intraocular fluids, and the contra-pressure of the internal integuments of the eye, influenced by the contraction of the eye-muscles. As th secretion of the intraocular fluids is regulated by muscular nerves, the intraocular pressure can be increased or decreased by the influence of the nerves; thus, for example, does a swollen lens or an incarcerated portion of the iris by its irritation cause an increased secretion of fluid. The intraocular pressure can be detected by touch, and the visual power decreases, and finally is extinguished in consequence of the want of a sufficient supply of arterial blood to the retina. The causes of the typical, pure glaucoma are obscure. The visible sign of the intraocular pressure is the pulsation of the central artery of the retina, which under normal conditions does not exist. Important likewise for the diagnosis is the decrease of visual power, especially laterally; the pupil dilates, is immovable, and shows a dark green reflex, wherefore the name glaucoma; later, the iris atrophies, the cornea becomes anæsthetic in consequence of pressure upon the ciliary nerves; weak points in the bulbus yield and bulge, and the terminal portion of the nervus opticus is by the intraocular pressure excavated. In some cases the increase of this pressure goes hand in hand with inflammatory processes, in others not. Donders divides, therefore, glaucoma into two classes: glaucoma cum ophthalmia and glaucoma simplex. The acute glaucoma proceeds in this manner: suddenly, violent pain around the eye; visual power diminished, even extinguished; eye reddened, sensitive to light, pupil dilated; water in eye-chamber, and vitreous body turbid, eyeball hard. The visual power increases somewhat when the inflammation subsides, but is entirely extinguished by subsequent attacks. Precursory symptoms are: dimness of sight periodically; appearance of rainbow colors around candle or gaslight, slight injection of the sub-conjunctival vessels, rapid increase of presbyopia, etc. If left alone, blindness invariably follows. The only means to save the eye is iridectomy. (Berl. Kl. Wsch.; J. Pr., 1873, p. 75.)

RETINA AND OPTIC NERVE.

Weakness of Sight. Patient, a young lady at school; while studying, the eyesight becomes suddenly dim, and the letters indistinct. While reading fast the same symptoms aggravated;

rubbing the eyes seemed to clear up the vision. *Santon.*[2x], three doses per day for two weeks removed the trouble. (W. R. McLaren, M. I., v. 10, p. 337.)

Blurring of Sight. In various forms of trouble, I have been led to give *Nux vom.* for a *blurring of sight caused by overheating*, and nearly every time with benefit. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 62.)

Amblyopia. Amblyopia, if caused by age is removed by *Baryt. carb.* (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 323.)

Amblyopia resulting from the use of Tobacco. A man, æt. 25, complained of seeing double whenever he used the smallest amount of tobacco; ten minutes after smoking a part of a cigar or after chewing a little tobacco began to see double, and experienced a kind of dimness and confusion of sight as if black dots filled the visual field. On abstaining from tobacco for awhile he improved, and the vision became single and clear. The tobacco condition was always *aggravated*, in a very marked degree, by any kind of stimulant.

I found on examining the patient, vision in each eye $\frac{20}{100}$. Insufficiency of the internal recti, so that behind a screen there is a divergance of one and a half lines. Double vision for distant objects; monocular vision for near objects, cannot converge both eyes on the object. Optic disc pale, partly atrophied, eye otherwise normal. (T. F. Allen, Trans. N. Y. S., 1872, p. 196.)

Bellad.[3m]. Diplopia. Sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame and outside the rays there is a variegated halo, the inner circle being green, the middle red and the outer white; when walking he also sees a round black ball hovering, a little larger than a pea. All this he sees before his left eye. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Hypermetropia. M. C., æt. 33, engaged in fine drawing, complains that after short use, his eyes pained him, sight became blurred and forced him to rest. After rubbing them a little and stopping for a time, they would work all right for a while, then commence to ache again. Could read No. 1 Snellen type without glasses at four inches, and also at twelve, showing a good range of accommodation. Through a convex glass, No. 30, he could now read No. 1 at fourteen inches as well as at four. Here then was a case of manifest hypermetropia of 1–30 in which a convex glass improved his vision, both for near and distant objects. There could be no doubt as to the cause of the trouble, and the *constant* use of the prescribed glasses, entirely freed him from the difficulty. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 473.)

Asthenopia. When the exciting cause of Asthenopia is some refractive anomaly, *Santon.*[2x] trit., night and morning will oftentimes produce a favorable result. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 470.)

Retino-choroiditis. Report of a case successfully treated with *Arg. nitr.*[6x], four doses daily. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 352.)

Ears.

A New Aural Speculum. This is a combination of the Hassenstein and Siegel speculums. The cylinder is made of glass blackened on the inside except over the mirror where light is admitted. Placed in the ear it will enable us to exhaust the air by means of the tube, and the view being strongly illuminated and enlarged, we have at our command the most ample opportunity for observing the position, color, condition and mobility of the tympanic membrane. (T. P. Wilson, M. A., p. 35.)

Syringing the Ears. Draw up the auricle with the left hand, putting the whole meatus in a straight line, and keeping the syringe nozzle in close contact with the meatal roof. (Quoted by R. J. McClatchey, H. M., July, 1873, p. 566.)

Vegetable Fungi *in the auditory canal*, by Drs. Arcularius and Houghton. (N. A. J. H., v. 21, p. 403.)

Retro-aural Abscess. Miss M., æt. 9, a year ago had measles. Since then has had a running from the ear, more or less profuse, until within three days, when it almost stopped, and the region of the mastoid process, began to swell, get red and sore. The swelling pushes the ear forward almost at right angles, and is of a bluish-red color, and fluctuates. The skin is hot, the tongue furred, the pulse accelerated, and the pupils are dilated. The treatment consists of a free incision from below upward in a line with the concha, about three-quarters of an inch posterior to it.

This was made, and the pus evacuated. An otoscopic examination revealed a swollen drum-head, with a depression in the posterior lower quadrant corresponding to the perforation through which the previous discharge had come. The next day the watch

rubbing the eyes seemed to clear up the vision. *Santon.*[2x], three doses per day for two weeks removed the trouble. (W. R. McLaren, M. I., v. 10, p. 337.)

Blurring of Sight. In various forms of trouble, I have been led to give *Nux vom.* for a *blurring of sight caused by overheating*, and nearly every time with benefit. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 62.)

Amblyopia. Amblyopia, if caused by age is removed by *Baryt. carb.* (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 323.)

Amblyopia resulting from the use of Tobacco. A man, æt. 25, complained of seeing double whenever he used the smallest amount of tobacco; ten minutes after smoking a part of a cigar or after chewing a little tobacco began to see double, and experienced a kind of dimness and confusion of sight as if black dots filled the visual field. On abstaining from tobacco for awhile he improved, and the vision became single and clear. The tobacco condition was always *aggravated*, in a very marked degree, by any kind of stimulant.

I found on examining the patient, vision in each eye $\frac{20}{100}$. Insufficiency of the internal recti, so that behind a screen there is a divergance of one and a half lines. Double vision for distant objects; monocular vision for near objects, cannot converge both eyes on the object. Optic disc pale, partly atrophied, eye otherwise normal. (T. F. Allen, Trans. N. Y. S., 1872, p. 196.)

Bellad.[3m]. Diplopia. Sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame and outside the rays there is a variegated halo, the inner circle being green, the middle red and the outer white; when walking he also sees a round black ball hovering, a little larger than a pea. All this he sees before his left eye. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Hypermetropia. M. C., æt. 33, engaged in fine drawing, complains that after short use, his eyes pained him, sight became blurred and forced him to rest. After rubbing them a little and stopping for a time, they would work all right for a while, then commence to ache again. Could read No. 1 Snellen type without glasses at four inches, and also at twelve, showing a good range of accommodation. Through a convex glass, No. 30, he could now read No. 1 at fourteen inches as well as at four. Here then was a case of manifest hypermetropia of 1–30 in which a convex glass improved his vision, both for near and distant objects. There could be no doubt as to the cause of the trouble, and the *constant* use of the prescribed glasses, entirely freed him from the difficulty. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 473.)

Asthenopia. When the exciting cause of Asthenopia is some refractive anomaly, *Santon.*[2x] trit., night and morning will oftentimes produce a favorable result. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 470.)

Retino-choroiditis. Report of a case successfully treated with *Arg. nitr.*[6x], four doses daily. (W. H. Woodyatt, U. S. M. and S. J., v. 8, p. 352.)

Ears.

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This was made, and the pus evacuated. An otoscopic examination revealed a swollen drum-head, with a depression in the posterior lower quadrant corresponding to the perforation through which the previous discharge had come. The next day the watch

(normal distance twenty feet) was heard at thirty-six inches. The incision closed in two days, and the discharge did not appear again from the canal. The patient was put upon *Calc. carb.*,[2o] and treated with the eustachian catheter every other day for a month, when the hearing distance was normal, the chronic thickening of the lining membrane of the middle ear having been reduced, and the continuity of the drum-head restored. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 63.)

Itching the length of the eustachian tube: *Nux vom.* (S. R. Rittenhouse, Proc. H. M. S., Penna., 1873.)

Notes on the Ear. Otitis sometimes simulates cerebral disease. Only a watch, stethoscope, tuning fork, otoscope, reflector, ear-syringe, ear-speculum, or an improved drum inflator are needed in ear treatment. We divide the ear into three divisions: the external, including the auricle and meatus; the middle, including the drum, drum-head, mastoid cells, eustachian tube; the internal, including the labyrinth. Polypi sometimes form in the meatus and are removed by strangulation or medication. An accumulation of cerumen when impacted on the membrana tympani, causes pressure, and this pressure may cause vomiting, vertigo, and obstinate deafness. If the tuning fork is applied to the vertex the sound is heard louder on the deaf side. Inflate the tympanum by Valsalva or Politzer method. The Valsalva method consists in closing mouth and nostrils, forcibly exhaling during empty deglutition. Politzer's inflation bag forces air through the eustachian during empty deglutition. Where there is much impacted cerumen, inflation causes pain but produces no crackling sound. Soften the cerumen with glycerine and inject tepid water.

Occlusion of the eustachian tube may result from a cold, scrofula, measles, scarlatina, etc., and it is diagnosed by: deafness to external sounds; tuning fork applied to vertex is heard more distinctly on the deaf side; tinnitus aurium and various noises in the ear; pulsation; fulness and sensation of weight in ears and in both sides of the head; sudden changes in the power of hearing; undue membrana tympanal concavity. Acute aural catarrh occludes the eustachian tube, but after the inflammation disappears the tube opens. Do not inflate the ear during the inflammation. When this tube is impervious the drum-head collapses, forced inwards by the pressure of the external air. Politzer's inflation apparatus forces air into the drum. Deafness thus resulting is cured by inflation. Hearing better in a noise shows disease of the drum-head.

In health the membrana tympani is externally *concave* except a small convexity called the *umbo* at the centre of the concavity. The cone of light is caused by the reflection of the umbo, and its position varies with the movements of the drum-head. The healthy color of the membrana is neutral gray; in infancy it is a darker gray; in old age it is whiter, lustreless, less translucent. In meningitis it is at first glistening, then one observes the developed bloodvessels extending down the malleus handle. Troublesome noises in the ear are caused by over-tension or laxity of the drum-head. Pulsation in the ear results from arterial distention. When the tympanic membrane has been perforated or destroyed, an artificial one can be made of cotton oiled with glycerine, introduced into the meatus, changing it every few days. For acute aural catarrh use steaming, or fill the meatus with hot water, leaving it five or ten minutes. (H. V. Miller, H. M., Nov., 1873, p. 145.)

Otorrhœa. Discharge constant, watery, curdy and ichorous; deaf in right diseased ear; no pain, unless she takes cold; after scarlet fever. Cured in two months. *Silic.*[6m], every ten days. (C. M. Chamberlain, N. E. M. G., Nov., 1873, p. 497.)

Capsicum in Suppurative Otitis. Membrana tympani perforated, and the cavity of the tympanum filled with thick, yellow pus; mastoid cells (by their relation) filled with the same, and in some cases mastoid process swollen. Itching deep in the ear; pain just under the ear opposite the angle of the inferior maxillary. The pain seems to differ from that of *Mercur.*, in that it does not extend down the jaw, but rather is deep-seated (three cases cited). (H. C. Houghton, N. Y. J. H., April, 1873, p. 61.)

Chronic Otorrhœa with High Febrile Conditon. A girl, æt. 16, had an offensive discharge from the right ear, with deafness on that side. Discharge had existed three years. Had been subject to epistaxis and eruptions about the nose and face; skin hot and dry, but she always complained of feeling cold; pulse 120. *Elaps* 6th and 12th, one drop twice a day, for eight weeks, restored her to health in every respect. (A. C. Clifton, B. J. H., 1873, p. 655.)

Indications for Remedies in Suppuration of Middle Ear.

Discharge *muco-purulent: Calc. carb., Phosphor., Pulsat., Amm. mur. Borax, Carb. an., Lycop., Nitr. ac., Natr. mur.*

Of yellowish-colored mucus: *Mercur., Lycop., Kali bichr.*

Of greenish-yellow liquid: *Elaps cor., Kali carb.*

Of greenish-colored mucus. *Mercur., Lycop.*

Of bloody mucus: *Merc. jod.*, *Pulsat.*, *Silic.*, *Cic. vir.*

Of serum, thin and watery: *Arsen.*, *Elaps*, *Sepia*, *Chamom.*

Discharge ichorous: *Arsen.*, *Amm. carb.*, *Sepia.*

Discharge offensive: *Arsen.*, *Kreosot.*, *Cist. can.*, *Carb. veg.*, *Aurum*, *Sepia*, *Hepar s. c.*, *Bovist.*, *Zincum*, *Thuya.*

Thuya specially indicated where the discharge smells like putrid meat.

Purulent discharges, with eczema or enlarged glands: *Mercur.*, *Hepar s. c.*, *Calc. carb.*, *Sulphur*, *Lycop.*

When produced by over-doses of mercury: *Hepar s. c.*, *Aurum*, *Nitr. ac.*, *Asaf.*, *Sulphur*, *Silic.*

When produced by over-doses of sulphur: *Pulsat.*, *Mercur.*

In threatened caries: *Silic.*, *Sulphur*, *Aurum*, *Natr. mur.*

As sequelæ of other diseases: *Carb. veg.*, *Pulsat.*

After measles especially: *Colchic.* (J. G. Gilchrist, M. I., v. 10, p. 649.)

Diseases of the Inner Ear. They may be divided into three classes: first, Menière's disease; second, affections of the labyrinth; and third, nervous affections.

First. *Menières disease* is called after Menière, who described it first in 1861. It is an apoplectiform affection of the labyrinth. Suddenly, without any apparent cause, the patient is taken with vertigo, whizzing in the ears, nausea, vomiting and (at times) fainting; in some cases it is attended with manège-motion. Vertigo and humming in the ears continue, and there is either total loss or great diminution of hearing either in one or both ears. A repetition of these attacks causes at last total deafness. Post-mortem examination showed lesions in the semi-circular canals and in one case in the cochlea.

Second. *Affections of the labyrinth* have often the appearance of meningitis, or are combined with meningitis especially in children; are found also as complications of exanthematic fevers, of typhus and puerperal fevers. In such cases the disease of the labyrinth does not manifest any special symptoms by which it might be recognized. The prognosis is very unfavorable; therapeutics ineffectual.

Third. *Nervous affections.* Impaired hearing, in consequence of injury to the labyrinth and diseased states of the nervus acousticus may be caused by exostoses arising in the vestibule, or by pathological changes of the membranes, such as hyperæmia, hypertrophy, atrophy, abnormal pigmentation of the lamina spinalis cochleæ, calcareous deposits, increase or diminution of the otoliths, amyloid degeneration of the nervus a cousticus sarcoma. The diagnosis is only a sure one in case of total deafness, and if, upon the application of a galvanic current, there follow contractions of the muscles, but no auditory sensation; there is also no conduction through the skull-bones, while in affections of the tympanum such conduction is even increased. (Med. Rdsch.; J. Pr., 1873, p. 215.)

Cannot bear ordinary conversation since she had scarlet fever; otorrhœa; one tympanum thickened, the other congested. Flashes and heat on vertex. *Sulphur*^{81m}. *Itching of ears*, liquid wax. *Hepar*^{55m} one dose, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Hard of hearing after scarlet fever; removed excess of ear wax, found one tympanum congested, the other cicatrized. *Sulphur*^{6m}, then 81^{m}; itching of ears, green discharge, *Merc. viv.*^{6m}, no better, *Sulphur*^{81m}. Itching worse than ever. *Hepar*^{55m}, cured. (M. M. Walker, Proc. H. M. S., Penna., 1873.)

Nose.

Coryza. Therapeutics of. *Camphor.* is an old and valuable remedy for coryza. Fluent coryza with chilliness is the best indication. The 1st cent. trit., one grain hourly, will do all that can be expected; but there are persons who are promptly relieved by the 200th. These are generally thin, sallow, nervous, sensitive people, with cold hands and feet.

Acon. will sometimes arrest it if resorted to on appearance of the first symptoms.

Arsen. is the best remedy for a watery, acrid, excoriating discharge, with thirst, burning sensations about the nose, eyes, and throat, and sense of prostration. The 200th is my favorite form, except in the case of some old persons, in whom I have found the 3d cent. trit. more efficacious.

Euphras.^{3} and *All. cep.*^{3} like *Arsen.*, are good remedies for a burning acrid discharge. They both have more lachrymation than *Arsent*, and that of *Euphras.* is far more acrid and smarting than that of *Allium.* The latter has a peculiarly violent laryngeal cough as an accompaniment.

Kali hydr.^{3} has the same nasal and lachrymal discharges, with more swelling and redness of the nose, and œdema of the eyelids.

Of bloody mucus: *Merc. jod.*, *Pulsat.*, *Silic.*, *Cic. vir.*

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Kali cyan.[3] dec. trit., has, in my hands, proved exceedingly valuable for severe coryza of the arsenic type.

Natr. mur.[3] dec. trit., is also very serviceable in extremely excoriating discharges in cachectic subjects.

Nux vom. is the great remedy for dry coryza, with stoppage of the nose, headache on coughing, and for alternating dry and fluent states of the mucous membrane. The 3d and 200th are equally efficacious.

Asar.[3] is indicated in fluent coryza with deafness, and sensation as if the ears were plugged with something.

Cyclam.[3], when there is a great deal of sneezing with rheumatic pains in the ears and head. *Laches.*[6] or 30th has also frequently rendered me good service when the sneezing was excessive. Jousset recommends *Kali chlor.*[6] in catarrh with violent sneezing, in gouty and hemorrhoidal patients. When the cold passes into the second stage with thicker and less irritating discharges, *Merc. sol.* or *Merc. viv.*[3] cent. trit. is the proper remedy. *Pulsat.*[3] if the case proves obstinate, with loss of smell, and profuse yellowish or greenish discharge. *Kali bichr.*[3] or 6th, if there is any tenacious mucus, with sore or ulcerated spots on the mucous membrane.

There is a form of coryza attended with excruciating pain in the forehead and face, from extension of the inflammation to the frontal and maxillary sinuses. *Mezer.*[3], *Spigel.*[3] and *Iris ver.*[3], are likely to prove serviceable in such cases, but the pain is sometimes so insufferable that we are compelled to resort to palliatives. Chloroform is unquestionably the best, and seems to exert some curative power over the disease independently of its anodyne effects. It may be slowly and repeatedly inhaled through the nostrils to the point of stupefaction, but not unconsciousness. If chloroform cannot be tolerated, or is ineffectual, inhalations of the warm vapor of the oil of juniper, made by dropping a little of the oil into boiling water, are frequently followed by surprising relief. And lastly, if necessary, a glycerole of *Morphine*, two grs. to a drachm, may be painted with a camel's hair brush upon the nasal mucous membrane as far as it can be inserted.

In coryza of the new born babe, the occluded nasal passages must be frequently syringed out with tepid alum water, or glycerine and water. *Sambuc.*[30] and *Arsen.*[2c], I have found the best remedies.

In all profuse catarrhs, constrained abstinence from liquids is a valuable adjunct. *Sulphur*, *Hepar s. c.*, *Graphit.* and *Silic.* are

the constitutional or antipsoric remedies to be studied for the removal of an extreme susceptibility to catarrhal attacks. *Laches.* has some power in the same direction. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 178.)

Catarrhus Aestivus, or Hay Fever. The treatment of hay fever has been spoken of by some authors as being, in their hands, very successful. I regret to say that in my hands it has been unsuccessful; nor have I ever met with a case in which I could feel sure that the administration of remedies had really produced a cure. It is true, many cases are given by authors where the use of certain remedies seemed to be followed by an improvement, or by the cessation of the symptoms, but in most cases, I am convinced, that the cure was due to the patient's removal beyond the reach of the cause, or to the general diminution in the quantity of the latter. In the early part of my yearly attacks I have frequently made the same mistake, and, with the light that the experiments described in the preceding pages have thrown upon the natural history of the disease, one cannot help feeling somewhat humbled by the recollection of the ready manner in which we are sometimes led to adopt *post hoc ergo propter hoc* conclusions.

For some years after I first began to suffer from hay fever, I tried a great number of remedies; amongst these were baths in various forms—the vapour bath, the hot-air bath, as well as the plunge and shower bath—but none of these seemed to be of the slightest use; and, as far as I can now remember, I was using the plunge bath regularly at the time the disorder first came on. I also used a variety of remedies in the shape of drugs. These were used in various doses; some of them even when taken in very small doses, produced effects which made me glad to put up with the annoyance occasioned by the yearly recurrence of the disorder. *Quinine* was a medicine of this sort, as were also, to a slight extent, *Arsen.* and *Nux vom.* But no drug that I have ever tried, either upon myself or others, has seemed to be productive of any permanent benefit; the only thing I have succeeded in doing with drugs has been to palliate, and then always by local application; such as, for instance, the application of an ointment of extract of *Bellad.* or of *Opium* to the mucous membrane of the nares. My experience of these remedies is such, however, that I do not recommend them to be used if the patient can possibly get along without them. There are, however, times, in the course of a season, when the patient will be glad to purchase temporary relief at any rea-

sonable cost in the way of a little inconvenience caused by the use of drugs, and it is under such circumstances that their use is justifiable.

After my experiments commenced, no treatment, except such as was merely palliative, was used. It will readily be understood that in following out the investigation this was a matter of necessity; to have attempted to try the action of the remedies at the same time that I was endeavoring to get a knowledge of the nature of the cause might have rendered the later completely abortive: thus I found myself obliged to abandon either the one or the other for a time. I therefore elected to pursue the inquiry into the causes and nature of the disorder, and to leave the attempt to discover a remedy to the time when we should have a full knowledge of these. I am at the present time engaged in experiments on the action of various agents, and hope to be successful in my search for an effectual remedy for the disorder; but as I do not know how long these may occupy me, I have preferred giving the results of my investigations as far as they have gone, rather than wait for a time which may possibly be somewhat distant.

But although treatment by the administration of drugs has been so far of very little use, there is a possibility of alleviating the disease by a suitable change of locality, and by this means lessening the suffering. A sojourn at the sea-side is one of the best modes of palliating and often of curing the disease for the time; but it is not every sea-side district that gives the hay-fever patient relief. Any place which, though it may be on the sea coast, partakes of the character of a bay which is deeply indented into the mainland is not favorable for the prevention of hay-fever, especially if this bay is surrounded by land which is largely used for the growth of hay-grass. But the more any sea-side place has the form and character of a small island or a narrow peninsula, and the wider is the sea which surrounds either of these, the more completely will it protect the patient from attacks of hay-fever. For this reason a cruise in a yacht, which can keep well out to sea, is one of the best remedies that can be adopted; and failing this a sojourn on a small island in the open ocean is the best that can be found on land.

But wherever a patient may be, at the sea-side, if the wind is blowing direct from the land, and if hay-grass is in flower at the time, he will be liable to have an attack of hay-fever. It is, therefore, a matter of importance in selecting a retreat for the hay-season to

find one where the prevailing winds are from the sea. It is also better to choose a place where the patient can be continually near the water, and if possible a place where the shore is backed with high cliffs, because these act as a sort of screen when a land wind is blowing.

I am told by Americans with whom I have conversed, that the place which enjoys the greatest reputation as a place of resort for hay-fever patients in America is Fire Island.

For those who cannot go to the sea-side the next best thing is to go to the centre of a large town—the larger the better, and as far as hay-fever is concerned, the more densely populated it is the better it is for the patient. If he suffers from the asthmatic form of the complaint, though a sojourn in the centre of a large town may not be a complete protection, it will generally afford great relief, and if he can keep within doors in the middle part of the day, he will suffer less than if the time is spent principally in the open air; and even in the country if the middle of the day is passed in the house the patient will suffer a great deal less than he will in the open air. High mountain lands which are used only for grazing purposes will also be good for hay-fever patients, but these are not always as much to be depended upon as a well-chosen sea-side residence is. Some parts of the Highlands of Scotland, as well as some of the mountainous districts in Wales, would be found to answer pretty well.

I have now completed the task I set myself when I commenced my investigations on the causes and nature of hay-fever. Upon the result of the inquiry the reader can now form his own opinion. To my own mind the investigation has furnished conclusive evidence that, in this country, the exciting cause of the malady, as it occurs in summer, is the pollen of the grasses and the cereals; and also of the fact that, if a patient can, at the time these are in flower, avoid the neighborhood where they are grown, he will to a large extent escape the attacks.

I am, as I have before intimated, quite aware that other agents may yet be found to produce symptoms not unlike those of hay-fever. Amids the great number of bodies there are with functions similar to those of pollen, it would not be surprising if we should find some that have a similar kind of action; and it is not improbable that among these we may find the exciting causes of some diseases which are far more formidable than hay-fever. To have attempted an inquiry into the nature and mode of action of even a

few of these would, in addition to the work I have done, have made the task too formidable to permit me to have a chance of completing it. I have therefore preferred to keep my attention fixed upon that part of the subject which I felt was fairly within my grasp. I cannot, however, but think, that for those who have the courage to enter this path of investigation, as well as the patience and the perseverance necessary to pursue it steadily, there is a rich harvest of facts waiting to be gathered. (Chas. H. Blackley, B. J. H., 1873, p. 99.)

Epizootic. The symptoms were great languor, loss of appetite, indisposed to exertion, hard, dry, painful cough, the animal holding the head down to the floor when coughing, turning it to the left, and groaning as if in pain; fluent coryza, sneezing, accelerated respiration. As the disease advanced swelling of sub-maxillary glands more abundant, thick, yellow discharge from nares when a *paroxysm of coughing* was brought on by *drinking;* the case was cured by *Amm. mur.*[30]. When cough was excited by *descending* (*going down hill*), *Lycop.*[30] cured the case. (Wm. E. Payne, H. M., Feb., 1873, p. 302.)

The Epizootic. A slight hacking cough, general languor, watering of the eyes, watery discharge from the nostrils, gradually changing to a thick green and yellow color, and lastly a glairy white. The glands of the neck enlarged and tender. *Merc. viv.*, 3d trit., given three or four times a day, and *Bellad.* and *Tart. em.*, were prescribed with benefit. The horse disease had scarcely disappeared when a similar one attacked people. This influenza proved much more obstinate than ordinary colds. *Mercur.*, *Bellad.* and *Tart. em.* were the most useful remedies. (Bowman, H. M., Aug., 1873, p. 34.)

The Epizootic is an inflammatory disease affecting all animals but horses principally, and invading the mucous membranes of the nose, larynx, trachea and bronchia. It is an acute equine coryza, corresponding in severity to the progress of the lesion, and subject under mismanagement to various metastases.

The discharges vary from thin transparent mucus, in small quantities, to thick, white, yellow, greenish-yellow, reddish and bloody, with often broad, chunky, and irregular yellow or cheese-like masses. The quantity discharged is often enormous, completely plastering the manger and filling the nostrils. At times the odor is very offensive, though rarely so. The sense of smell is in aggravated cases blunted, at times lost. Cough is usually the first noticeable symptom, dry at first, becoming looser gradually. The animals

frequently shake their heads, lengthen the neck, back, or step up, seemingly to avoid pain before and during a fit of coughing. In light cases the animals eat and drink nearly as usual, but in aggravated ones they refuse food, are disinclined to move, look dejected, grow thin, are often cross; the tongue is hot, coated, yellow or white, and is broad and flabby; the pulse varies from 35 to 60 per minute, respiration hurried, particularly on even slight exertion. The animal perspires easily and coughs worse when working; the urine is scanty, frequently passed, and leaves a strong ammoniacal odor. When bronchitis or pneumonia follow or are complications, the horse frequently stands with his fore feet braced and widely separated; he shows tremor, seems anxious, gets thin, and has dyspnœa, with all the ordinary physical signs found in the human subject under similar circumstances.

The prognosis is usually favorable, though there is danger of future bronchial troubles. Mild cases need rest, with a warm, light, dry stable, the mangers, stall and barn kept clean. Blanket well, keep warm; wet the food; remove blanket and walk the animal about occasionally. Treatment:

Acon. The animal shivers, refuses water and food, has horripilation, short and hurried respiration, is uneasy, may have much thirst, pulse quick, not very large but frequent. He has blowing of the nostrils with discharge of thin transparent mucus. Short, dry, harsh cough.

Bellad. The animal lays back its ears, drops its head, looks languid, eyes dull; has a dry, short cough, made worse by pressure on the windpipe; the discharge thick, white, from the nose; worse from motion, and throwing down the head; tongue is white and hot, often rather dry.

Bryon. The animal has much thirst, dry mouth, and tongue; cough is worse in the open air and on exercise; eyes look large, with thick yellow mucus in the inner angles, albuginea congested; cough materially increased on going up hill; cough on drinking or eating, worse at night; the animal shrinks from coughing; in mares there is frequent spirting of urine with the sudden, dry and harsh cough; expectoration is lumpy and thick; yellow urine, hot and red, scanty; sweats easily; dry and rough tracheal râle.

Arsen. Thin, hot, profuse nasal discharge, with great weakness and restlessness; the animal sips water, and is irritable (also *Bryon.*); likes plenty of blankets; *Arsen.* to be consulted in unpromising pulmonary conditions, with tottering, depression and weakness.

All. cep. A profuse, thin, rather excoriating discharge of tears with redness of the eyes, constant winking, rubbing the eyes, dread of light, uneasiness; profuse discharge of thin and milky mucus from the nose; cough with blowing out of much nasal mucus; better in a well-ventilated room; thirst with mitigation of symptoms from drinking.

Euphras. Profuse, smarting lachrymation and photophobia; frequently blows the nose; loose cough with white and thin expectoration; short breathing.

Nux vom. Fluent coryza by day, dry at night; dry, rasping cough, headache, sneezing; indisposition to move; acts as if stiff; constipation; worse in the forenoon.

Mercur. Copious, thin, excoriating discharge; loose cough; nose bleeds; chilliness; worse at night.

Pulsat. Copious, thick, yellow, and sometimes greenish, strong-smelling discharge from nostrils; loss of smell; no thirst; don't like the blankets; worse at night.

Kali bichr. Blows from the nostrils long strings of thick, white or yellow mucus; coughs up the same; right nostril most affected; worse in the morning; suited to sorrel and white horses.

Phosphor. After the prodromic symptoms is very important; the nasal discharge is thick, greenish, heavy, copious, and at times very offensive; the cough is hoarse, dry, hollow, racking, and painful, though at times the animal shows no pain; pressure on the windpipe brings on cough, also dust, the odor from strong urine, cold air and exercise; the expectoration is tough, yellow, green, rusty, more abundant in the morning; the animal loses flesh fast, is naturally *lean.* Particularly useful when the lungs are involved.

Study, also, *Gelsem.*, *Lycop.*, *Stibium*, *Calc. carb.*, *Sambuc.*, *Sepia*, *Sulphur*, *Stannum.* (T. D. Stow, H. M., February, 1873, p. 297.)

Lime. Acts as a prophylactic against the epizootic. (H. V. Miller, H. M., Feb., 1873, p. 339.)

Prot. of merc. A specific for epizootic influenza. (Gardner, H. M., Feb., 1873, p. 339.)

Nasal Catarrh. *Chronic.* Therapeutics of.

Pulsat.[3] covers a thick yellowish or greenish secretion, long continued, with obtunded smell, gastric disturbance, predominant chilliness and evening aggravations.

Sepia[6] ranks with *Pulsat.*, and follows well after it; it has more inflammatory symptoms about the nose.

Silic.[3] has more evidence of organic disease—ulcers, scabs, bloody pus, alternating dryness and fluidity, etc.

Hepar s. c.[3]. Annoying occlusion of the nostrils; crusts and scabs; interior of the nose painful and sensitive to air; bad smell; scrofulous constitution.

Merc. sol.[3]. Trickling of mucus back into the pharynx; swelling and excoriation; itching and bleeding of the nose; unpleasant odor not actually fetid. The 1st cent. trit. of the red precipitate is the best form of mercury in the treatment of this disease.

Graphit.[3] and *Arg. nitr.*[4] are indicated by organic lesions very similar to those of the last two remedies.

Fluor. ac.[6], recommended by Kafka and others, has rendered me signal service in some bad cases. It is preferable to any of the above named remedies excepting perhaps the mercurial preparations.

Kali bichr.[3] and *Hydrast.*[1] are decidedly useful in cases when the secretion is very viscid and tenacious. *Hydrast.* has a more profuse secretion than *Kali.*

Phytol., *Iris* and *Sanguin.* deserve to be actually studied.

Kali hydr., *Kali cyan.* and *Kali carb.* are the most suitable of the salts of potash for chronic nasal catarrh. To these may be added *Kali chlor.*, *Kali permangan*, *Kali ch.* and *Kali ars.*, or Fowler's solution of arsenic.

Calc. carb. and *Sulphur* stand first on the list of antipsoric remedies.

Calcar. is more adapted to persons threatened with phthisis and bronchial affections, while *Sulphur* is more suitable to persons with hepatic disorder, or those abdominal diseases arising from portal congestions. There is a remedy seldom employed, which for this special form of chronic catarrh has been found in several cases much more useful than either of the above; that is *Psorin. Psorin.*[30], a few doses, followed by *Fluor. ac.*[6], gave in one very bad case, the most brilliant results.

Coral.[3], recommended by Petroz for ulceration of the nose, deserves consideration with its congener, *Calc. carb.* In persons of Grauvogl's hydrogenoid constitution, a preliminary course of *Natr. sulph.*[3] dec., would doubtless prepare the way for a curative remedy. There is much diversity of opinion as to the efficacy of topical application. The simplest and one of the best injections is common salt or chloride of sodium, a teaspoonful to a pint of

water. Glycerine, one part to six or eight of water, is also a good application. The aurists recommend a solution of borax when the catarrhal exudation blocks up the eustachian tube, and obtunds the sense of hearing.

Merc. corr., *Merc. sulph.* and *Kali bichr.* prove more or less valuable in these cases. One grain of the 1st cent. trit. of each of these substances, dissolved in one ounce of water, is a sufficient quantity, repeated night and morning.

The nasal douche and the atomizer have entirely superseded the old method of insufflation, but I have certainly seen very good results from snuffing up the medicine in a finely pulverized form. Before throwing up the medicated solution it is always well to cleanse out the passages with pure water. These applications should always be warm, as cold injections are sometimes exceedingly painful, and have excited severe inflammation in the ear or in the frontal sinus.

If all these fail, we may try such compound substances as the iodide of lime, bromide of arsenic, arseniate of soda, arseniate of lime, silicate of lime, and the bibromide of mercury. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 181.)

Chronic Stuffing of the Nose. Partial stoppage high up in the nostril for years; always worse in wet weather; occasionally a bad smell from nose, no offensive discharge, bleeds occasionally when violently blown; pain from root of nose to ears on swallowing; sneezing at night. *Elaps*[6], twice a day, cured in four months. (A. C. Clifton, B. J. H., 1873, p. 655.)

Nasal Catarrh. In a case of nasal catarrh, which had existed for many years, with the following symptoms: burning, excoriating, watery discharge from the right nostril; whitish scabs in the nostril; sensation of pressure at the root of the nose; eyes watery and worse in the wind; soreness of the eyes in the morning; sensation of dryness in the nostrils, dizziness on stooping and on going up stairs; always troubled with cold, damp feet; takes cold easily; two doses of *Kali bichr.*[2c] effected a cure. (V. Miller, Trans. N. Y. S., 1872, p. 610.)

Rhinorrhœa. A man had been troubled for three years with continual "rising" of phlegm in the mouth. It did not come by any effort but just seemed to flow into the mouth, from a half pint to a pint in a day, semi-fluid, at first yellow and afterward white; then cachectic looking, weak, pulse slow and feeble, appetite bad, with nausea and eructations from food. *Pulsat.*, night and morning for four weeks; the discharge had diminished one half, but the man was still weak and had frequent attacks of frontal headache and giddiness. *China*[1], night and morning, for a month, with marked improvement. *Kali hydr.*[1] was then given and a perfect cure resulted. (Richard Hughes, B. J. H., 1873, p. 367.)

Chronic Catarrh with Stoppage of the Nose, Loss of Smell, Taste. After allopathic treatment during two years, *Sulphur*[15], a dose every three or four days, cured in four weeks. Smell and taste were restored by a few doses of *Silic.*[30], in longer intervals. (Hirsch, J. Pr., 1873, p. 348.)

Chronic Nasal Catarrh. Do not use the douche, as the cases do better without it under *Calc. carb.*[2c] to 85[m], *Carb. veg.*[2c] to 3[m], *Sulphur*[2c] to 110[m], *Hepar s. c.*[2c] to 3[m], *Sepia*[6m] to 55[m], *Nitr. ac.*[2c] to 5[m], *Merc. sol.*[2c] to 6[m], *Merc. viv.*[2c] to 4[m], *Lycop.*[2c] to 43[m]. (M. Preston, H. M., Nov., 1873, p. 152.)

Ozæna. Therapeutics of. This terrible scourge, ulceration of the nasal membrane, with fetid discharge and caries of the bones, is almost always a compound of chronic catarrh with scrofula or syphilis.

Mercur., *Aurum*, and *Kali bichr.* overshadow all other remedies for this disease, especially when caused by or associated with syphilis. Red precipitate, *Cinnab.*, and the iodides appear to be the best forms of the mercurial. The dose should in most cases be appreciable, ranging from the 1–100th to the 1–1000th of a grain. The muriate of gold, 3d, is preferable to the metal. The compound salt, the muriate of gold, and soda 3d is sometimes still better.

Kali bichr. is a remedy of great power in the ulcerative diseases of the mucous membranes of the nose and throat. Its local application, one grain to a pint of water, should be conjoined with its internal administration. The 3d dec. trit. is strong enough for all its curative effects.

Nitr. ac.[1] and *Fluor. ac.*[3] will render service in the syphilitic cases.

Hepar s. c.[6], *Silic.*[6], *Phosphor.*[6] and *Calc. carb.*[6] are the leading remedies for scrofulous ozæna. They must be persisted in for a long time. *Hepar* and *Silic.* are indicated by profuse secretion; *Phosphor.* by a dry, red, shining state of the mucous membrane, with scanty, fetid discharge; *Calcar.* by thickening of the pituitary membrane in fleshy masses.

Asaf.[3] has claims to attention in caries of the nasal bones with very offensive smell, therein resembling *Mercur.*, *Aurum*, *Phosphor.* and *Silic.*

Thuya, *Teucrium* and *Sarsap.* are vegetable substances which have some affinity with the mineral specifics above mentioned, and have a certain curative power over similar affections.

Glander.[6], so strongly recommended by Dr. Wilkinson, of London, may be valuable in the most difficult cases.

Kadm. sulph.[3] promises to be useful.

Topical applications are more necessary and perhaps more useful in ozæna than in chronic nasal catarrh. For cleansing purposes warm salt and water, or warm glycerine and water are sufficient. For disinfecting uses a most necessary and grateful part of the treatment, the chloride of lime may be employed, or chloride of soda, carbolic acid, bromo-chloralum, permanganate of potash, or chlorinated water.

Silicated water, so valuable in ulcerations elsewhere, ought to be serviceable here; and *Graphit.* one gr., 1st dec. trit. to the ounce of water, might be thrown in spray over the diseased surfaces with every prospect of benefit. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 185.)

Ozæna, discharge of blood and mucus (thick) in the morning; stopped up at night; cannot breathe through the nostrils, *Amm. carb.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Soreness of the Mucous Membrane in the Nose. Injections of iodine in water made it worse and caused at the same time obstruction of the nose and an erysipelatous redness upon the left cheek. *Graphit.*[15]. Four doses in intervals of five days cured it all. (Hirsch, J. Pr., 1873, p. 344.)

Nasal Polypus. J. E., æt. 60, dark haired, muscular, thin and tall; large polypus in each nostril; fetid discharge; the growths have protruded two or three months; stuffed nose nearly two years; disease appeared *first in left nostril;* cartilage partly absorbed. *Teucr.*[2o] *sol.*, ineffectual after six weeks. *Calc. carb.*[2o] *sol.*, eight doses cured. (W. P. Wesselhœft, N. E. M. G., Feb. 1873, p. 49.)

Nasal Polypus of large size in left nostril, which was diminished by *Sanguin.* topically, but removed by *Calc. phosph.*[3], internally and topically. (Wm. F. Hocking, O. M. and S. R., 1873.)

Polypus Nasi. Susie B., of Lancaster, O., æt. 12, was afflicted with repeated formations of cysto-mucous polypi in the nose, which her physician extracted by means of forceps every fortnight for one year. He gave an internal remedy without any appreciable check upon this morbid growth.

I gave her my first prescription February 13th, 1871, and a polypus was removed at the end of a fortnight as usual. But at the end of the next fortnight there was no polypus to extract, nor has there been any trace of one for the last two and a half years. The only remedies used were *Calc. carb.*[3x] trit. and *Phosphor.*[3x] dil., alternately twice a day. (Chas. W. Babcock, M. A., Sept. 1873, p. 401.)

The Sponge-tent in Epistaxis. Dr. James Young recommends the use of the sponge-tent in cases of bleeding from the nose, and gives the following method of preparation:

"Have a long piece of fine sponge, dipped in a solution of gum, compressed with twine, dried; and after the twine has been unrolled, the sponge is thickly coated over with white wax. This is easily passed along the floor of the nostril, leaving a piece of red tape for extraction. The tent may remain for six hours, and must be gently rotated before extraction to prevent fresh hemorrhage." (Exchanges, U. S. M. and S. J., v. 8, p. 517.)

Compression of Facial Artery for Epistaxis. Compress the facial artery, on the side of the bleeding, against the superior maxilla near the angle of the nose. Bessieres blows powdered plaster of Paris into the nose through a paper tube. (Quoted by R. J. McClatchey, H. M., Oct., 1873, p. 126.)

Deep Cracks in the alæ nasi in old cases of ozæna. *Aur. mur.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Face.

Erysipelas of Face. Woman, æt. 51. *Apis.*[3]. Grew worse, more heat and delirium. *Bellad.*[3]. Inflammation extended still further down to neck, chest and shoulders. *Sulphur*[30]. Groaning still worse; patient grew weak and fainted. Aggravation always in the evening, every other day, with previous coldness. For this reason *Nux vom.*[3] and *Arsen.*[3], two drops alternately every hour. Within twenty-four hours marked improvement, and shortly after complete cure. (Bojanus, H. Gaz., St. Petersburg; H. Kl., 1873, p. 144.)

Eczema of the Face. Since three years, regularly about October, a lady, æt. 26, is attacked by an erysipelatous swelling of the face, with great itching; this is followed by an eruption of little vesicles covering the entire face, nose, ears and temples, and forming a thick yellow crust. Before the eruption, she suffers regularly with a febris tertiana; constant chilliness. This affec-

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tion lasts all winter until May, when it disappears. She has used lead and bismuth-salves, also iodide of potash, and various decoctions. In December, 1871, the patient received *Nux vom.*[3] and *Arsen.*[3], two drops every two hours alternately, and to moisten the eruption with pure alcohol twice a day. In a week the eruption had dried off. (Bojanus, H. Gaz., St. Petersburg; H. Kl., 1873, p. 143.)

Vesicular Erysipelas of the Face. (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Pimples (sore acne) **in Face.** *Eugenia Jamb.* (H. N. G., A. J. H. M. M., v. 4, p. 155.)

Epithelioma. Rosa O., æt. 37, left lower eyelid, and part of face affected; it began six months ago as a warty, fissured, indurated excrescence, of ovoid shape; the growth was composed of condensed epithelial scales, surmounted by a rounded rim, ulcerated at the centre, and having the characteristic bird's-nest appearance. There was little pain or discharge, and the neighboring glands unaffected. Part of the cheek and eyelid were excised, the cautery applied, and the wound healed kindly. Cured. (M. Macfarlan, H. M., June, 1873, p. 522.)

Mouth.

Cracks in the corners of the mouth, yellow coated tongue, thirst. *Eupat. perf.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Teething. In teething children who get frantic, pulsating fontanelle, pain about one ear, with fierce and sudden screaming, *Gelsem.*[1m] has proved invaluable in my experience. The gums should also be rubbed with ice. (J. C. Morgan, U. S. M. and S. J., v. 9, p. 71.)

Toothache makes him Angry. Better, holding hot water in the mouth, holding the face near a hot stove, or pressing a warm towel against the cheek. *Arsen.* (W. D. Hall, Proc. H. M. S., Penna., 1873.)

Odontalgia Rheumatica. Worse at night; tearing, and extending in the left temple; teeth extremely sensitive to slightest touch of tongue; feel too long; increase of saliva. *Magn. carb.*[15]. One dose cured in a few hours, after all allopathic means applied for six days had been of no avail. (Hirsch, J. Pr., 1873, p. 349.)

Odontalgia Traumatica. Toothache which may be termed

traumatic, because it is caused by the filling being forced too tight into the cavity of the tooth. The symptoms are a hard continuous pressure as if the teeth were pressed asunder, also paroxysms of throbbing pain, and as the tooth is generally sensitive to the touch, this throbbing is as if the sensitive cavity were being pounded upon; aggravation on lying down. The pain sometimes wears away in a week or more, but generally the filling must be removed, and the nerve "treated," after which another filling is more carefully placed. *Bellad.* and *Arnic.* have never helped me in these cases. In two cases, relief from *Chloral*, five and ten grains. (E. M. Hale, N. E. M., G., March, 1872, p. 69.)

Ulcerated Tooth. Severe prosopalgia, right side, from ulceration of right upper bicuspid tooth, for two days worse when recumbent; chilliness from movement; face distorted by swelling, without relief; vesicles on inside of upper lip; pains implicate upper and lower teeth of same side, but they are severest in front bicuspid, extending thence to the eye; pulsating pains, extreme sensitiveness to pain; during severest paroxysms *yawning*, *sleepiness* and *swooning*. *Nux mosch.*[2], one dose in a few minutes, almost completely relieved the pain, so that she rested well the succeeding night. The second night afterwards, since there was a decided *aggravation of pain after drowsing*, she got *Laches.*[2o], and after that rested comparatively well. Under *Hepar s. c.*[2o] the ulcers soon discharged. (H. V. Miller, A. J. H. M. M., v. 7, p. 52.)

Epidemic Aphthæ in Adults. At first there is a little tender feeling to the patient in the roof of the mouth and around a portion of the gums, and, on looking at the parts, the membrane looks slightly red, with a pricking pain, or rather like the shrivelling of the hands of wash-women when they are kept wet for some time. The skin does not feel sore all the time, and is only a little tender when touched. The inflammation gradually extends back over the roof of the mouth and around all the gums, and the throat becomes red and œdematous and the uvula swelled; but there is not the dysphagia that attends diphtheria, scarlatinal angina or even ordinary sore throat.

In a few hours after this slight redness of the mucous membrane of the roof and gums sets in, a few white spots, like aphthæ, appear and gradually become more numerous and coalesce, and in thirty-six or forty-eight hours an exuded membrane much like that in diphtheria is formed, which loosens and comes away, to be again formed; and so it continues for several days until the inflammation

and swelling subside in the parts and the patient is well. A thin, filmy, white covering of the skin is seen towards the close of the the disease as it gets well. Among other symptoms present are fœtor of breath, small ulcerated spots here and there with red margins, thickly-coated tongue, copious flow of saliva, swelling of the cheeks and swelling of the tongue. The patients have no fever, sleep well, have no aches, or pains, or chilliness, or nausea, or debility, or languor, or apparently any other functional disturbance. They have an appetite, and could eat well if they were able to masticate the food. Liquid or soft food has to be taken. The attack passes over in from four to eight days, and excepting the local difficulty the patient feels well. (B. W. James, H. M., Dec., 1873, p. 233.)

Sore Mouth of nursing woman; tongue large, and retains the impression made by the teeth. *Hydr. can.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Treatment of Cancrum Oris. Apply hydrochloric acid to the ulcer with a feather or camel-hair brush. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 90.)

Cancrum Oris. *Phosph. ac.* is an excellent remedy following measles in syphilitic children. (S. P. Hedges, U. S. M. and S. J., v. 8, p. 449.)

Cancer Melanoides. On the right edge of the tongue towards the middle there is a little swelling of the size of a pea, round and blue. From all parts of the tongue it is supplied by enlarged bloodvessels. On the point of the tongue, right side, a number of varicose vessels. The swelling is soft and elastic. On account of violent throbbing in the forehead and temples, so that she could not rest, the patient received *Bellad.* Next day I found that the swelling had been profusely bleeding the evening before. The blood was black and fluid like ink, and of an unpleasant smell. *Kreosot.*[3], five drops three times a day, and a wash of vinegar and water, and later of *Tannin.* Eight days later, *Arsen.*[6]; now *Sac. lac.* for eight days, then again *Kreosot.*, and so on. In two months great general improvement; the swelling has diminished to one half the size, the varicose veins have disappeared. Every two days I still touch the edges of the tongue with *Tannin.* (Verwey, J. Pr., 1873, p. 53.)

Epithelioma of the Tongue, long allopathically treated. *Nitr. ac.*[5m], every half hour. Very much better, probably because of this antidoting of the mercury previously abused. Ulcer is now

reduced in size, but will probably eventually prove fatal. (M. Macfarlan, Proc. H. M. S., Penna., 1873.)

Undeveloped Speech. A little girl, æt. 2, with apparently perfectly developed vocal organs, was unable to talk, or even to lisp baby talk. There seemed to be a constriction somewhere about the vocal organs. *Nux mosch.*[5o] was prescribed with the effect of enabling the child four days afterwards to talk as well as any child of her years. (H. Minton, A. J. H. M. M., v. 6, p. 242.)

Defects of Speech. Almost all stammerers and stutterers are vexed with a nervous temperament, and we must win their confidence and give them confidence, for in many cases the defect ceases when the patient's nerves are in tune. Secondly, the mouth, throat and chest should be carefully examined, not forgetting the teeth, for the edge of a sharp carious tooth, will, in a sensitive patient give rise to very defective articulation. Thirdly, make the patient shut his mouth before he begins any fresh sentence, and let him always keep it shut when he is not using his voice. Attention to this point will be of the utmost importance, and it will necessitate the taking air inspiration by the nostril instead of the mouth; a mode of breathing which should be practiced by all who value their lives and their voices. The tongue should be kept gently touching the roof of the mouth and immediately behind the front teeth. The patient should gain the full use of his lips, let him train them to flexibility combined with strength. We must discover each patient's particular defects and give him a set of exercises in detached rounds, which shall meet his special defect. Example (for defect in articulating the explosives)—pop, pot, pole, pore, pony, pigeon, pippin, etc.—Bat, ban, bad, base, bate, beer, bee, beat, etc. (E. Shuldham, M. H. R., v. 17, p. 539.)

Offensive Odors from the Mouth. A chapter from Analytical Therapeutics. (C. Hering, H. M., Dec., 1873, p. 209.)

Fauces.

Inflammation of the Fauces, from taking cold after a bath; the uvula much enlarged; the entire fauces dark red, worse on right side; no swelling of the tonsils. *Bellad.*, *Apis*, *Merc. sol.* relieved somewhat; but the application of *Merc. subl.*, one to five to the parts, cured at once. (Dittrich, H. Kl., 1873, p. 21.)

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Hepar s. c. Stitches in the throat as though a bone was sticking there, in two cases, after eating fish; cured by *Hepar s. c.*^{2c}, in water. (S. Lilienthal, H. M., Oct., 1873, p. 114.)

Sore Throat. *Throat feels dry in spots* of size of a six-pence and cannot be moistened. Uvula elongated and constant desire to swallow. Deglutition painful. Throat has been cauterized with *Arg. nitr.*, *Merc. prot.*^{2c}. One powder removed all the symptoms and there was no return. (C. M. Conant, N. Y. J. H., Sept., 1873, p. 322.)

Chronic Inflammation of the Naso-pharyngeal Mucous Membrane. A woman had suffered for several years from sore throat, and offensive discharge from the nose, occasional epistaxis. Had taken various homœopathic remedies without benefit. Discharge from nose offensive, smelling like putrid herring pickle. Posterior wall of throat covered with a dry, greenish-yellow membrane, wrinkled and fissured, which extended to nares. About once a week or so portions of this would became detached and expelled either by mouth or nose, leaving the surface raw and corrugated. Membrane dry and moulded. Stuffiness about the root of the nose, and dull aching from there to the forehead; when swallowing the pain extended to the ears. Sense of smell gone; frequent headaches; face of a dull yellowish color; catamenia every two or three weeks, generally profuse and dark. Skin always hot and dry, and pulse 140 per minute. Extending over a period of two or three years, a great variety of remedies were prescribed, with varying effect. *Elaps*^{6}, half-drop doses three times a day, for six weeks, effected a cure. (A. C. Clifton, B. J. H., 1873, p. 655.)

Angina Ludovici. This disease is often improperly called "gangrenous" inflammation of the neck. With regard to its pathology, Niemeyer says, "the floor of the mouth, and the intermuscular and sub-cutaneous connective tissue of the sub-maxillary region are occasionally the seat of a phlegmonous inflammation which may readily lead to diffuse gangrene and sloughing, but in other cases ends in formation of abscess, and not unfrequently in resolution. It may be idiopathic or epidemic, and is sometimes metastatic. In the few cases that I have observed the inflammation of the connective tissue undoubtedly proceded from periostitis of the lower jaw. Lastly, there is a form of the disease which comes with symptomatic or metastatic parotitis occurring in typhus and other infectious diseases; this probably starts from the sub-maxillary glands." A case was treated with *Acon.* and *Iodium* in alteration, followed in five days by *Nux vom.* and *Iodium* in alternation. Previous to these muriate of hydrastea had been prescribed as a gargle and for internal use, without any apparent improvement. On the thirteenth day the patient was rapidly convalescing. (J. C. Burnett, B. J. H., p. 177.)

Chronic Ulceration of the Throat. A man, æt. 36, suffered for years with frequent attacks of ulceration of the throat, especially on the left side, with difficulty of swallowing liquids, lasting two or three weeks at a time; dislikes wet weather. Apart from its effect on his throat, says he never feels happy in wet weather. *Laches.* promptly relieved an attack, but they recurred. *Elaps* cured the attacks, and finally prevented their recurrence. (A. C. Clifton, B. J. H., 1873, p. 655.)

Laches. In a very bad case of syphilitic phagedæna of the soft palate and fauces, which threatened to destroy the entire pharynx, the ulceration was arrested (by *Laches.*) and healed kindly. In the case of a lady who was recovering from a large pelvic abscess, which had caused a contraction of the psoas muscle, drawing the knee up towards the abdomen. *Laches.* removed the contraction in a very short time. (Hale, B. J. H., 1873, p. 127.)

Retro-pharyngeal Abscess in Infants. Exists more frequently in infancy and early childhood than is generally supposed. On account of the delicate tissues entering into the construction of the parts, the more care and early attention should be bestowed upon the diagnosis and the treatment of this affection. This disease has been confounded with croup, catarrhal laryngitis, œdema of the glottis, tonsils, etc., until after the bursting of the abscess, its precise locality and nature has been ascertained. It is difficult to recognize this disease until it approximates development. There appears to be two forms of this abscess. First. The simple form, locating itself in the connective tissue, lying between the pharyngeal mucous membrane and the periosteum covering the cervical vertebræ; this form is most commonly found among infants and young children. It may be limited to a small or circumscribed portion of the structure, or may extend down one or both sides of the œsophagus, dissecting the lining membrane of this tube. Occasionally is found complicated with acute adenitis and the exanthematous fevers especially in strumous temperaments. The following symptoms will serve to guide in the diagnosis: fever and chilliness, wakeful, coughing at times (resembling whooping cough). On second or third day, difficulty of swallowing. Dyspnoea and

alteration of voice; during inspiration a hissing or whistling sound. Any movement of head causes pain; patient may be eager for food, but cannot swallow; as the abscess reaches its height, all attempts at swallowing, even of fluids, are regurgitated; as soon as the abscess breaks, or is lanced, and the contents evacuated, the relief is prompt and a general abatement of all the symptoms quickly follow. *Hepar s. c.* is the best remedy, either to disperse by absorption before suppuration has become fairly established, and equally to hasten it after once fairly on the way. The finger-nail is a better and safer means of opening the abscess than the knife. (C. H. von Tagen, O. M. and S. R., 1873, v. 7, No. 4.)

Baryt. carb. in Tonsilitis. Dr. Ransford has used it with great success in acute tonsilitis, preferring the 6th or 12th dil. Dr. J. G. Blake has found it of great service in the early stages, and believes that it has the power of arresting inflammation and preventing suppuration. Dr. Harvey has seen it of great use in chronic glandular swellings, and in acute tonsilitis of the left side. Dr. Chipwell had some favorable experience of it in the lingering sore throats after scarlatina. Dr. Hughes said it was when the parenchyma of the tonsils was the seat of mischief; he had found *Baryt. carb.* to exceed *Bellad.* or *Apis.* Occasionally, say once in ten times he had seen the *Baryt.* fail in checking the progress of quinsy, but could not define the class of cases in which these features occurred. (B. J. H., 1873, p. 137.)

Glands of throat swollen; left sub-maxillary worse; no pain. *Bromine*[6]. (A. Elblein, Proc. H. M. S., Penna.)

Tonsils inflamed, swollen, from a cold, painful, especially when swallowing; little or no redness. *Bryon.* (S. R. Rittenhouse, Proc. H. M. S., Penna., 1873.)

Diphtheria. According to Buhl's researches, diphtheria consists anatomically in a proliferation of the corpuscles in the connective tissue, respectively in the tissue of the mucous membrane, which by its pressure upon the bloodvessels causes necrosis of the parts. Oertel found in the mucous membrane the sub-epithelial and sub-mucous tissues, the muscles, the lung tissue, the kidneys, the vessels of the brain and spinal marrow, the sheaths of the nerves, the membranes of the brain and spinal marrow, and even in the gray substance of the spinal marrow, copious infiltrations of corpuscles. This microscopical detail explains at once diphtheritic *paralysis*. *Capillary hemorrhages* were always present in the affected parts, so also parenchymatous inflammation of the kidneys

with *copious accumulation of microscopic fungi*, which are to be considered as the carriers of the contagium and which decompose the nitrogenous constituents of the cell; acute tumor of the spleen was never wanting.

Vaccination of animals with croup and diphtheria-membrane gave the following results: the diphtheria vaccination produced a general infection as described above, while the vaccination of croup-membrane caused merely a local croupy inflammation. The fungi produced in such cases are few, larger than the diphtheritic fungi, nor do they have nearly such a destructive influence upon the adjacent tissue as the diphtheritic fungi always have.

The process caused by inoculation of diphtheritic membrane is an entirely specific one and cannot be produced either by chemical, septic, decaying or fermenting substances. The infection spreads from the spot of inoculation in centrifugal directions by means of the blood and lymph-vessels through the tissues, without choosing any particular plan for localization. Healthy and unabraded skin and mucous membrane is little apt to take the infection, while an injured surface or catarrhal state increases the liability to its propagation. (Oertel, J. Pr., 1873, p. 145.)

Diphtheria. Its nature and treatment. A thesis by Geo. Bollen. (U. S. M. and S. J., v. 8, p. 261.)

Apis. Diphtheria coming on quite unperceived and progressing so insidiously as to offer but little hope of relief even when first seen. Painful urination; slight tenesmus; numbness of the extremities; high fever; moist skin; usually very nervous; sometimes slightly delirious; the false membrane had a grayish appearance and was tough. Some of the most malignant cases had no foul breath; some cases had thirst, others not much; if the cases were not promptly treated they ended fatally. (Fetterhoff, H. M., Aug., 1873, p. 34.)

Diphtheria. A boy, æt. 9, and a girl, æt. 13, had tonsils and uvula much swollen and covered with false membrane; fauces and roof of mouth of a dark red color; febrile symptoms intense in both; great thirst; difficulty in swallowing fluids, a portion of which came out through the nose; the skin covered with a rash similar to that of scarlatina. The diptheritic membrane not only covered the throat, but extended to the lips and nostrils, as well as to a partly healed wound upon one of the thumbs of the girl. The membrane commenced at the wound and extended itself out until it covered the end of the thumb. An ulcerated corn on the small

toe shared the same fate. The boy had been bitten on the ear by a pup, leaving the marks of two teeth on which the membrane also formed and soon covered the back part of the ear, resembling very much a burn. ℞. *Bellad.*[3], in water, *Merc. j. r.*[3], in powder alternately. Slow recovery. (Sechrist, H. M., Aug., 1873, p. 36.)

Profuse formation of pseudo-membrane on the pharynx and on the tonsils; also a similar formation, but not so thick, in the vulva, with frequent and painful urination and tenesmus vesicæ; severe aching in the bones, headache, chilliness, fever, etc. ℞. *Canthar.*[3] with a gargle of *Liquor calc. chlor.* Cured slowly. (Fetterhoff, H. M., Aug., 1873, p. 34.)

Crot. tigl., as indicated in cases of diptheria characterized by: not much if any hoarseness, not much difficulty in swallowing, excessive exhaustion, perhaps coming on with alarming suddenness. (Williamson, M. I., v. 10, p, 149.)

Diptheritic Sore Throat cured by *Lac cani.*[1m]. Sore throat beginning at left tonsil, which was swollen and ulcerated, throat feels swollen and raw, and pricking and cutting pains shoot through the tonsils when swallowing; sub-maxillary glands swollen, sore and aching pain in left ear; most pain when swallowing solids; the food seems to pass over a lump, no aversion to cold drink; while drinking the fluid escaped through the nose. (Baillie, N. A. J. H., v. 22, p. 252.)

Laches. in Diptheria and Quinsy. Have never failed in checking quinsy with *Laches.* when *Bellad.* has failed to check the commencing symptoms. (J. W. von Tunzelman, M. H. R., v. 17, p. 740.)

Sulphur. Lady, æt. 30, sick since an attack of diphtheria five years ago. Exhaustion on the least exertion; nausea or vomiting in the morning; attacks of diarrhœa occasionally; micturition painful and frequent; urine turbid; complexion sallow and pallid. *Sulphur*[2x], in repeated doses. Well at end of four months. (Dixon, M. H. R., v. 17, p. 234.)

Neck and Œsophagus.

Goitre. Sanguine temperament, muscles soft, flabby, rheumatism, diarrhœa, aversion to meat. *Calc. carb.*[3]. (A. Elblein, Proc. H. M. S., Penna., 1873.)

Morbus Basedowii. Drs. Eulenburg and Guttman, translated by S. L. (N. Y. J. H., Jan., 1874, pp. 473, 485.)

Œsophagitis. If produced by mechanical injury, *Arnic.* and *Acon.* are the chief remedies. If caused by a burn, *Canthar.*[3] or 6th. Mucilaginous drinks should be used.

Rhus tox. is useful especially when the attack has been caused by corrosive substances. Small pieces of ice may be held in the mouth and allowed to dissolve to allay thirst. (L. Pratt, U. S. M. and S. J., v. 8, p. 406.)

Larynx.

Improved Laryngoscopic Apparatus. By Dr. F. Seeger. (N. A. J. H., v. 21, p. 323.)

Hoarseness. The *hoarseness* connected with incipient as well advanced stages of consumption is often very promptly cured by *Ol. jec. as.* (C. Neidhard, U. S. M. and S. J., v. 8, p. 146.)

Hoarseness. Miss S., æt. 17. Has been hoarse for three weeks; and unable to sing, throat sore, feels as if she had to swallow over a lump, burning of tip of tongue with dryness of the mouth. Her throat had been pencilled with nitrate of silver once or twice a day since she was taken sick. The winter before she was not able to sing any. ℞. twelve powders of *Natr. mur.*[2c], and a vial of unmedicated pellets; to take a powder night and morning. The next day she could talk, and in three days could sing. About eighteen months after that she took cold, which brought on some soreness of the throat. ℞. *Natr. mur.*[2c], followed by a complete cure. (D. J. Chaffee, H. M., Feb., 1873, p. 341.)

Chronic Hoarseness. A chronic hoarseness remaining after an attack of acute laryngitis was entirely cured by *Caustic.*[2c]. (A. E. Small, U. S. M. and S. J., v. 9, p. 35.)

Aphonia. *Phosphor.*[6]. Especially when there is sensitiveness and dryness of the larynx, with a feeling as if it was lined with fur, and inability to utter a word, every effort to do so being painful; nervous exhaustion; suspected atrophy of nerve tissues.

Caustic.[6]. Burning huskiness in the whisper; sense of utter weakness in the laryngeal muscles; coincident symptoms of glossal and facial paralysis.

Spongia[3]. Hoarseness with soreness and burning; with cracked

toe shared the same fate. The boy had been bitten on the ear by a pup, leaving the marks of two teeth on which the membrane also formed and soon covered the back part of the ear, resembling very much a burn. ℞. *Bellad.*[3], in water, *Merc. j. r.*[3], in powder alternately. Slow recovery. (Sechrist, H. M., Aug., 1873, p. 36.)

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Spongia[3]. Hoarseness with soreness and burning; with cracked

or broken, and faint voice; sense of choking; whistling sound in the larynx on a deep inspiration.

Amm. caust.[2]. Resembling *Spongia*, but with more muscular debility and tremors.

Sulphur. Very high. Sometimes cures these cases like a charm, as if it excited the animal electricity.

Carb. veg.[3] and *Carb. an.*[3] produce very great catarrhal hoarseness, bordering on aphonia. For *Carb. veg.*, the patient is hoarse in the evening, and aphonia in the morning. For *Carb. an.*, he is hoarse all day, and aphonia at night.

Ant. crud. Loss of voice on becoming heated.

Merc. viv. and *Merc. corr.* are both credited with having produced complete loss of voice, and prove serviceable alike in catarrhal aphonia, and in that occasioned by nervous paralysis.

Laches., *Crotal.* and *Sanguin* all produce aphonia, with tenderness and sense of swelling in the throat. In snake poisons, the subjective sensation seems out of proportion to the organic reality.

Catarrhal aphonia is sometimes cured by the topical application of nitrate of silver.

Bellad. is not so much adapted to catarrhal as to paralytic aphonia. It is strongly indicated when the trouble is clearly of cerebro-spinal origin; and the *suddenness* of the attack is an incident especially in favor of its selection..

Gelsem.[3,5] has been found curative in aphonia regularly recurring at the menstrual period.

Electricity. Local faradization is pronounced by competent authorities to be one of the most efficient measures in paralytic aphonia.

Strychnine in perceptible doses, gradually increased from 1–100th to 1–20th of a grain, is of great value in very debilitated states of the digestive and nervous systems. It is a genuine *vegetable electricity* to many cases of impaired nervous power. *Nux vom.* is of occasional service in similar cases.

The inhalation of stimulant vapors, such as ammoniacal vapor, iodine vapor, atomic spray of nitrate of silver, sulphate of copper, benzoate of ammonia, etc., are often used with benefit by our allopathic friends.

Hysterical Aphonia has three excellent remedies: *Platin.*[3,30], *Ignat.*[3] and *Nux mosch.*[3,30]. *Platin.* is most associated with uterine disturbance; *Ignat.*, with mental anxiety and spinal symptoms; while *Nux mosch.* has more gastro-intestinal and cardiac derangements.

Cuprum[3] is indicated after hysterical, epileptic or other convulsions, when speechlessness continues after consciousness is restored.

Stramon.[3], covers not only speechlessness from cerebral disease, but also aphonia from great mental excitement, with hysterical and maniacal symptoms.

Those cases of aphonia produced by loud and prolonged exercise of the voice are greatly benefited by gargles of arnicated water, and by *Rhus tox.*[3], internally. *Carb. veg.*[6] and *Phosphor.*[6] are here also of great service. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 284.)

Aphonia from Paralysis of the Vocal Cords. Mr. S., æt. 31, has been aphonic for thirteen weeks, cured in three days by a spray of *Caustic.*[20], ʒj., to aqua ʒiij. (R. T. Massey, A. H. O., Dec., 1873, p. 593.)

Laryngismus Stridulus. The paroxysm is so sudden and transitory that not much can be done at the moment. Introduce the finger or a feather into the throat, and irritate the epiglottis, so as to make the patient gag or vomit. Very hot fomentations to the throat are preferable to cold, which are more adapted to croup. Some have found benefit from an ice-bag applied to the spine. If you have time, lay the patient on one side, and throw a chloroform injection into the rectum.

If there are convulsions use Brown-Sequard's method of arresting them by forcible flexion of the toes and thumbs. If the carpo-pedal contractions are attended by arterial excitement, and red or flushed face, put a dose of *Bellad.*[3] on the tongue; if that fails, *Stramon.*[3]. If the contractions are comparatively without cerebral excitement and the face blue and cold, give *Cuprum*, 3d cent. trit., especially *Cupr. ac.* That failing, remember *Plumbum*[3] for the next attack.

In these terrible suffocations the old homœopathic remedy, *Sambuc.* holds a high rank. It is especially valuable in all nocturnal, spasmodic dyspnœas of reflex origin. It has often rendered me good service at the 30th.

Moschus, by olfaction, or rubbed into the tongue, has received commendation from both schools of medicine.

Laches. and *Hydroph.* may be studied.

Ignat. has the symptom, difficulty of inspiration with easy expiration, occurring suddenly about midnight.

Chlorine has crowing inspiration, with expiration exceedingly difficult.

Gelsem. has long, croupy inspiration, with sudden, forcible expirations.

Ignat., *Moschus*, *Mephit.* and *Platin.* will be more especially applicable to hysterical cases. Jousset recommends *Zincum* and *Platin.*

Baehr speaks of *Iodine* in the warmest terms, and Meyhoffer and others of *Cor. rubr.*

The iodide of iron, 1st cent., is admirably adapted to anæmic cases. Cod-liver oil will no doubt render good service as a medicated nutrient.

Local faradization of the laryngeal muscles and a change of air have been mentioned as *dernier*, but still very useful *resorts.*

Raw meat, milk, eggs, oysters and Liebig's extract of beef must co-operate with *Silic.*, iron, phosphate of lime, etc., when malnutrition is the cause. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 281.)

Acute Laryngitis. Therapeutics of. In simple acute catarrhal laryngitis, the treatment should begin with *Acon.*[1] and *Bellad.*[6], alternated every half-hour or hour, the cold water bandage to the neck frequently renewed, and the occasional inhalation of the vapor of warm water. The *Acon.* need not be continued after the febrile onset is fairly weakened, but may be omitted, and *Spongia* substituted in its place. If the cough is not sufficiently hoarse and rasping for *Spongia*, alternate the *Bellad.* with *Stibium*, 1st cent., hourly at first, and lengthen the intervals rapidly as improvement takes place. If the febrile symptoms do not yield to *Acon.*, substitute *Ver. vir.*, especially if there is considerable agitation of the nervous system, with unusual excitement of the heart.

Substitute *Gelsem.* for *Bellad.* if there is increasing stupor, long, croupy inspirations, with forcible expirations, or approaching indications of œdema of the glottis. Jousset gives only four remedies for acute laryngitis: *Bellad.*, *Laches.*, *Hepar s. c.* and *Phosphor.*

Bellad.[3]. Pain in the larynx on deglutition and from external pressure.

Laches.[6]. Still more sensitiveness to pressure, with sense of something in the throat which prevents one from speaking, and which cannot be detached.

Phosphor.[6]. Extreme pain on talking, even in a whisper; great hoarseness, with tearing pain on coughing.

Hepar s. c.[3]. Same as *Phosphor.*[6], but with less pain and more expectoration.

Bromine[3]. Suffocative paroxysms of dyspnœa; sense of excoriation in the larynx, and feeling of coldness on inspiration.

Kali bichr.[3]. Pain, soreness and tickling in the larynx, with mucous accumulation; tough, stringy, tenacious expectoration, with or without traces of blood.

There may be cases in which *Bryon.*, *Iodine*, *Caustic.*, *Kali hydr.*, *Rumex* or *Sanguin.* may suit better than the remedies above named.

Persistent lividity of countenance calls imperatively for tracheotomy as a last resource. Carbonate of ammonia, *Carb. veg.*, *Arsen.* or *Hydr. ac.*, may be tried as long as there is a gasp in the lungs, or a flicker in the pulse.

The laryngitis which occurs in the course of erysipelas, smallpox, scarlet fever, etc., has very good analogies in *Apis*[3], *Canthar.*[3] and *Rhus tox.*[3]. They correspond respectively to œdema with watery effusion, with fibrinous or lumpy exudation, or with typhoid depression.

A laryngitis passing the critical point and improving, may be safely conducted on to perfect recovery by *Merc. sol.*[3], *Stibium*[3], *Hepar s. c.*[3] and *Sulphur*[6]. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 288.)

Chronic Laryngitis. Therapeutics of. The great remedies for chronic laryngitis may be roughly divided into those which are adapted to an *irritative* or irritable state of the general system and of the cough, and those which are better suited to general and local states, better described by the word *atonic.*

First class: Characterized by *irritability.*	Second class: Characterized by *atony.*
Arsen.	*Kali bichr.*
Phosphor.	*Tart. emet.*
Iodide of Potash.	*Carb. veg.*
Iodine.	Bromide of Potash.
Spongia.	*Arg. fol.*
Laches.	*Caustic.*
Rumex.	*Stannum.*
Hepar s. c.	*Sepia.*
Cod liver oil.	

Arsen. and *Kali bichr.* will be found useful in some stage of all the forms of chronic laryngitis.

They both correspond to hoarseness, soreness, laryngeal irritation, cough with expectoration, ulceration of the larynx with organic lesion, hectic emaciation, etc.

In their differential diagnosis the modifying word, predominantly, should run through every line.

Arsen.	*Kali bichr.*
Predominantly irritable, restless, loquacious, anxious.	Predominantly torpid, indifferent, taciturn, averse to motion.
Great anguish and sleeplessness at night (particularly after midnight), mainly from the state of the nervous system.	Nothing of the sort—or, if so, it comes from the organic condition.
Mouth dry, white or red tongue.	Saliva abundant; yellow tongue.
Fluent coryza; voice trembling.	Thick, yellow coryza; voice nasal.
Cough; dry, fatiguing, asthmatic.	Cough: loose, suffocative, croupy, sometimes with pain in both ears.
Sputa: scanty, blood-streaked watery or frothy.	Sputa: abundant, tenacious, in bluish lumps, or in long viscid strings.
Dyspnœa greater; cannot lie down at night on account of it.	Hoarseness greater.
Predominantly burning pains.	Predominantly excoriating pains.
Ulcers: red or bluish; flat, bleeding, spongy, spreading laterally; preferably on the skin.	Ulcers, yellow, with red base; oval, deep, corroding, but not spreading; preferably on the mucous membrane.
Concomitant cardiac disease.	Concomitant pulmonary disease.
With malarial poisoning.	With syphilitic poisoning.
Tendency to watery effusion (anasarca) and to fatty and amyloid degeneration.	Tendency to plastic exudations.
Aggravation, at night and on keeping still.	In the morning, and on moving.

I have used *Arsen.* high and low with equal success. Some cases improve on the 200th, some require the 3d or even Fowler's solution, drop doses. The 5th trit. of *Kali bichr.* has rendered me satisfactory service.

Caustic.[3-6] is called for in chronic catarrhal laryngitis, with predominant hoarseness and inharmonious or cracked voice; sometimes aphonia; slight mucous expectoration, not purulent or bloody; urination when coughing; especially for the scrofulous constitution, with yellow complexion and neuralgic, rheumatic or paralytic complications. Amelioration by rest and warmth.

Phosphor.[3-6] is indicated by irritability with debility and the irritation of debility. For scrofulous and tuberculous subjects: dry, hoarse, painful, burning cough; expectoration blood-streaked; trembles when coughing; constriction across the chest; great weakness and emaciation. Fair skin, blue eyes, very white sclerotica.

Cases of this kind not relieved by *Phosphor.* have been benefitted in my practice by the hydro-phosphate of zinc, 1st dec. trit.

Hepar[3], for scanty, tenacious, muco-purulent secretion, in tuberculous subjects; has a specific relation like *Kali bichr.* to exudations in the larynx; ulcers, with pain in a single small spot.

Laches.[6] is likely to do good as an intermittent or occasional remedy in cases of great laryngeal irritation.

Arg. met. or *nitric.*[3] is specially adapted to the chronic laryngitis of singers. Raising the voice produces cough; gray, jelly-like mucus accumulates in the larynx on going up stairs, on stooping, on laughing, or singing. Generally no pain on swallowing, but food passes with difficulty.

Crot. tig.[3]. Hoarseness, with mucous accumulation in the larynx; no pain on touch or swallowing: ulceration. May be used internally and externally at the same time.

Selen.[3] occupies a place between *Hepar* and *Caustic.* It rarely fails to improve the voice. Meyhoffer recommends the seleniate of soda very highly.

Sanguin. With dry throat, sensation of swelling in the larynx: tough, thick, offensive expectoration.

For the catarrhal form of laryngitis and also for the follicular and syphilitic, but rarely for the tuberculous, the preparations of mercury are of great value.

The iodide and biniodide are perhaps the best forms for administration, though I have seen excellent results from the solubilis, the cyanuret, the sulphuret and the red precipitate.

Iodine and bromine, and especially the salts, iodide and bromide of potash, cover both catarrhal and syphilitic laryngitis. They may be given at the 1st to 3d dec., and may be topically applied

with glycerine as the vehicle, or may be inhaled as vapor, or as atomized spray.

Meyhoffer strongly recommends the same remedies for the follicular laryngitis—and records cases.

The iodide is more especially adapted to the irritable form, and the bromide to the torpid. The former corresponds to *Phosphor.*, the latter to *Carb. veg.*

For *syphilitic laryngitis* besides iodide of mercury, iodide of potash and *Kali bichr.*, we have nitric acid and chloride of gold, the former especially after abuse or failure of mercury and potash, the latter for great mental depression and fetid discharges.

Tuberculous laryngitis will find its best chances in *Calc. carb.*, *Arsen. Iodine*, *Kali jod.*, *seleniate of soda*, *hypophosphite of lime*, and the general hygienic and dietetic treatment of tuberculosis.

Cod-liver oil is of occasional use.

Ammon., *Arum triph.*, *Baryta*, *Ant. crud.*, *Alumina*, *Kali carb.*, *Mangan.*, *Petrol.*, *Sepia*, *Silic.*, *Ranunc.* and *Zincum* may be considered.

The inhalation of medicated vapors and sprays may be tried. Salt water, carbonic acid gas, benzoin, muriate of ammonia, carbolic acid, iodine, have been highly recommended.

Inhalation failing, a direct application of liquids saturated with medicinal substances may be resorted to. The nitrate of silver and sulphate of zinc may be used for catarrhal cases. Tannin for the tuberculous and the acid nitrate of mercury for the syphilitic. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 290.)

Arg. met.[30], followed by the 200th, cured a chronic inflammation of the larynx of two years standing in a professor of elocution, æt. 35. (A. E. Small, U. S. M. and S. J., v. 9, p. 35.)

Chronic Laryngitis. B. P., passive but copious hemorrhage from lungs; fainting; cold sweats; prostration; no pain; hemorrhage comes on suddenly, ℞. *Phosphor.*[30], which stopped bleeding. (T. D. Stow, H. M., Dec., 1873, p. 197.)

Chronic Laryngitis. Mrs. T., æt. 47, had it six years; cough with free and easy expectoration of sweetish, or musty, yellow matter; hæmoptysis; she is thin, pale, with blue eyes, light-brown hair; condition passive, painless. ℞. *Phosphor.*[30]. Cured. (T. D. Stow, H. M., Dec., 1873, p. 197.)

A little girl, æt. 4, who had been subject to bronchial affections since birth. I found her lying on her mother's lap, the countenance pale and livid, the lips very cold, the dyspnœa extreme,

while the cough was muffled as if the head had been enveloped in a blanket. No expectoration whatever, and the sibilant râles were remarkably shrill. The hands and feet were quite cold, and the half-delirium told of carbonic acid charged blood circulating in the brain. *Sanguin.*, prepared as previously indicated in the *Observer*, was administered every ten minutes, and within two hours, improvement had set in. The breathing became easier, the cough clearer and less husky, a tough tenacious mucus was expectorated, and with the return of a freer pulmonary circulation, warmth returned to the extremities of the body. At the same time the hissing diminished and the mucous râles—at first faint and afterwards more pronounced—made their appearance. In eighteen hours the little sufferer was out of danger, and in four days she was dismissed. I place *Sanguin.* next to *Kali bichr.* in pseudo-membranous bronchitis, but find some difficulty in giving the differential diagnosis between the two remedies. In practice I am guided a good deal by the auscultation. When the sibilant râle predominates and the faint or almost absent mucous râle shows that the pseudo-membrane is closely adherent to the walls of the bronchial tubes, *Sanguin.* should be given; should the sibilant râle be less violent and the mucous râle indicate a less tenacious membrane, *Kali bichr.* is in place. Both remedies should be given in material doses. (T. Nichol, A. O., June, 1873, p. 335.)

Croup. There is no doubt that croup is associated with a peculiar irritation of the nerves. The hearth of this irritation, however, may be situated in different places. According to the reliable researches of Verson, it appears that the branches of the laryngeus superior and recurrent are studded, "with numerous ganglion-cells immediately before their ramification into the muscles." In the posterior fibrous membrane of the trachea he discovered real ganglia from which nervous fibres issued to the muscular stratum. Thus it is conceivable that the irritation of the peripheric nerve-fibres by the exudation may cause an excitation of the ganglion-cells, or that the abnormal condition of the blood causes a direct influence upon the respiratory centres, or that both these factors act at the same time and so on. It would be of the greatest importance for this as well as other questions, to arrive by physiological experiments, and pathological observations at a definite conclusion. However it may be, to me it appears that the symptoms of a croup-dyspnœa cannot otherwise be explained than by

the acknowledgement of a disturbance in the co-ordination of the respiratory motions. (Hirschel, H. Kl., 1873, p. 160.)

Croup. Therapeutics of. There are two conditions in croup which may call for an emetic. The spasmodic symptoms are relieved by the relaxing effect of the emetic. If you can make your laryngismic patient gag or vomit by running your finger down the throat, the muscles relax, inspiration is possible, and physiological order is restored. Such is the action of an emetic in false croup. It makes little difference what the substance may be. ipecac., hive syrup, alum and honey, or melted lard.

The application of the cold water bandage around the neck, with a dry one over it, exerts a magical influence in arresting and preventing the muscular spasm. Renew it as soon as it dries. Give *Acon.*, 1st dec., and *Spongia*, 3d dec., alternately every half hour, quarter of an hour, ten or fifteen minutes, according to the urgency of the case. The next morning take off the bandage, bathe the neck in cold water and wipe perfectly dry. If there is some febrile disturbance, keep the child in bed, or at least in the room. The paroxysm will most certainly return the next night. If the cough is loose, give *Hepar s. c.*, 3d cent., one grain every two or three hours until bed time. But if the cough is dry and painful, the voice hoarse and the patient irritable, give *Acon.*[3] in alternation with *Phosphor.*[6], hourly, during the day. At night repeat what was done the night before, and the next day give *Hepar s. c.*[30] or *Phosphor.*[30], according to the looseness or dryness of the cough.

If the case is not relieved by *Acon.* and *Spongia*, and the cold water bandage, alternate rapidly either *Acon.* and *Spongia*, according to the existing symptoms with *Tart. em.*, 1st cent. trit., one grain to half a glass of water.

Tart. em. is indicated in the severer forms of catarrhal croup, and in the first stage of membranous croup by dyspnœa from congestion and œdema of the mucous membranes; raw, sore, velvety feeling throughout the respiratory passages; yawning, stretching, sleepiness, stupor, and perspiration on or after coughing.

In *membranous croup*, *Acon.*, which may be safely used for the fever in the beginning, should soon give place to *Ver. vir.*, five drops to half a glass of water, teaspoonful doses. *Spongia*, *Hepar* and *Tart. em.* all failing, the catarrhal element falling into the background, and the membranous type revealing itself more or less clearly, we have still admirable resources in *Iodine*, *Bromine*, *Kali bichr.*

Iodine is better adapted to croup, and *Bromine* to laryngitis. *Iodine* suits better for bronchitis, *Bromine* for pneumonia. *Iodine* to hoarseness and dyspnœa of congestion and exudation. *Bromine* to spasm and œdema of the glottis. *Iodine* has more fever, more thirst, more general irritability, *Bromine* more violence in the local symptoms. They should not be used under the 2d dec.

Kali bichr. combines the remedial qualities of *Tart. em.* and *Iodine.* In the severest catarrhal form when *Tart. em.* fails it gives prompt relief. In membranous croup it is our most reliable remedy. I give it in the 1st cent. trit., and repeat often.

The second use of the emetic in croup is to relieve the weakened respiratory membranes of the load of accumulated mucus, threatening dyspnœa and suffocation.

All the above measures failing, we are still encouraged to try chlorinated water, *Caust. am.* and chloride of lime.

Inhalation of the hot spray of lime water, and also of glycerine, are reported to have been serviceable. Lactic acid used in the same manner is said to have brought away false membranes.

Frictions of the neck with hot phosphoretted oil are recommended.

Kaolin[6] is the *dernier* resort of homœopathy. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 295.)

Croup. The history and symptoms are given. I treat cases of croup at their commencement with fomentations of hot water, giving medicines internally at the same time. *Acon.* in the commencement; hoarse premonitory cough; dry, hot skin. *Spongia* after *Acon.* for increase of dry, hoarse cough. When the cough becomes looser *Hepar* may take the place of *Spongia;* also when there is pain in the larynx, aggravated by pressure, speaking, coughing or breathing; suffocating cough; retching with cough; scraping in larynx and crying after cough. *Hydr. ac.:* spasmodic action, after *Hepar.* *Arsen.:* hoarseness, feeling of burning or dryness in the larynx; cough with sense of suffocation or constriction. *Iodine.:* dry, hoarse cough; pain in larynx; feeling of contraction and heat; irritation and cough, brought on by a violent tickling in larynx; glandular swellings. For dry, tickling cough, or with rattling of phlegm in the bronchi, following croup: *Ipec.* For loose cough with much phlegm, causing a feeling of suffocation: *Ant. tart.* *Kali bichr.:* catarrhal symptoms that precede an attack, dry cough, pain in larynx, thickened feeling about the bronchi, reddened appearance of tonsils, soreness in chest, cough with tough

expectoration. *Phosphor.*: irritation low down in the trachea, with oppression in the chest; pain, roughness and burning in larynx; aphonia, hoarseness; dry, hacking or loose cough. (Use the 6th dil. of the above medicines.)

The results obtained from tracheotomy are not encouraging. Should the operation be performed the opening should be large. (Wm. V. Drury, M. H. R., v. 17, p. 22.)

Croup in Old Age. Mrs. S., æt. 73, suffering from an attack of spasmodic croup, with all the frightful symptoms which occur in children; the hoarse, crowing cough, whistling breathing, great anxiety, etc., though not much fever, *Acon.*[30], in solution, cured her. She had been suffering for about a year with constant pain in the limbs, back and head of greater or less severity, the consequence of an attack of apoplexy, which disappeared entirely after the attack of croup. (L. Hoopes, A. J. H. M. M., v. 6, p. 303.)

Membranous Croup. A child, æt. 3, sawing, whistling breathing, frequent barking, croupy cough; skin dry and hot; face red; pulse full and sharp, 140; very restless; tonsils red and swollen; patches of membrane on the fauces. *Bellad.*[30], one dose relieved. (S. M. Cate, N. E. M. G., Dec., 1873, p. 541.)

Caustic. has a place in the treatment of croup. Its distinctive symptom is a sensation of rawness in the larynx. (E. C. Price, A. H. O., May, 1873, p. 271.)

Laches. Croup in children subject to inflammatory rheumatism; decided aggravation of symptoms after sleep, after a short nap. (H. V. Miller, H. M., June, 1873, p. 549.)

Croup. A large, fleshy boy, with large head, blue eyes, light hair and complexion, of leuco-phlegmatic constitution; during dentition had an attack of croup, which had continued all night; profuse scalp-sweat, particularly of the occiput and nape of the neck. Each inspiration was hoarse, rough, loud enough to be heard in the street, and difficult, causing the child to cry out with pain. During inhalation, the cheeks and supra-sternal fossa were each time forcibly drawn inwards, indicating spasm of the glottis; face purplish. The mother had given *Acon.*, *Spongia* and *Hepar* without relief. The patient had been vomited with ipecac. and largely dosed with lard and alum. Onion draughts were applied to the feet and onion poultices to the chest, but all to no purpose, the child steadily and gradually becoming worse. It seemed that unless speedy relief could be obtained the case must soon result fatally. The mother said that her previous child had died from a precisely similar attack. The draughts and poultices were first carefully removed. There was an aggravation of the croupous symptoms invariably after sleeping. Hence, *Calc. carb.* and *Laches.* were plainly indicated. But the former remedy was selected to commence the treatment on account of the strongly marked calcarea-constitution, and the fact, that I had previously cured the child of dentitional diarrhœa with that remedy. A powder of the 200th placed on the tongue in this emergency acted miraculously in an incredibly brief space of time, and in fifteen minutes the child slept quietly, with an occasional hoarse inspiration which would awaken him. He improved for thirty-six hours under this remedy, given every two or three hours. Then for aggravation after sleep ℞. *Laches.*[200], which completed cure. (H. V. Miller, H. M., Dec., 1873, p. 196.)

Œdema of the Glottis. Inhalation of a very strong spray of tannin or alum is of considerable service. Swallowing of small pieces of ice in rapid succession is very beneficial.

Scarification of the infiltrated tissues is of immense benefit when it can be thoroughly done. Prof. Buck's laryngeal knife is the best instrument for this purpose, but it may be done with a common bistoury carefully wrapped almost to the point. The hemorrhage sometimes is, although rarely, considerable, and care must be taken that the blood does not run down into the larynx. The homœopathic medicines offering a prospect of relief in these cases are of two classes; those which diminish the effusion and those which have reference to great obstruction to respiration. *Arsen.* and *Apis* are of the former class; the irrespirable substances, *Iodine*, *Bromine*, *Chlorine* and *Caust. am.*, of the latter.

Apis[3] is especially indicated when the attack has suddenly sprung up in the course of an acute disease in otherwise healthy persons. It is still more so when it occurs in erysipelas, burns or the eruptive fevers.

Arsen.[3-30], on the other hand, is indicated when the disease is a genuine anasarca, coming on slowly in the chronic diseases of brokendown constitutions, especially if there is concomitant cardiac or aortic lesion, Bright's disease of the kidneys, anæmia or dropsy.

Laches. and *Chelid.* have some pathogenetic resemblance to many symptoms of this formidable disease.

There comes a point when the mucous accumulation in the air passages is so great that life may be saved by a timely emetic. The *sulphate of copper* is the best for this emergency, not only

because of its rapid action, non-nauseating and non-prostrating, but because it seems to have some specific power over the spasm of the glottis.

When obstructed respiration occasions hyper-carbonization of the blood, the gradual inhalation of oxygen gas, thus making up in quality what is lacking in quantity, may prolong or even save life. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 282.)

Paroxysmal Œdema Glottidis. Dr. Bruckner reports the case of a young man, who had scarlet fever as a child, and suffered from that time from an œdematous swelling of some part of his body, regularly returning every eight days. For the last three years the œdema throws itself sometimes on the glottis, causing fits of suffocation, but always terminating in twelve hours. Before the paroxysm, attack of bilious vomiting. Relieved, but not cured, by *Apis*^{2c}. (N. A. J. H., v. 22, p. 81.)

Thorax.

BRONCHI.

A Compact Stethoscope. Six inches long. An ordinary gutta-percha cylinder slightly expanded at the aural, and more so at the chest end. A shorter cylinder fits within the main one, its rim is cut off parallel on the opposite edges, on this rim the pleximeter is slipped, turned and held firmly. The plessor slips within the cylinder, and it can be carried in the pocket. (B. W. James, H. M., April, 1873, p. 433.)

Cough Remedies. *Ambra.* In hysterical persons, with constant hacking cough, scraping and copious expectoration. As whooping cough is an affection of the vagus, *Ambra* will scarcely be indicated in this affection. The Ambra-cough has its seat in the *spinal marrow;* or indirectly in the uterine system; it is a purely nervous cough originating in the nervous spinal centre.

Amm. mur. In chronic catarrh of old people, with bronchiectasias, emphysema of the lungs, with profuse thick, whitish expectoration, when the cough sounds much looser than it is; mucous rattling without discharge, especially on lying down, with dyspnœa on motion and when lying; in cases similar to the Senega-cough, only that in the latter the phlegm is tougher, less easily thrown off.

Arsen. Applies in all kinds of cough; predominantly, however, in

dry cough. In *spasmodic cough*, it is indicated only in its typical form; *whooping cough* does not lie in its range. It is indicated in *chronic affections* of a torpid or dangerous nature; and in acute cases of the same nature. *Arsen.* is therefore especially indicated for cough in organic diseases of an incurable or destructive character either in the larynx bronchi, lungs, pleura or heart; its choice depends upon other than cough symptoms. These *functional* symptoms are: dyspnœa, asthma, suffocating spells, cyanosis, heart symptoms of all kinds, disturbed circulation, decomposition of the blood, exudations, decay and gangrene of organic substance, disorganizations, excessive pains. *Constitutional* indications are: exhaustion of life-power, collapse, high degree of weakness, syncope, anæmia, nervous irritability, disposition to ulceration, hydræmia, and the like. *Conditions* are: typical forms, nightly aggravations, worse from lying down, drinking and change of weather.

Carb. veg. Burning in, and tightness of chest, hoarseness, asthma, ulcerative pain in larynx, soreness in chest, heat and perspiration, *great weakness, collapse*, purulent and gangrenous states, great sensitiveness to changes of temperature and aggravation at night. Its general character may be expressed in three words: *heat with weakness. Pathological forms* are: *laryngitis, bronchitis, pneumonia*, especially in their chronic states, pneumonia with emphysema, or heart disease, or in complication with bronchitis, especially in old people, where there is dry cough with mucous rattle. *Laryngeal* and *tracheal ulceration* with threatening phthisis, *emphysema, bronchiectasia, phthisis pituitosa, tuberculosis*, and especially the *transition of pneumonia in phthisis* (cheesy pneumonia). Among the *spasmodic* forms it has served well in whooping-cough, when there is great exhaustion.

Caustic. seems to represent a picture of influenza in the first stage, and its sequlæ, aphonia and hoarseness.

China is indicated by the dilitory character of the disease, and the weakness of the patient, in short, in all cases where vitality has sunk low.

Cina, during the convulsive stage of the whooping cough, when before and during the attack, the child becomes stiff, and afterwards there is a clucking noise in the throat down to the stomach.

Cuprum is indicated in *catarrhal* affections of children, with suffocating spells. In *whooping cough*, when the spells are preceded by anxiety and attended by convulsions, and stiffening of the body, losing of breath, and slow recovery of respiration, also with suffo-

because of its rapid action, non-nauseating and non-prostrating, but because it seems to have some specific power over the spasm of the glottis.

When obstructed respiration occasions hyper-carbonization of the blood, the gradual inhalation of oxygen gas, thus making up in quality what is lacking in quantity, may prolong or even save life. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 282.)

Paroxysmal Œdema Glottidis. Dr. Bruckner reports the case of a young man, who had scarlet fever as a child, and suffered from that time from an œdematous swelling of some part of his body, regularly returning every eight days. For the last three years the œdema throws itself sometimes on the glottis, causing fits of suffocation, but always terminating in twelve hours. Before the paroxysm, attack of bilious vomiting. Relieved, but not cured, by *Apis*^{2c}. (N. A. J. H., v. 22, p. 81.)

Thorax.

BRONCHI.

A Compact Stethoscope. Six inches long. An ordinary gutta-percha cylinder slightly expanded at the aural, and more so at the chest end. A shorter cylinder fits within the main one, its rim is cut off parallel on the opposite edges, on this rim the pleximeter is slipped, turned and held firmly. The plessor slips within the cylinder, and it can be carried in the pocket. (B. W. James, H. M., April, 1873, p. 433.)

Cough Remedies. *Ambra.* In hysterical persons, with constant hacking cough, scraping and copious expectoration. As whooping cough is an affection of the vagus, *Ambra* will scarcely be indicated in this affection. The Ambra-cough has its seat in the *spinal marrow;* or indirectly in the uterine system; it is a purely nervous cough originating in the nervous spinal centre.

Amm. mur. In chronic catarrh of old people, with bronchiectasias, emphysema of the lungs, with profuse thick, whitish expectoration, when the cough sounds much looser than it is; mucous rattling without discharge, especially on lying down, with dyspnœa on motion and when lying; in cases similar to the Senega-cough, only that in the latter the phlegm is tougher, less easily thrown off.

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cating spells, and vomiting of solid food. Between the attacks rattling noises in the chest. Especially indicative are the spasmus glottidis, the protrusion of the eyes, cyanosis and redness of the face, and the bleeding from the mouth, nose and ears. In *nervous asthma* with cough or spasm of the glottis, with hoarseness, ringing turns of coughing, cyanosis, spasm of the respiratory muscles, abdominal breathing, cold perspiration, small pulse, convulsions during and vomiting after the attack.

Ferrum in tuberculosis when there is pale, yellowish, waxy complexion, constipation, pain in the stomach and anorexia, palpitation of the heart, transient congestion of the lungs, great muscular weakness. According to Clotar Müller, for young, florid persons with congestion of blood to the head or breast; also in hectic fever, and in that stage where intermittent fever attacks, congestions after dinner, loss of appetite, vomiting and other dyspeptic symptoms are present.

Lact. vir. especially indicated in asthma with cough, in single, dry, hollow turns.

Nitr. ac. has its sphere of action in chronic inflammatory forms of cough; in ulcerous or tuberculous processes of the larynx and bronchi; in pneumonia which tends towards phthisis; in cirrhosis of the lungs and especially in chronic catarrhs combined with angina pectoris or diseases of the heart. (Hirschel, H. Kl., 1873, p. 157, etc.)

COUGH CHARACTERISTICS.

Acon. Constant, short and dry cough, with sensation as if suffocation would occur; every inspiration seems to increase the difficulty.

Arnic. Sensation, as of a bruise, or soreness in the chest when coughing, the expectoration being streaked with blood. The child always cries just before a paroxsym of coughing.

Ars. alb. Cough excited by a sensation as if the fumes of sulphur were inhaled, as from a lucifer match. Sensation as if one were inhaling dust. *Cough* is *followed* by an *increase* of *difficulty* in *breathing*. In asthma.

Bry. alb. Cough at night in bed *compelling* one to *spring* up and *assume* an *erect posture* at *once*. This seems an involuntary motion.

Cact. grand. Cough, with considerable mucous expectoration, sometimes of the consistency of boiled starch, but *very yellow*.

Cimic. Cough excited by every attempt to speak, so that one is obliged to desist.

Cist. can. "Stitches in the throat causing cough."

Collins. Cough, with expectoration of lumps of coagulated blood enveloped in mucus.

Com. dent. Cough, with pain under left nipple extending through to the left scapula.

Cocc. cact. Every coughing spell is terminated by the expectoration of large quantities of thick, viscid, albuminous mucus.

Expectoration of globular mucus. Some globules as large as a pea.

Capsic. Every coughing spell is attended with an aching pain in the throat or ear, or both at the same time. Sometimes pain in distant parts, as in the bladder, knee or leg. Cough *excited* by *drinking coffee.*

Carb. veg. *Cough excited* by going into the *cold air*, or into *cooler air* from a warm place.

Caustic. Cough after getting *warm* in *bed*, or after *recovering* the *natural warmth* from a colder state. Cough, with *pain* in the *hip*. Cough relieved by a cold drink. Spirting of urine with the cough.

Chamom. Dry cough during sleep, not awaking the patient.

Chel. maj. Loose, rattling cough remaining after whooping cough.

China. Cough when the head is *low;* it *must* be *raised* a little. Violent cough after eating.

Chin. sulph. Cough, with jelly-like expectoration.

Cina. Very frequent *returns* of *dry*, *short*, *hacking cough*, *followed* by *swallowing*, as if *something* were *rising* into the *throat*, and occasional moaning.

Cocc. sept. Cough relieved by going into the cold air.

Con. mac. A sort of a *teasing dry cough*, *lasting a long time after lying down* at *night*. The *cough* of *Con.* is *usually much worse* at *night*.

Crocus. The *cough* is *relieved* by *pressing* the *hand* upon the *pit* of the *stomach*.

Crot. tig. Cough, with violent, sore, drawing pain through the chest into the back, more on left side.

Cuprum. Cough *characterized* by the *long uninterrupted continuance* of its *paroxysms*.

Digit. Cough *after eating*, with *vomiting of food*.

Droser. Cough so rapid in its succession as scarcely to permit respiration in the intervals.

Elaps cor. Cough *characterized* by *expectoration* of *black blood*, and *often* with *tearing sensation* in the *cardiac region*.

Eug. jamb. Cough, *effecting* its *sensation particularly* in the *pit* of the *throat*, just above the end of the sternum.

Eup. perf. Harsh, hoarse cough as an accompaniment to measles, hurting the chest so as to compel its support with the hands.

Euphras. Suffocative cough, as in whooping cough, with profuse lachrymation and fluent coryza.

Ferr. ac. Cough, with vomiting of food, particularly after dinner.

Guaiac. off. *Dry cough* by *day* or by *night*, *relieved* by *detaching* and *raising* a little *mucus*.

Hepar s. c. Rattling *choking* cough; it seems as if the patient would *choke* in coughing; in *croup*, *whooping cough*, or in *catarrh*, usually worse towards morning or after eating.

Hyosc. *Whilst lying down constant cough*, which *ceases soon after rising up.* *Violent paroxysms* of *spasmodic*, *exhausting cough.*

Ignat. A *very* troublesome *cough*, usually dry, *arising* from some irritation in the pit of the stomach.

Indigo. Dry cough, always attended with *epistaxis*.

Iodium. Cough, arising from an *intolerable tingling* and *tickling* in the *larynx* or *throat*, *only* relieved by *discharging quantities* of *mucus* from those parts.

Ipecac. *Severe suffocative cough*, with *rigidity* and *blueness* of the *face.*

Kali bichr. Cough, with expectoration of *tough*, *stringy mucus;* it sticks in the throat, causing a choking sensation to the tongue, teeth and lips, and in attempting to remove it from these parts it will be drawn out in long strings. With this same cough there are often severe stitches in the chest.

The above character of the mucus is a sufficient indication for its use in croup, diphtheria, in penumonia, or in bilious fever.

Kali carb. *Very violent cough*, mostly *dry*, and *commencing* at 3 P. M. or at 5 P. M.; if mucus is dislodged it is not expectorated, but falls back into the stomach.

Kali hydr. Considerable irritation about the throat, causing dry cough, or with expectoration of *green mucus;* more *particularly* in *old syphilitic cases.*

Kali nitr. Dry, tormenting cough, arising from a tickling in the middle of the chest, with audible palpitation of the heart.

Kreosot. Dry, scraping cough, excited by a *crawling* sensation in the throat below the larynx.

Kobalt. Cough, with expectoration of bright red blood, with a sensation as if it came from the larynx.

Laches. Cough excited by pressing, even lightly, upon the larynx; clothing must be removed from about that part—*its* pressure excites the cough.

Cough so soon as one *falls into a sound sleep*, *often with choking* as if *suffocation* were *inevitable.* *In croup cough excited* by a *sensation* as if a *crumb of bread* were *sticking* in the *throat*, or some other substance, with frequent hawking and swallowing.

Lauroc. Cough, with *copious expectoration* of mucus, and *bright red points of blood interspersed here and there* throughout the mass.

Ledum. Violent cough, expectorating after midnight or in the morning, fetid, purulent matter, and sometimes bright red foaming blood.

Lob. infl. *Very severe* and *long coughing spells*, *relieved* by *expectoration* of *ropy mucus* which inclines to stick to the pharynx.

Lycop. The breathing becomes very short before, and continues so during the paroxysms of coughing, which renders the cough difficult in the paroxysm; if cough ceases, the respiration becomes normal.

Magn. carb. Much coughing; fits of spasmodic cough at night in persons much troubled with ascarides; it then cures both.

Magn. sulph. Coughing excites much burning in the chest, which after a little time passes away till another spell of coughing.

Mangan. Dry cough, which causes darting pain in the parietal bones.

Menyanth. Cough threatening suffocation, with spasmodic contraction of the larynx, and every effort to inspire increases the cough.

Mephit. Cough excited by drinking, or talking, or reading aloud, or singing, with a feeling as though something had got into the larynx.

Merc. sol. or *viv.* Cough of such a nature as not to allow the utterance of an audible word.

Moschus. Desire to cough immediately followed by spasm of the lungs and dyspnœa as though suffocation would ensue; after this

passes off, another desire to cough is followed by the same train of symptoms, and so on.

Mezer. *Violent, uninterrupted cough till relieved by vomiting.*

Mur. ac. Cough, with burning in the throat.

Natr. mur. Cough excited by every empty deglutition.

Niccol. Cough at night is so violent, one is obliged to sit erect in bed and hold the head with both hands.

Nux mosch. Cough excited by a *creeping* sensation from the chest to the throat, *particularly in pregnancy.*

Nux vom. Coughing always produces an *acrid* sensation in the throat.

Opium. The desire to cough is followed immediately by arrest of respiration and blue face.

Phytol. dec. Distressing cough, excited by a tickling in the left side of the larynx.

Platin. *Violent* cough, excited by an irritation under the upper end of the sternum.

Podoph. pelt. Cough characterizing remittent fever; its exacerbations and remissions correspond with those of the *fever.*

Pulsat. Cough, which makes one shake all over; cough, with a sensation as if one would vomit, with lachrymation.

Rhus rad. Cough excited by a tickling under the upper half of the sternum, or in the pit of the throat.

Rhus tox. Cough, with a taste of blood, although no blood is to be seen.

Rum. crisp. Cough, from tickling or irritation behind the upper portion of the sternum.

Sabin. Cough excited by crawling and tickling in the larynx, especially in pregnancy.

Sepia. Cough in the morning, with profuse expectoration of mucus of a bad taste, and each paroxysm terminating in an attempt to vomit.

Spongia. Cough, with a sensation of burning in the chest, all relieved by eating or drinking.

Stict. pulm. Cough excited by every attempt at inspiration.

Squill. mar. One of the best of remedies for a tickling, worrying and almost constant harassing cough of greater or less severity, day and night, sometimes loose, sometimes dry.

Stannum. Cough and expectoration, which makes the chest feel as if eviscerated, with weakness in the limbs and general languor.

Sanguin. *Constitutional* and *severe cough, with or without expectoration, always attended* with *circumscribed redness* of the cheeks.

Sulphur. *Great* desire to cough, but is partially suppressed; it does not amount to a full, free cough. Observed in whooping cough.

Sulph. ac. The cough produces a dull shock behind the right eyelid.

Tabac. Cough produces a sensation of sticking in pit of stomach.

Tart. em. Cough, with a sound as if a little cupful of mucus were in the throat-pit, but none scarcely is expectorated.

Ver. alb. Cough violent and fatiguing, with cold sweat on the forehead.

Zincum. Cough, with expectoration, leaving a sensation of hotness and coldness in the chest; cough, with sweet-tasting expectoration. (H. N. Guernsey, H. M., Feb., 1873, p. 322.)

Cough. Three months spasmodic; worse daytime, motion, cold air. Cough seems to start from stomach; involuntary urination with cough. Expectoration scanty, frothy, white mucus. *Bryon.* Relief. (H. Tucker, N. E. M. G., April, 1873, p. 159.)

Hollow spasmodic cough, worse in the evening, with but little expectoration, leaving pain in the trachea. *Ignatia.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Chronic cough. Margaret C., æt. 22, incessant barking cough, night and day. *Phosphor.*[30]. Cured. (J. H. Nankivell, H. W., v. 8, p. 12.)

Mrs. B., æt. 29, confined ten days since. Took cold, is now suffering from a deep, thrilling cough. No expectoration, pain through the chest. *Phosphor.*[12]. Cured. (J. H. Nankivell, H. W., v. 8, p. 114.)

Dry, incessant, tickling cough, with alteration of the voice. *Rumex.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Cough. Short, dry, frequent, hacking; feeling of heaviness upper chest; talking tires chest; feels weary, especially morning; pressure on throat-pit causes cough; expectoration morning, small, white, saltish mucus; stooping gait; appetite fickle, food all tastes alike, craves salt fish, dislikes sweets; thirst in the evening; falls asleep late; constipation; painful, sore, bleeding piles; menstruation absent two months. *Sulphur*[2c], one dose. Relief. (R. R. Williams, N. E. M. G., July, 1872, p. 226.)

Nasal Bronchial Catarrh—Cough. Our best guides in selecting a remedy are the character of the cough, the nature of the expectoration, and the concomitant symptom.

Although a cough may vary at different hours, being sometimes moist and sometimes dry, yet almost every cough is predominantly either moist or dry.

The *dry cough* remedies are: *Acon.*, *Atrop.*, *Bellad.*, *Bryon.*, *Calcar.*, *Caustic.*, *Cicut.*, *Conium*, *Eupat.*, *Hyosc.*, *Iodine*, *Laches.*, *Lact. vir.*, *Nitr. ac.*, *Nux vom.*, *Phosphor.*, *Rumex*, *Sticta* and *Spongia*.

Acon., in med. dil., is certainly valuable for a dry, tickling, annoying night cough in a restless, feverish patient.

Camphor., 1st cent. trit., is also very efficacious.

Atrop., 2d cent. trit., for a dry, spasmodic, irritative cough, especially at night.

Bellad. is only more appropriate when there co-exist headache, red face, sore throat, sensitive larynx, or pain in the back and hips when coughing.

Bryon.[3] for a dry, concussive cough, producing pain, both in the head and chest, with characteristic stitching pains.

Calc. carb.[3] frequently softens and mitigates a harsh, dry, recent cough, but has quite a different indication in serious chronic and organic bronchial disease.

Eupat.[1] for violent, concussive cough, with coincident pains in all the limbs; the patient holds his sides when coughing.

Nux. vom.[3] for a dry cough, with concussive headache, and coincident constipation and gastric or hepatic derangement.

Caustic.[6], *Iodine*[6], *Spongia*[6], *Sticta.*[3] and *Rumex*[3]. Represent a highly irritated state of the whole respiratory tract, with coughing, sneezing, hoarseness, rawness, etc., with scanty expectoration. *Rumex*[2c] sometimes acts like a charm in these cases. The Rumex-cough is greatly aggravated by inhaling cold air. Greater hoarseness and weakness of voice call for *Caustic.*[6] and *Spongia*[6].

Nitr. ac., 1st cent. trit., frequently succeeds with these obstinate, dry coughs, after *Atrop.* has failed.

Hyosc., *Conium*, *Stramon.*, *Cicut.* and *Lactuca* are admirable remedies for spasmodic, suffocating, night cough, making the patient sit up in bed. *Stramon.*, *Cicut.* and *Lactuca*, have the asthmatic or congestive element more fully developed, while *Hysoc.* and *Conium* represent more purely nervous irritation. The Conium-cough is almost incessant with a dry spot in the larynx.

The Hyoscyamus-cough is paroxysmal, and sometimes at considerable intervals. I have been accustomed to give *Conium* high, and *Hyosc.* low. One drop of the pure tincture of *Hyosc.* after every paroxysm is sometimes followed by magical relief.

Laches.[6] acts beautifully for tickling, worrying night cough, with sensation of a lump in the throat, sensitiveness of the larynx, and especially when after long, dry paroxysm, there is suddenly a profuse expectoration of frothy mucus.

Phosphor.[6] is specially indicated for a dry, hoarse cough, excited by speaking, singing or reading aloud, with sensitiveness of the larynx.

Lastly, *Tart. em.*, 1st cent. trit., is admirable for a dry, hoarse, fatiguing cough, while in a smaller dose, 3d cent. trit., it is curative of a loose, rattling cough, which is expectorated with difficulty on account of muscular weakness or pulmonary infiltration.

The chief remedies for "*moist cough*" are:

Tart. em., *Ipecac.*, *Kali hydr.*, *Kali cyan.*, *Kali bichr.*, *Chelid.*, *Seneg.*, *Hepar s. c.*, *Stannum*, *Mercur.*, *Sanguin.*, *Pulsat.*, *Petrol.*, *Ammon.*, *Copaiva*, *Salicine*.

For a moist cough before the coryza symptoms have entirely gone off, *Kali hydr.*, 3d dec. trit., *Kali cyan.*, 3d dec. trit., and *Merc. viv.*, 3d cent. trit., are excellent remedies, one gr., every three hours.

If the cold in the head has disappeared, *Hepar s. c.*, 3d cent. trit., *Tart. em.*, 2d or 3d cent. trit., *Ipec.*[3] and *Sanguin.*[3] are first to be considered. *Hepar s. c.*, when there is hoarseness and soreness of the chest; and a cough moderately moist and then dry again. *Tart. em.* and *Ipec.* for a very moist cough, especially efficacious in children, the former when croupal or inflammatory symptoms have existed or impend, and the latter when the cough is of the suffocative or asthmatic type.

Sanguin., 3d cent. trit., steadily persisted in for several days, will arrest this catarrhal disease in almost any of its forms, although when there is headache, sore throat, red cheeks, pains in the breast, offensive breath and expectoration, or symptoms threatening pneumonia, it proves of very great efficacy.

Kali bichr.[3], and *Chelid.*[3] are excellent remedies when well chosen. *Chelid.* resembles *Sanguin.*, but has a much more scanty expectoration, which seems to be forcibly ejected after hard coughing from the very bottom of the lungs. *Kali bichr.*, has a very tenacious, ropy expectoration and its other symptoms resembles *Tart. em.* Puffed eyelids and face, with whistling, wheezing respiration indicate *Kali carb.*[6].

Seneg.[1], *Scilla*[1] and *Pulsat.*[3] are called for in bad coughs with bronchial irritation and free expectoration. The first two

resemble *Bryon.* in the painful stitches through the chest; they differ in the expectoration. *Seneg.* has a tenacious, albuminous-like mucus; *Scilla*, a watery mucus, sometimes tinged with red. *Pulsat.*, a yellowish or greenish, and salty or bitter expectoration.

After these, *Petrol.*[3], *Kreosot.*[3], *Copaiva*[1], *Ammon.*[1], *Oliban.*[1], *Stannum*[3] and *Sepia*[6] are worthy of study.

When a cough lingers and relapses on account of constitutional debility, try *Ars. iod.*, 2d cent. trit., *Ferr. iod.*, 1st cent. trit., *Strych.*, 3d dec. trit., *China*, 1st dec. trit., *Salic.*, 1st dec. trit., or *Ceras.*, 1st dec. trit.

Bloody expectoration may be controlled by one of the following: *Acon.*, *Arnic.*, *Arsen.*, *Ferrum*, *Ipec.*, *China*, *Ledum*, *Phosphor.*; *Terebin.* and *Eriger.*

Cases of refractory cough verging to chronic bronchitis have been cured by tar water and hypophosphites of lime and soda after the best chosen remedies have been fairly tried and failed.

The concomitant or accompanying symptoms are sometimes of much importance.

Thus, if hesitating between *Nux vom.* and *Bellad.* for a dry cough, the co-existence of congestive headache, with red face, would determine for *Bellad.;* between *Seneg.* and *Scilla*, a violent palpitation of the heart would determine for *Seneg.;* between *Scilla* and *Sanguin.*, profuse urination would determine for *Scilla.;* between *Pulsat.* and *Mercur.*, dysenteric symptoms would point to *Mercur.;* between *Hepar s. c.* and *Stannum*, a croupy sound of voice would call for *Hepar s. c.;* between *Arsen.* and *Laches.*, a sore throat would call for the latter, and so on indefinitely.

We may be called upon to give *Arsen.*, *Laches.* or *Digit.* for a cardiac-cough; *Cina* or *Sabad.* for a worm-cough; *Apis* for an ovarian-cough; *Calcar.* for a tooth-cough; *Pulsat.* or *Tellur.* for an ear-cough; *Ambra* for a hysterical-cough; *Veratr.* for a stomach-cough; *Nux vom.* or *Chelid.* for a liver-cough; *Cuprum.* or *Arg. nitr.* for a brain-cough, etc.

Cough Characteristics:

Ambra. Cough accompanied by abundant eructations.
Alum. Cough aggravated by elongated uvula.
Bromine. Sensation of coldness in the larynx.
Caustic. Urinates when coughing.
Cuprum. Trembles after coughing, relieved by drinking cold water.
Digit. Exceedingly prostrated after coughing.

Droser. Perspires immediately on waking from sleep.
Ignat. Gets sleepy immediately after coughing.
Laches. Sensitiveness of throat to external touch.
Lycop. Fan-like dilatation of the alæ nasi.
Natr. mur. Hammering headache during the cough.
Nux mosch. Cough excited by the warmth of the bed.
Phosphor. Tightness across the chest, with pain on talking.
Rumex. Cannot bear the cold air; covers up the head to exclude it.
Spongia. Inability to lie down; cough relieved by eating.
Stramon. Sound of cough and of voice unnaturally high pitched.
Sulph. ac. Cough aggravated by the smell of coffee.
Tart. em. Cough and yawning consecutively.
Ver. alb. Cold sweat on the forehead, aggravated by drinking cold water.
Zinc. met. Child grasps the genitals when coughing. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 187.)

Differential Diagnosis of Bronchitis and Pneumonia. In bronchitis the mucous membrane is reddened, tumefied, loosened, its epithelium murky and friable. This redness may be equally diffused or limited to certain points, or a dendritic redness may run from the larger bronchi down to the very smallest bronchioles. The mucous tumefaction on one side and the exudation on the other cause a bronchial stenosis, with narrowing of their calibre which becomes again normal after a copious exudatic discharge. The expectoration is at first a clear, tough secretion, with ciliated epithelium and molecular detritus, and finally thick, creamy, puriform.

Pneumonia is an exudation in and around the alveoli of the lungs, filling them gradually. These alveoli are the secreting glandular lung elements, every bronchiole connects itself with such a vesicular group and its excretory duct. Every such infundibulum has a pyriform shape, its walls pushed out in many places—air-cells.

The alveoli are only a continuation of bronchial tissue, but their epithelial cells are more flattened, and they consist only of a layer of fibres and epithelium. Examined by the microscope these elastic fibres form a network of rafters, on which the connective tissue is extended and supported.

Pneumonia begins where bronchitis ends, and bronchitis capillaris, also called pneumonia catarrhalis holds a middle ground between

both diseases. A bronchitis can take place without involving the pulmonary tissue; but in every pneumonia the finer branches of the bronchi will certainly show some co-affection, and even larger ones will become irritated, having to act as excretory ducts for the accumulated secretion.

In *bronchitis* we have no dullness on percussion, except temporarily in case of collapse of a part of a lung from obstruction of a bronchus, sonorous and sibilant rhonchi generally, though not always, on both sides of the chest, varying from time to time in seat, character and loudness, while the copious secretion of mucus, the loud bronchial râles may entirely oversound and finally suppress the hearing of any vesicular murmur.

Only in capillary bronchitis we hear extended, mucous, crepitant, and subcrepitant râles, closely resembling the fine crepitation of pneumonia. In *pneumonia* we find, even during the first stage, moderate dullness on percussion over the affected lobe or lobes of the lung, increasing to decided dullness in the second stage, this dullness remains till resolution occurs.

Inspection also shows that the affected lung or part of the lung fails to take part in the respiratory motion, and where both lungs become infiltrated, the patients breathe only by dilatation of the upper walls of the thorax, whereas the abdomen does not move, as the contraction of the diaphragm is impossible. During the first stage we hear the well-known fine crepitant râles, in consequence of the sticking together of the walls of the air-cells and their separation by inspiration; but as soon as a peripheric part of a lung becomes fully infiltrated, all vesicular breathing is stopped, and we hear in its place bronchial respiration and bronchophony, with increased vocal fremitus. Where resolution takes place, the bronchial respiration gives way to returning fine crepitus, and the dulness of resonance on percussion also gradually disappears.

In bronchitis of the larger bronchi there is a soreness and burning sensation in the upper, anterior chest, with violent cough, but no dyspnœat ill the disease reaches the bronchioles, where a small quantity of phlegm may prevent gaseous exchange. In pneumonia the affected part is alone painful, sometimes there is no pain; its characteristics are dyspnœa and chest oppression; the inspirations increase to forty or fifty per minute, short, superficial, labored. In bronchitis dyspnœa is rare, except in severe cases, and the fever never rises to the pneumonic height; chilliness and burning heat alternate. The dry heat of pneumonia occurs after a violent chill,

the face is red, skin turgescent, sometimes bathed in perspiration; there is severe headache with delirium; great malaise; the febrile symptoms continue till resolution.

Cough is neither so frequent nor so continuous in pneumonia as in bronchitis. In the former, patients try to suppress it on account of the pain, even distorting the face during the cough (an important symptom with children in distinguishing pneumonia from bronchitis); in the latter, cough is one of the first symptoms observed and lasts during the whole disease; it is at first short, dry and tight, later deeper and looser with expectoration, at first mucous, in rare cases pseudo-membranous, in severe cases, and at a late stage, purulent, and many a time, especially in affections of the larger bronchi, the mucous râles may be heard without the aid of auscultation. The sputum of pneumonia is characteristic, composed of *mucus, lymph and blood mixed together* (in bronchitis we find only streaks of blood adhering to the mucus), making the rusty, tough, gluey sputum of pneumonia, which adheres to the vessel even when inverted without flowing out. When this sputum increases, loosens and thins, with decrease of fever, the lung fever retrogrades. Sometimes pneumonia runs its whole course with no cough or expectoration (which never happens in bronchitis). Such cases are more dangerous from their tendency to produce adynamia.

These diseases differ in their termination, and during the third stage of pneumonia, œdema pulmonum, abscesses in the lungs, tubercular infiltration, induration or gangrene may lead to fatal results; therefore, bronchitis, in general, allows a far more favorable prognosis than pneumonia.

Capillary bronchitis is always dangerous, its symptoms differ from pneumonia crouposa, it is most severe in infants and old people. As soon as the bronchioles become overloaded with mucus the gaseous interchange is greatly diminished, the blood cannot get rid of its carbon, and dyspnœa and suffocatory paroxysms follow; but the filling up of the bronchioles with mucus and detritus also produces a compression of the pulmonary capillaries, and thus a stagnation in the pulmonary arteries and a retardation in circulation, which shows itself by swelling of the jugular veins, by cyanosis of the cheeks and lips, and more or less by cerebral hyperæmia.

In capillary bronchitis the sound on percussion will be either tympanitic or dull, according as air enters the lungs or not, but the dull sound will be more circumscribed, and with this peculiarity,

that when the patient strongly inspires, or when he empties the bronchioles of their mucus by forced coughing spells, the clear full sound returns where dulness was before. In pneumonia this never takes place so suddenly, and it requires a long time for an infiltrated lobe to return to its normal state. (S. Lilienthal, H. M., Feb., 1873, p. 303.)

Bronchitis and Pneumonia. Differential diagnosis of various forms of bronchitis and pneumonia.

I. Indications for Remedies.

1. *Location and Direction of Thoracic Pains.*

Stitches in the upper part of each lung, better when walking: *Elaps.*

Small pains in upper half of right lung: *Calc. carb.*

Stitches into front of right upper lung: *Arsen.*, *Borax.*

Stitches or dull pains in middle third of right lung: *Sepia.*

Stitches in lower right lung: *Kali carb.*

Stitches in lower left lung: *Pulsat.*, *Phosphor.* (relief in both remedies by lying on same side).

Stitches in upper left lung: *Sulphur* (constant cough, with aphonia).

Stitches in upper left lung, extending through to scapula: *Myrt. com.*

Pain, like cutting cramp, through left chest to scapula: *Natr. mur.*

Severe cutting pains in left mammary gland, extending through to left scapula: *Lil. tig.*

Drawing pain through left chest to scapula: *Rhus rad.*

Cough, with soreness in the upper portion of the left chest: *Apis mell.*

Cough, with stitches from sternum, darting through to between scapulæ: *Kali bichr.*

Stitches in sternum and right side of chest through to back, when breathing: *Kali carb.*

Stitches in middle of sternum, extending to back: *Kali hydr.*

Stitches from left scapula through to front of left lung: *Sulphur* (do. reverse).

Stitches from right scapula through to front of right lung: *Mercur.* (*Borax* reverse).

Stitches through to right scapula: *Borax.*

Stitches through to left scapula: *Sulphur.*

Stitches in lower part of left scapula: *Kalmia.*

Pain below left scapula: *Chinin.*, *Chenop.*

Pain under short ribs, in back, left side, posterior aspect of the spleen, extending outwards nearly to left side: *Lobel.*

Pain below right scapula: *Ruta*, *Bryon.*

Pain under right scapula, hindering the motion of the arm: *Chelid.* (see *Senega*).

Pain running from ensiform cartilage, from second rib on right side, diagonally through chest: *Cinnab.*

Stitches in chest relieved by lying on painful side: *Bryon.*

Stitches in chest aggravated by the least motion, and from breathing: *Spigel.*

2. *Time of Aggravation of Cough.*

Cough worse from 3 to 4 A. M.: *Kali carb.*, *Amm. carb.*
" " " 10 to 12 M.: *Natr. mur.*
" " " 1 to 2 P. M.: *Arsen.*
" " " 3 to 4 P. M.: *Lycop.*

Nux vom.: Cough worse in the evening or towards morning.

Hepar, *Rhus:* Cough worse in the evening, and before midnight.

Cepa, *Calc. carb.*, *Capsic.:* Cough worse towards evening, and during the night.

Euphras.: Cough worse during the day, and especially in the morning.

Chamom., *Laches.:* Cough worse at night, and during sleep.

Apis: Cough worse before midnight, after lying down, and after sleeping.

Arsen., *Hyosc.*, *Merc. sol.*, etc.: Cough worse during the night.

3. *Some Notable Cough Characteristics.*

When coughing, the head trembles with an inward trembling: *Tart. em.*

When coughing, the head and chest tremble: *Rhus tox.*

When coughing, the whole body trembles: *Bellad.*, *Phosphor.*

When coughing, presses hand on sternum: *Bryon.*

When coughing, thoracic and hypochondriac pains are mitigated by manual pressure: *Droser.*

When coughing at night, has to sit up and hold chest with both hands: *Natr. sulph.*

When coughing, occipital pain: *Ferrum.*

When coughing or sneezing, luminous appearances before the eyes: *Kali chlor.*

When coughing, stitches in hemorrhoidal tumors: *Ignat.*, *Laches.*

When coughing, sensation of frontal constriction: *Iris.*

After every cough, vomiting of ingesta: *Ferrum.*

After coughing, gaping: *Opium.* Coughing and gaping constantly: *Ant. tart.*

Cough with lachrymation: *Eup. perf.*

Cough, with taste of blood in the mouth: *Bellad.* Do. before cough: *Elaps.*

Cough dry and hard, coming in single coughs: *Lil. tig.*

Cough, dry, hard, with great soreness in abdomen: *Nux vom.*

Cough, with pain in larynx and sternum: *China.*

Cough, stitches in larynx: *Bufo.*

Cough, provoked by cold drinks and relieved by warm drinks: *Rhus tox.*, *Silic.*

Cough, relieved by a swallow of cold water: *Caustic.*

Cough, relieved by warm drinks: *Alum.*

Cough, after eating or drinking: *Bryon.*, *Hyosc.*

Cough, from strong odors: *Phosphor.*

Cough, from a change of weather: *Phosphor.*

Cough, on going into cold air: *Phosphor.*

Cough, on coming into a warm place: *Bromium*, *Bryon.*, *Natrum.*

Cough, in a warm room, better in a cold room: *Cocc. cact.*

Cough, on changing rooms: *Rumex.*

Cough, when becoming warm in bed: *Nux mosch.*

The irritation to cough is felt in the abdomen: *Ant. crud.*

Sensation of a lump in supra-sternal fossa: *Lobel.*

Dry cough, with shortness of breath: *Psorin.*

Dry cough, day and night, in weak and emaciated boys: *Lycop.*

The loose A. M. cough is more fatiguing than the dry evening cough: *Squilla.*

Dry cough, day and night, expectoration copious only in the morning: *Euphorb.*

Dry, hacking cough, worse when lying down at night, after talking and singing; generally uvula elongated: *Hyosc.*

Dry cough, with burning from larynx to scrobiculus: *Magn. sulph.*

Dry cough, from irritation and tickling in the lower part of the larynx: *Cimic.*

Short, dry cough, from tickling in upper part of trachea, aggravated by coughing: *Teucr. m. v.*

Short, dry, hacking cough, from an itching sensation in upper part of trachea: *Nux vom.*

Tickling in the throat-pit causes a dry, scraping cough, worse at night even in sleep, especially with children taking cold in winter: *Chamom.*

Cough, from full inspiration (*Verbascum* lessened by the same); from talking and pressure upon throat-pit; cold air produces a distressing tickling in throat-pit and behind sternum more towards the left: *Rumex.*

Dry, hollow cough, from tickling in chest or throat: *Euphorb.*

Cough, from insupportable tickling in larynx or from tickling at the bifurcation of the trachea, by oppression at the epigastrium, or by accumulation of mucus in the larynx; burning pain in trachea or bronchia. Cough from the least morsel of food or drink. Expectoration ropy: *Kali bichr.*

Cough, at first dry and hacking from tickling in larynx, but finally extending to the lungs: *Sticta.*

Moist cough, from sensation of crawling behind sternum: *Kreos.*

Hysterical cough, from stifling behind upper fourth of sternum: *Platin.*

Expectoration difficult; has to hawk, hem, cough, and spit a good while before he succeeds in getting a little tough phlegm away: *Laches.* (Comp. *Alum.* and *Arum triph.*)

Cough, with partial paralysis of pneumogastric nerve; short, hoarse, weak, nearly suffocating breathing, with whistling noise, thorax expands with great difficulty, head thrown backwards with great anxiety and prostration; face livid and cold; forehead and sometimes whole body covered with cold sweat; pulse feeble and accelerated: *Ant. tart.* NOTE.—A fatal case, that of Mr. A. P., Dr. Hoyt's patient, was probably an illustration of this remedy. (Comp. *Dulcam.*, *Ipec.*, etc.)

II. CASES OF BRONCHITIS.

1. *Carb. veg.*[2c]. A lady had a dry cough, with hoarseness, worse towards evening (*Kali bichr.*), and got *Carb. veg.*[2c]. Afterwards she said she never before got cured so quickly of a cough.

2. *Laches.*[2c]. A child had bronchial cough, the paroxysms occurring invariably after sleeping a while. *Laches.* made a good cure.

3. *Rumex*[2c]. A lady had an irritative, hacking cough; cough provoked by pressure upon the throat-pit; sensation of irrita-

tion in trachea and behind upper third of sternum; hoarseness at evening, and a weak feeling in the lower chest. *Rumex.* Cured. (H. V. Miller, H. M., Feb., 1873, p. 309.)

Mrs. S., æt. 53, had been suffering from bronchitis for some days, when her breathing became very bad; palpitation of heart and anasarca set in. *Arsen.*[3]. Cured. (A. E. Hawkes, H. W., v. 8, p. 139.)

Bronchitis and Aphonia. Mrs. A. Dry cough, squeaking râle and aphonia; external throat sensitive to touch; soreness, tenderness, sensation of weight in left *ovarian region;* worse after sleep; pale, scanty menses, with loss of sexual instinct. ℞. *Laches.*[2c]. Cured in a few days. (T. D. Stow, H. M., Feb., 1873, p. 321.)

Whooping Cough. Spasmodic cough of a whistling sound in the latter stages, without expectoration of mucus. *Lauroc.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Whooping cough worse at night, with diarrhœa. *Sanguin.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Whooping cough. Two scrofulous boys. *Bellad.*, *Cuprum*, *Droser.*, without effect. On the fifth day the doctor observed those little ulcers in the mouth as described by Bolle and Goullon. *Thuya*[30], three time sa day. Well in a week. (Bojanus, H. Gaz., in St. Petersburg; H. Kl., 1873, p. 144.)

Catarrhus Suffocativus. Child, æt. 5 days. Dyspnœa worse in spells caused by cough, motion and drinking. Breathing is wheezing, labored, whistling during inspiration; face purple, bloated; region of the stomach distended; arms twitch, and hands move convulsively. *Kali carb.*[2c]. Spells grow milder in a few hours. On the third day, one dose *Kali carb.*[10]. Well. (J. Schelling, A. H. Z., v. 87, p. 26.)

Asthmatic Cough. Paroxysm at 3 A. M., lasting one and a half to two hours, or till the expectoration becomes free; expectoration frothy, tasting badly; sharp stitch in right pneumo-hepatic region; headache, alternate days, left side into left cervical region, commences in the morning with illusion of bright gold chain dangling before eyes, whether eyes are open or shut. Has taken Fowler's solution. *China.* Cured. (L. Whiting, N. E. M. G., Jan., 1872, p. 24.)

Asthma. Paroxysm midnight till day-break; he leaves the bed; has a fear that he will be impelled to destroy his own life, eight successive nights. *Arsen.*[2m], one dose. Cured. (L. Whiting, N. E. M. G., Jan., 1872, p. 24.)

Asthma. Occurring in hot damp climate, aggravated after sleep: *Bellad.;* getting up: *Laches.*[1] and 200th. (C. F. Nichols, N. E. M. G., March, 1873, p. 104.)

Asthma. A case of long standing, treated allopathically for a long time without result; appeared to be a neurosis of the nervus vago-accessorius, in consequence of which the bronchi and air-cells became spasmodically contracted. This diagnosis was strengthened by the fact that the patient, a lady, æt. 36, had formerly suffered with attacks of migræna, which had entirely disappeared since the asthmatic difficulties commenced. Amongst the homœopathic remedies which gave the most apparent relief were *Digit.*[2] and *Cuprum*[12]; but they did not effect a cure. Finally the doctor tried *ozonized water* from Berlin, half a wine glass full every three hours. From that time on improvement commenced rapidly. When later, after walking or exercise, slight symptoms of oppression with tickling cough set in. *Angust.*[6], in water, two teaspoonfuls every two hours, relieved in a few hours entirely. (Hirsch, H. Kl., 1873, p. 105.)

Hay Asthma. *Arsen.* and *Nux vom.* stand theoretically predominant as palliatives.

Camphor., 1st cent. trit., has been followed for some hours after each dose by decided amelioration.

Ipec.[2c] and *Moschus*[2c], alternated night and morning, rendered me efficient service in a very nervous young lady.

Cyclam.[3] and *Laches.*[6] certainly mitigate wonderfully the annoying sneezing. I have obtained brilliant palliative results with the latter at the 2000th attenuation.

Hydr. ac., *Kali bichr.*, *Silic.* and *Tax. bac.* are recommended. So *Lobel.*, *Ailanth.*, *Euphras.*, *Stict. pulm.* and *Kali. hydr.* In certain cases inhalations of *Iodine* or the insufflation of *Merc. corr.* in the 2d dec. trit., have proved useful.

Since the discovery of vibriones in the secretions, the injections of muriate of quinine, sulphite of soda and carbolic acid have become fashionable. (W. H. Holcombe, U. S. M. and S. J., v. 8, p. 180.)

Sighing Breathing. A young man, otherwise healthy, who had for several months had spells of sighing, deep breathing, the paroxysms consisting of about six deep inhalations, and returning about every five minutes, was cured by *Ant. crud.*[3x] three doses per day in about one month. (W. W. Tuffts, M. I., v. 10, p. 293.)

Pulmonary Parenchyma.

Congestion of the Lungs, in an elderly person, with profuse, watery, slimy and bloody expectoration, with great difficulty of breathing, thirst, and a collapsed state. *China*, gave relief for a time. Finally a relapse occurred, with cold extremities, blueness of the skin and tightness of cough, when *Arsen.* soon restored the expectoration, and the patient was convalescent. (Brewster, H. M., Feb., 1873, p. 338.)

The Catarrhal Pneumonia from a Pathyologic-histological Standpoint. By Prof. Theodore Bakody. (J. Pr., 1873; 10tes Heft, Beilage.)

Croupous Pneumonia. By Prof. Juerguesen. Patients suffering from this disease die from *insufficiency of the heart's action*, because the pneumonic infiltration, obstructing the lesser circulation, puts too much labor on the right ventricle. The lungs in their diseased state are only partially able to support the circulation, as the infiltrated parts cannot change their volume, and the position on the affected side prevents the respiratory muscles from dilating the corresponding lung. By this diminution of the respiring surface, the right heart is obliged to perform more labor in order that a sufficient exchange of gases may take place. Second, the fever alone gives expression to the disturbances brought about by the pneumonia, inasmuch as it causes increased labor of the heart and weakens the muscles of the heart, showing itself by a rise in the frequency of the pulse, by an increase of carbonic acid, the excretion of which is only possible through increased action of the heart, and by degeneration of the muscular fibres of the heart. In the treatment of pneumonia, our work, therefore, consists in removal of the fever, as only thus can we successfully support the heart, and enable it to perform its increased labor. (N. A. J. H., v. 22, p. 130.)

Pneumonia, with short, quick, panting respiration; immobility of the walls of the chest, respiration being performed only by the diaphragm; dulness of the chest on percussion; severe chills; small rapid pulse; restlessness and anxiety. *Acon.* gave speedy relief. Afterwards other remedies were given as they appeared to be indicated, and a good cure in two weeks was made in spite of the fact that an abortion occurred as a complication. (Swift, H. M., Feb., 1873, p. 338.)

Sub-acute Pneumonia. A German, æt. 30, by occupation a brewer, habitual drinker of beer, visited beer vaults on a hot day while perspiring freely, and drank freely; a sudden suppression took place, resulting in a severe cold, followed with severe laryngeal and pulmonary cough, ranging throughout a period of several weeks, which finally confined him to his bed. The following symptoms were present: *constant cough day and night, great and almost insupportable titillation in the larynx and trachea*, rawness and scraping all along the air tubes and each bronchus. Expectoration, offensive, green and purulent, streaked with blood. After each coughing spell, which would occur in spasmodic paroxysms, the patient would belch up *volumes of gas so offensive* in character as to drive every one out of the room, and so violent in its force as to raise the patient up almost bodily. Patient became extremely emaciated and prostrated, had profuse cold night sweats, stools were *offensive papescent, at times involuntary, emitting* much the same odor as that accompanying the emissions of gas. Urine was very dark-brown, small in quantity, and heavily loaded with brick-dust, red sediment. *Repugnance to food generally, although craving sour things. Tips of the fingers and end of the nose usually cold.* Every afternoon at 4 o'clock a hectic flush. After consuming some three or four weeks in trying several remedies without any benefit, *Arn. mont.*[3] was given, repeated doses every third hour for several successive days, followed with gradual and marked relief. At the termination of the sixth week from the time *Arnic.* was first given, the patient had gained health and strength enough to resume his labors. (Von Tagen, O., M. and S. R., v. 7, No. 1, Jan., 1873.)

Mrs. B., æt. 61, of nervous temperament and full habit, by exposure too soon after an attack of chills and general congestion, had a relapse, with symptoms of *pleuro-pneumonia* in the extreme lower anterior portion of the right lung. Respiration labored and about 60 per minute; breath a little fetid; pulse 115; dry, hacking cough, and great nervous excitement. The administration of ordinary remedies indicated, for three or four days, relieved some sysptoms, and modified others. The breath at times became quite fetid, and there came a distinctive cough in sudden paroxysms, at intervals of one to two hours; nervous, spasmodic, very explosive cough, convulsing the whole body. At each such explosive effort, and at no other time, there issued from the lungs a volume of air, of a most pungent, fetid odor, with an offensive taste in the mouth. Whenever such a coughing spell occurred, the air of the room became so badly

tainted, that the daughter who attended the patient was obliged to leave the room. At other times the breath and eructations from the stomach gave out no fetor. Expectoration of a dirty brown but not rusty color. With each cough there was a "catching pain" in the region of the liver and lower portion of the right lung. Natural movement of bowels every day. In no place could I find anything like such a cough described, except in Jahr's old unabridged *Symptomen Codex*, under *Capsicum annuum*. "When coughing, the air from the lungs causes strange, offensive taste in the mouth. When coughing a badly smelling breath rushes out of the lungs." I gave the first dose of *Capsic.* at an evening visit (one dose only for the night), and the next morning was informed that there had been no paroxysm of the cough during the night, to the great joy and relief of the patient. The cough returned, however, at various intervals for a period of two weeks, when there was an entire recovery from it under the administration of *Capsic.* Several times I omitted the *Capsic.* and gave other remedies that seemed indicated by other symptoms, and invariably noted that the fetor and cough returned very soon after the effect of the *Capsicum* had passed off. I also noted that after each administration of the *Capsic.* the effect lasted about twelve hours, and not more than fifteen. The only attenuation used was the 200th. (A. R. Wright, Trans. N. Y. S., 1872, p. 123.)

Pneumonia. Patient emaciated, pale and weak, with a loose cough; the expectoration of two kinds, grayish and fetid, and yellow and not fetid; disease in left lung; tongue badly coated; dirty, with nasty taste; anozexia; feet and legs swollen to knees; cannot lie down or rest the head back. ℞. *Calc. carb.*[30] Cured. (Seward, H. M., 1873, p. 420.)

Congestive Pneumonia. *Gelsem.* is invariably applicable to cases caused by sudden check of perspiration from cold, and where the most suffering is found under the scapulæ of both sides. It breaks up the disease by producing copious prespiration. (A. E. Small, U. S. M. and S. J., v. 8, p. 405.)

Pneumonia. A man, æt. 32. The upper part of left lung is infiltrated. *Tart. em.* and later *Phosphor.* did nothing. The inflammatory process spread, even to the right side. The face collapsed; constant delirium; *Kali jod.* Gradually some sleep. Next day the progress of the disease seemed to be arrested, and slowly resolution took place. Some days after, well. (Weber, A. H. Z., v. 87, p. 125.)

Pneumonia. Patient, æt. 72, a female, being a case of relapse induced by exposure, presenting following conditions: distressing dyspnœa; can't lie with head low; wants to be fanned to keep from suffocation; thirst, drinks only a sip at a time for want of breath; pulse rapid; cough with purulent expectoration; worse at 3 to 4 A. M. *Kali nitr.*, 2d trit., in water, gave immediate relief, as sisted by *Kali carb.*[3], cured the case. (W. F. Hocking, O. M. and S. R., 1873, No. 3.)

Pneumonia. A young lady, æt. 23, of fair complexion and light hair, was cured of pneumonia of several days standing by *Stibium.*[3], every three hours. She complained of considerable pain in right lung, accompanied by cough and copious expectoration of mucus. She had also a dull pain in the head, and coryza. (A. E. Small, U. S. M. and S. J., v. 8, p. 401.)

Pneumonia. Mrs. B., æt. 55, had high fever; face flushed; vomiting; labored breathing, and expectoration of pus and florid blood. The tongue had a red streak through the centre. *Ver. vir.* Cured in twenty-four hours. (A. O., Sept., 1873, p. 468.)

Double Pleuro-pneumonia with Icterus. A. S., a youth. Severe chill, with cyanotic symptoms; blue nails; general blueness of the skin; thirst; restlessness; fear of death; respiration painful and labored; dullness on percussion of entire right lobe and lower half of left.

First day. *Acon.*[30]: the cyanotic symptoms were gradually removed and febrile reaction succeeded. Afterwards *Bryon.*[30], for the severe stitches in the pleura.

Second day. *Sulphur.*[2c]: hot flushes; hot vertex; pulse 124.

Third day. *Mercur.*: hepatic complication; thick, whitish coating on the tongue; fetid breath; tenderness of bowels and liver; yellow complexion and sclerotica. After *Mercur.*, ℞. *Sulphur.*

Fifth day. Canker at tip of tongue. *Laches.*

Tenth day. Has had for several days an obstinate cough, with severe paroxysms of cough day and night, worse at night, preventing rest; face, dark red during each paroxysm; soreness and stitching pains in right hypochondrium; partially raises expectoration, but is obliged to swallow it. ℞. *Caustic.*[2c]. Cured. (H. V. Miller, H. M., Feb., 1873, p. 317.)

Pleuro-pneumonia. At first a hard chill, then great febrile heat, full, frequent pulse, about 100; thirst, anxiety, great dyspnœa; stiches in side so severe, he can hardly breathe; dullness on percussion; absence of respiratory murmur; immobility of thoracic

parietes of left side. ℞. *Bryon.*[3], followed by a gradual relief of the pleuritic pains and dyspnœa. Continued the remedy several hours. Then upon an exacerbation of fever. ℞. *Acon.*[30], which soon relieved the febrile symptoms, producing profuse perspiration. The latter, instead of being brief, continued several days. Cough easier. Continued *Acon.* about twenty-four hours, until the patient complained of sharp pains in left hypochondria, during the least movement; yellow-coated tongue; bloody or rust-colored sputa. *Bryon.* removed these pains. Third day. Auscultation reveals fine crepitation; pulse 84, medium fulness. *Sulphur*[2c], one dose. Fourth day. Pulse reduced to 68; rested well the previous night; fine crepitation continues; sputa of sanguineous mucus. After this, ℞. *Sulphur* occasionally. Took no medicine after the eleventh day. (H. V. Miller, H. M., Feb., 1873, p. 317.)

The Pneumatic Aspirator. A paper giving directions for its use, case in illustration, etc. (L. H. Willard, H. M., June, 1873, p. 516.)

Pneumatic Aspirator of Dieulafoy. Description of. (B.W. James, H. M., Dec., 1873, p. 231.)

Waldenburg's Experiments on Animals applied to Human Tuberculosis and Pulmonary Consumption. My theory occupies an intermediate position between that of Buhl as modified by Hoffmann, and that of Dittrich, and appropriates to itself serviceable points of evidence from both. It may be expressed in the following proposition: *miliary tuberculosis is a resorption disease which arises from the resorption of very finely-divided corpuscular elements into the circulation, and the deposition of the same as minute nodular formations in numerous scattered points of different organs.* Tuberculosis, therefore, is a general disease, and, in a certain sense, a blood-disease, though not a specific one. Amongst all the diseases in the nosological system, it stands the nearest to pyæmia, which is also regarded as a non-specific resorption disease. Pyæmia, likewise, forms isolated deposits in various organs, but they are of a purulent inflammatory nature, and are larger than in tuberculosis. In pyæmia, the elements taken up into the blood are more bulky, and hence cause embolism, stasis, large abscesses and necrosis; they have, in addition, a putrid or an infectious property which sets up severe constitutional disturbance and extensive districts of local irritation. In tuberculosis, on the other hand, the particles are small and finely divided, and appear to be destitute of a considerable irritating nature; for these reasons, they give rise to the formation of small miliary deposits, instead of well-marked, or at least extensive inflammations. Tuberculosis is more distantly allied to infectious diseases in which there is resorption of specific elements; in this respect it stands nearest to ileo-typhus.

An important question now is, whether those substances which produce tuberculosis when resorbed into the blood must necessarily spring from the organism itself, or whether the admission of foreign particles from without, perhaps by means of respiration, may not also exercise a similar influence. The fact that phthisis and tuberculosis follow the breathing of air impregnated with certain dusts rests on positive and sufficient evidence; but it is still a moot point whether the lung diseases resulting from inhalation of dust are always primarily of an inflammatory nature, tuberculosis supervening secondarily, or whether the foreign particles received into the lungs act directly in the formation of tubercles. If the latter view be substantiated, which seems very doubtful, we should have an example of primary tuberculosis in the true sense of the word. Those cases, too, in which disease arises from contagion would have to be interpreted as primary tuberculosis, on the assumption that the detritus thrown into the air when the patient expectorates is breathed by the nurse or other person standing near his breath. (B. J. H., 1873, p. 282.)

Pulmonary Consumption. One-fourth of mankind die of tuberculous disease. There are two kinds of blood corpuscles, the red and the white. In health the ratio of these is one white to two hundred or three hundred red corpuscles. Pus originates in the white or discolored red corpuscles. Tuberculous deposits consist of white corpuscles dried down. An acute abscess preserves the tissues for the time from tuberculous deposit. The multinuclear tuberculous cell of Virchow is identical with the discolorized red blood corpuscles. The loss of any portion of albumen from the blood leaves its remaining constituents in a relative excess, such excess becoming foreign matter which the system must dispose of. Abraded mucous surfaces cause loss of albumen; this tends to induce consumption. The resultant relative excess of water is disposed of by increased excretion through the kidneys or through the skin, in the latter case occasioning night-sweats—a conservative process—or it is deposited in the tissues in some form of dropsy.

The fatty matters of the blood remaining in excess, are discharged in the urine, forming an oily pellicle, in the dejections from the

bowels, in perspiration, in expectoration, or they may be deposited in fatty tumors. Otherwise they tend to produce fatty degeneration of the liver, etc., as often occurs in consumption.

The fibrin, remaining in excess, forms the protective walls of abscesses; croupous and diphtheritic deposits are effused around; hepatization in pneumonia, etc., to avoid the more immediate fatal effects resulting from the thrombi that would otherwise form within the vessels from the constantly accumulating fibrin. The relative superfluity of red blood-globules, floating in too watery serum, becomes decolorized, the coloring matter being washed out by endosmosis, and they then constitute white corpuscles, which are adhesive, and in the first stage of decomposition. These white corpuscles may become disintegrated and then excreted through the bowels, and thus the system gets rid of them. Otherwise, unless abscesses are formed, they are deposited in the capillaries, constituting tubercles.

Proofs of the identity of tubercles and white blood-corpuscles: In the animal system there are but two kinds of cells, whether of natural or of morbid growth, that do not possess a nucleus, and these are the full-developed red blood-corpuscles, and afterwards becoming the white corpuscle, and the tuberculous corpuscle.

Tubercles have never been found in cartilages and there are no bloodvessels in these tissues to carry the decolorized blood-corpuscles into them to make tubercle. But cartilage is furnished with nutriment from all the other elements of the blood circulating through its canaliculi. Where the capillaries are the most numerous, tubercles are found deposited most frequently; *e. g.*, in the apex of the lungs; while those tissues where they are the sparsest are the least ravaged by tubercles.

Emaciation in consumption is occasioned by a loss of albumen, which is the proper food for muscles. But at the same time there is an excess of nutrition in every other tissue. A scrofulous child is often precocious because the brain is nourished in excess by the superfluous phosphates, etc., left by the loss of albumen.

In relieving tuberculous cases, boils are developed, if suppressed, consumption results. If their development is excessive, treat the cause specifically. In cancer albumen is deficient. Colorless corpuscles are much in excess of their normal proportion in consumptives. These are the material for tuberculous formation. In scrofulous and consumptive people there is an excessive lymphatic

development, because the loss of albumen leaves the gland-making materials of the blood in excess.

Specific remedies for boils and abscesses, hasten their development by concentrating the deposit of foreign matters. When there is a loss of albumen, the great point is to heal the mucous membranes. This is to be done only by specific homœopathic treatment. Local treatment of nasal catarrh by catarrh-snuffs, or by snuffing cold water or salt water into the nostrils, will often drive the disease or cause of disease to the throat. Then treating the throat by the use of caustics, gargles or cold, wet bandages around the neck, drives the disease to the lungs.

Proof of such Dangerous Metastases.—In treating lung diseases, when throat diseases are developed, this occurrence is always a favorable indication. When the throat is relieved, nasal catarrh follows and finally an eruption upon the skin may appear. After the relief of the lung disease, the original complaints return in an order inverse to their original development. Nature first protects the most vital organ. In order to treat pulmonary consumption intelligently and successfully, it is important to have a correct theory of its cause and nature. The old theories of consumption were invented to cover the want of accurate knowledge, and to furnish excuses for bad treatment. It is time that these vicious theories were exploded.

Indications for Treatment.—*Arsen.* Other symptoms corresponding, lung diseases with stitching (not shooting) pains in the apex of the right lung.

Bellad. Similar symptoms, but not so prominent as *Arsen.*

Calc. carb. Acts upon the middle portion of the right lung.

Sepia. Acts upon the upper portion of the right lung.

Merc. viv. To some extent upon the central and lower portion of the right lung.

Kali carb. Very prominently upon the lower portion of the right lung.

Borax. Drawing sensation through central portion of right lung.

Phosphor. In pneumonia of lower half of right lung; stitches in intercostals aggravated by pressure and by lying upon the right side. Also in tuberculosis and pneumonia with acute pain in lower portion of left lung, greatly aggravated by lying on the *left* side.

Pulsat. Similar symptoms, but its other symptoms disagree patient cannot bear fatty food, has freckles, etc.

Phosphor. Patient bears fatty food better.

Sulphur. Severe acute pain deep in left lung, outside of nipple. Aggravation at evening. (R. R. Gregg, H. M., Aug., 1873, p. 44.)

Remedy—Indications in Phthisis Pulmonalis. *Hepar s. c.* Can not bear the *least exposure* of any part of the body to the air without suffering from *chill* or *increased cough; easy sweating* and *turning pale* upon exertion, the paleness followed by *burning redness* of the *face*, and heat of the *palms* of the hands.

Carb. veg. Frequent and *easy epistaxis*, generally worse at *night* or in the *forenoon*, followed by *pain* over the chest and *pale* face. Sensitiveness to sudden changes of temperature; *hoarseness* towards *evening* about 5 o'clock; pains in chest *burning.*

Calc. carb. In women, menstruation too *early*, too *profuse* and long *continued;* when ascending, *dizziness* and *shortness* of *breath;* losing flesh rapidly; tendency to looseness of bowels, with prolapse of rectum; *hoarseness* in the *morning;* voice *lost;* whole chest *intensely painful* to *touch; exhaustion* in the *morning;* dozing even after getting up on her feet; *melancholy* very predominant.

Ferr. met. In women, blushing easily; worse after taking wine; epistaxis in alternation with spitting of blood; pains in chest fugitive, cannot be located; menses watery or absent.

Spongia. Severe dyspnœa on lying down; exhaustion, particularly in the chest after every exertion; while walking, sudden weakness, and tottering; hoarseness, sudden giving way of voice; chilliness in back not relieved by heat; cough increased in a warm room.

Sulphur. Burning of the feet at night, with desire to uncover them; flushes of heat to face; diarrhœa mornings before rising; cramps in calves of legs at night, or in feet while walking; sudden arrest of breathing while turning over in bed; better while sitting up; sense as if the lungs touched the back while coughing; throat rough and dry with burning; hoarseness in the morning.

Phosphor. Goneness in region of stomach; hoarseness and aphonia in the evening; tormenting cough, tight and worse before midnight; painless diarrhœa; puffiness around the eyes; night sweat; especially during sleep; cough worse from eating and drinking; cough with bursting feeling in head; aphthous patches on roof of mouth and tongue.

Kali carb. Puffiness over the eyes; stitching pains in lungs, chest, eyes, ears and teeth.

Myrt. com. Stitching pain in left chest, from upper portion straight through to scapula, worse on breathing deeply or coughing; burning pain in left chest, with throbbing, aching and tickling.

Sanguin. Emptiness of stomach, worse after eating; flushes to face, followed by hectic spots upon cheeks; constant tickling at entrance of larynx causing constant cough, with a crawling sensation down behind sternum; chest sore and painful to touch; hot streamings from chest to abdomen; cold hands and blue nails; breath and sputa offensive even to patient; extreme dyspnœa; desire to take a deep breath, which is followed by intense pain in right side of chest; lassitude mornings; aversion to motion; stools predominantly loose; cough relieved by passage of flatus upward or downward, syphilitic patients. (C. C. Smith, M. I., v. 10, p. 663; H. M., Aug., 1873, p. 1.)

Phthisis Pulmonalis. Non-tubercular phthisis has its starting point in many cases in catarrhal pneumonia, which may originate as follows: plugging up of a smaller bronchus during bronchitis; bronchial catarrh extending to the alveoli, and an alveolar catarrh is developed; after hæmoptysis the whole of the blood not being expectorated; hyperæmia of the lungs from sudden, violent or long sustained exertion; and lastly the presence of foreign bodies, as coal, iron or stone dust. These causes result in blocking up one or more lobules, and the lung tissue becomes compressed and devitalized. This is the border between incipient and established phthisis and the limit of the absolute curability of phthisis. Caseation then occurs, which is really fatty degeneration of the diseased tissue. Softening or induration follows. Then we have an open cavity, when we may hope for cicatrization, a departure towards cure.

Tubercular phthisis, or destruction of lung tissue with the deposition of miliary tubercles. This deposit is found either as an apparently primary occurrence in acute miliary tuberculosis (disseminated), or as a secondary complication arising in sequence to some caseous degeneration (disseminated or localized). The deposit takes place in the connective tissue of the lung, in the pleura and submucous tissues; it thickens and distorts the alveolar septa, and obliterates the air cells by external pressure. Differential diagnosis between tubercular and non-tubercular phthisis. Hereditary tendency—tubercular; enlarged and suppurating glands—tubercular. Absence of causes of non-tubercular—tubercular. Voice unaltered, non-tubercular.

Prognosis, in non-tubercular may get recovery by resolution, induration or cicatrization and will be permanent. In tubercular

chance of recovery much less and not permanent. Treatment. *Ars. jod.*, in non-tubercular. *Calc. carb.*, never used with advantage, but *Calc. phosphs.* occasionally beneficial. Other remedies, *Jodium*, *Lycop.*, *Sulphur*, *Bryon.*, *Ant. tart.*, *Phosphor.*, *Hamam.*, acetate of iron, *Nux. vom.* Diet. Meat, milk, rum, eggs, cod-liver oil, extract of malt. Exercise, but never get out of breath, or really fatigued. (H. Nankivell, M. H. R., v. 17, p. 621.)

Phthisis. (Incipient.) March 25th, J. W., æt 26, dark complexion, married. Great dyspnœa; constant, dry, hacking cough; mucous râle at apex of right lung, with slight dullness; haggard countenance; commenced coughing two years before and has more or less ever since. Sometimes pain in left side just below nipple. Can't expectorate. Cough excited by tickling in the larynx and supra-sternal fossa. Sensation of lump in throat not relieved by hawking or swallowing. Tough mucus in the larynx, with desire to raise it, but without relief. Diarrhœa. Thighs and back covered with small red pimples. Night sweats and restless nights. Cough worse in morning, on entering warm room from cold air, on stopping after a walk, on first lying down at night, in smoke or in kitchen where cooking is being done. R. *Rumex*[30], a powder, every three hours. In a few days much improved; copious expectoration of greenish, yellow mucus the day after commencing treatment; less dyspnœa; rested better. Continued *Rumex*[30].

May 2d. Has gradually improved under *Rumex*[30], three pellets, three times a day. Gave *Sulphur*[30], once, when *Rumex* seemed to have ceased to act. He now reports feeling perfectly well. (F. R. Schmucker, N. Y. J. H., Oct., 1873, p. 371.)

Phthisis, Pulmonalis and Purulent Otorrhœa, with Complete Destruction of the Membranæ Tympani. A. R., æt. 23, tall, lank, spare-built, stooped-shouldered man, measuring over six feet, complained of severe harassing cough, with thick, purulent yellow expectoration; thirst; *night sweats; hectic fever;* pulse running up to 125; loss of appetite; hurried respiration; oppression on the chest, and occasional looseness of stools running off in *painless diarrhœa, cold, clammy hands and feet and stinging in the same, together with flashes of heat and coldness throughout the entire body;* considerable thirst; both ears were discharging a profuse and exceedingly *offensive pus.* A specular examination revealed chronic ulceration of each external meatus, together with perforation and complete destruction of the *membranæ tympani.* Hearing was imperfect in both ears. The tick of a watch could not be heard even when held close up and in contact with the ears. The tuning fork could be heard for a short time when placed upon the occiput or over either mastoid region. Could not hear the human voice unless raised to a very high pitch. The antecedents of this case pointed strongly to phthisis pulmonalis, one brother having died with it. Gave *Sulphur.*[81m], three doses, to be followed with *Sac. lac.* At the expiration of three weeks, patient reported improved markedly in all particulars. Cough and night sweats entirely gone, the coldness and flashes of heat had given place to a genial glow throughout the entire body, even to the hands and feet; bowels were regular, no longer loose; appetite good and absence of thirst. The ears though much improved, required after-treatment, hearing was much improved. Ear-treatment still continued. (O. M. and S. R., 1873, No. 5.)

An Englishman, æt. 53, of bilious and lymphatic temperament, thirteen years ago was badly burned upon the left side of chin and neck up to the ear, by the explosion of some Roman candles he was carrying; was at the time confined to his room for three months; since, has had more or less pain in lowermost point of left lung; lately seemingly going into a decline. Symptoms. Emaciated, dizzy when ascending, assimilation poor, considerable sweating of the head, especially at night; exceeding pallor; pain in left lung, hard, heavy, constant, confined to the main bronchial tubes; cough at night only, lasting all night, dry, hacking, producing frontal headache; occasional acidity of the stomach; bowels constipated; feet cold and damp. One dose of *Calc. carb.*[2c], relieved the cough very quickly, but the pain in the left lung remained, together with great susceptibility to cold and aggravation therefrom. *Silic.*[200] did nothing. Considering the anamnesis of the case, "inhalation of fire" suggested *Carb. veg.*, which was given in 2c; two doses sufficed to remedy the whole trouble. (M. I., v. 10, p. 210.)

Laches. Specific for sore mouth in last stage of pulmonary tuberculosis. (J. Heber Smith, N. E. M. G., July, 1873, p. 309.)

Night Sweats. *Ol. jec. as.*, even in dilutions almost invariably reduces the pulse in the hectic fever of consumptives, provided the disease is not too far advanced. Large doses of the oil frequently cure night sweats when smaller doses fail.

Night sweats in a tuberculous patient, which were only partially relieved by *Ol. jec. as.*, were entirely and permanently cured by *Boletus lar.*, in five gr. doses. (C. Neidhard, U. S. M. and S. J., v. 8, p. 301.)

Ol. jec. as. in large doses, cured a cough of several years duration in a lady of consumptive family; after auscultation and percussion showed softened tubercles, and there existed emaciation, hectic fever and night sweats. (C. Neidhard, U. S. M. and S. J., v. 8, p. 139.)

Diet for Phthisical Patients. We subject all phthisical patients who are not in a cachectic state to the meagre diet. This diet is not absolutely meagre, for it admits of soups and fat broths, but flesh meat is rigorously withheld; fish, eggs, milk and vegetables make up the regimen. We allow the use of starchy food in all forms. This regimen is especially beneficial when the patient can bear milk well and can get it good. For drink we allow water or beer. I repeat that this regimen must not be applied in the cachectic stage, the patients cannot stand it, and rapidly fall into complete adynamia. Habitual diarrhœa, when it is persistent, is a contra-indication for this regimen.

Under the influence of the meagre regimen, patients who are not confined to bed, often experience a loss of strength during the first week, more rarely during the second; then they begin to feel extremely well, and this improvement continues every day; the fever and cough decline, the strength and *embonpoint* return. Some patients feel the good effects at once without passing through the initial feeling of weakness.

I may add that this regimen has never been seriously tried except at the dispensary and at the hospital—that is to say, among the laboring class. It has been prescribed now with good results, in spite of the poverty, in spite of the labor beyond their strength of poor phthisical patients, in spite of a detestable hygiene. I trust, none will think that I have been experimenting on the poor. If the rich have seldom had the benefits of the meagre regimen in phthisis, that is owing to their unintelligent prejudices. In these times, when all diseases are attributed to *debility*, when all therapeutics consist in *strengthening*, the meagre regimen cannot be successfully carried out. Thus many of my phthisical patients have gone to die in other houses, eating raw meat and drinking alcohol. That is a strengthening regimen, a very successful regimen—for the undertakers. (Milicent, B. J. H., p. 169.)

Statistics of Consumption. In the United States, going east and west, the rates of deaths from consumption compared with those from all other causes, are as follows: Massachusetts, 25 per cent.; New York, 20; Ohio, 16; Indiana, 14; Illinois, 11; Missouri, 9; Kansas, 8; Colorada, 8; Utah, 6; California, 14. Going north and south the proportions are as follows: Minnesota, 14; Iowa, 12; Missouri, 9; Arkansas, 5; South Carolina, 5; New Mexico, 3. (J. S. Mitchell, M. I., v. 10, p. 446.)

Hæmoptysis. Mrs. M., æt. 48, medium size, fair skin, blue eyes, light hair, mild and sensitive disposition. Five days ago she awoke in the morning about 3 o'clock, and coughed up blood in considerable quantity at intervals until about 7 or 8 o'clock, from which time it gradually diminished in quantity, there still being traces of blood in the sputa late in the afternoon. This had been repeated each day since, commencing at the same time in the morning. The blood was *very dark and stringy.* I put up three powders of *Croc. sat.*[6]. The blood-spitting was as bad the next morning after, but ceased entirely after the second dose and has never returned. The cough soon ceased. (H. Ring, Proc. H. M. S., O., 1873, p. 6.)

PLEURA.

Pleuritis. By Prof. Buchner. Pleuritis appears under two different forms, leading either to thickening of the pleura and agglutination of its membranes, or (second form) simultaneously with the thickening we meet exudation in the pleural cavity, containing fibrine and pus corpuscles. The thickened pseudomembranes are consequences of proliferation of the normal connective tissue of the pleura; the exudation is a parenchymatous product. In the second form we also find an interstitial exudation as the cause of the pleuritic effusion.

Pleuritis Sicca gives no symptoms, so that total agglutination of the membranes may be found in the cadaver without any preceding symptoms. *Pleuritis with scanty fibrinous exudation*, showing deposits on the pleural walls, is rarely accompanied by as high a fever as we find in pleuro-pneumonia. This pleuritis makes itself known by severe, generally stitching pains, aggravated by breathing, sneezing, etc., by pressure on the affected side or displacement of the intercostal muscles. Where tuberculosis exists, the pleuritis will be more obstinate and extensive.

Pleuritis with Abundant Fibrinous Exudation sets in stormy, and runs an acute course. It begins with chills, severe pains in the head, back, extremities and increased thirst. The pains diminish before the exudation reaches its height, early fol-

lowed by dyspnœa, which is absent in pleuritis sicca; where fever is present, the superficially-breathing patient has to respire frequently on account of the pain. The dyspnœa passes off as soon as the desire for air ceases with the fever. Tormenting cough is observed when, by compression of a considerable part of a lung, extensive collateral hyperæmia arises, with severe cough and serous transudation in the alveoli; after eight days the symptoms decrease, with the resorption of the effusion, but the restoration of health is rather slow. In other cases the exudation may remain in *statu quo* for some time, and, after a remission, the patient is suddenly taken again with dyspnœa and fever, and the exudation is found higher than ever before. Such a disease may become protracted for months, and allows an evil prognosis.

Pleuritis with Purulent Exudation (*empyema*, *pyothorax*) can only be diagnosed from the long duration of the disease. Differential diagnosis between pleuritis and pneumonia. First, anamnesis: pleuritis rarely begins with a solitary severe chill. Second, it hardly ever runs such a regular cycle as pneumonia. Third, the sputa in the course of pleurisy are only catarrhal. Fourth, physical examination shows in pleuritis a dilated thorax, pectoral fremitus absent, displaced heart, spleen and liver, sharp limitation and a peculiar form of dullness, respiratory murmurs absent or weak bronchial breathing.

Fibrinous Pleurisy: Acon., Mercur.; Acon., Bryon., Hepar; Acon., Tartar.; Camphor., Phosphor.

Albuminous and Hyperinotic: Bellad., Arsen.; Lauroc., Sulphur; Seneg., Sulphur; Colchic., Arsen.; Acon., Kali carb. (tuberculosis); *Acon., Arnic.; Ac. sulph.*

Anæmic: Pulsat., Ferrum; Chinin., Ferrum; Bryon., Digit., Arsen., Squilla.

Septic: Acids, Arnic., Arsen.; Chinin., Carb. veg., Laches.

Acon. Severe, purely inflammatory fever, and absence of any dyscrasia. Specific where fever and plasticity prevail.

Bryon. Related to the serous and fibrinous membranes. It limits exudation, brings on resorption and renders it innocuous when present. Where dyscrasia is present, it needs deeper penetrating remedies than *Bryon.* Inflammatory, rheumatic affections or secondary from abdominal diseases.

Hepar. Tough, excessive, croupous and sero-fibrinous exudation, only absorbed with difficulty, with a yellow or yellowish-brown tint in the face, caused by the enormous loss of fibrine and albumen, as in acute rheuma and puerperal abdominal exudations, in scrofulous and lymphatic persons, especially if empyema is present; beginning hectic fever with intermitting paroxysms, plastic form.

Sulphur. Parenchymatous pleuritis after removal of the febrile storms, at the termination of the process of exudation and to render innocuous those parts of the exudation which are not absorbed; pleuritis in the course of acute articular rheumatism or articular gout, fibrous pleuro-pneumonia.

Bellad. Plethoric, lymphatic persons, tuberculous women, especially of the cerebral membranes, are also affected, and the inflammation is ascending from the diaphragm, the involucrum of the liver; in exanthematic, typhoid, puerperal phlogosis, especially after scarlatina.

Mercur. Syphilitic pleurisy or rheumatic after the fever is moderated by *Acon.*, but the pains and dyspnœa persist, with copious, not alleviating sweats, threatening to exhaust the strength; severe fever with frequent chills, followed by burning heat and debilitating odorous sweats, considerable thirst, severe gastric and intestinal catarrh with icterus.

Lauroc. Pleurisy in drunkards or melancholic persons. At the beginning of the disease, if the small bronchi are continually irritated in the form of a suffocative cough, the pain in the pleura severe and localized; hardly any contractile power in the circular fibres of the arteries; pulse soft though quick.

Arnic. excludes all hyperinosis, suits nervous patients; albuminous nervosity; torpidity, even down to sepsis. Spurious pleuritic stitch; restlessness on the affected side, necessitating a constant change of position; asthmatic sensation; dry, cold extremities; bruised feeling in the chest; internal heat; collapse, dry tongue; when exhaustion threatens in complication with meningitis and hydrocephalus. Great shortness of breath; constant dry tussiculation, or very painful cough with expectoration of bloody foam. Traumatic pleurisy, to be followed by *Ac. sulph.* where the case becomes tedious.

Turt. em. Its sphere of action extends from albuminosity to serosity; only at the larynx it gives us a fibrinous exudation, but always with serous engorgements of the adjacent parts. Cough with suffocative loss of breath, dyspnœa only allowing breathing when sitting up; fits of suffocation in the evening, in bed, from constriction of the respiratory tract; palpitation, tingling and pinching in the pit of the stomach, with violent sudden beating of

the heart. Albuminous coagulation in the pulmonary arteries, perfect embolism, antimonial pustules in the stomach and intestinal mucous membrane. It is our sheet-anchor when the healthy side in consequence of fluxion is attacked by œdema.

Seneg. Painful inflammation in the chest after removal of the inflammatory diathesis; copious mucous secretion with difficult expectoration, tension, especially pressure, compression, tightness, burning in the chest more than stitching; melanosity of the blood-globules.

Colchic. Arthritic pleurisy. Serous effusion in rheumatic and gouty persons; rheumatic pains in the muscles, aggravated in the evening and at night, and frequently only on one side; hyperæmia of the kidneys; sour smelling, not alleviating sweat; scanty, turbid, red urine with acid reaction and containing albumen; pleurodynia from catching cold or from living in damp dwellings.

Kali carb. Pleuritis of tuberculous patients; it affects especially the clavicular region.

Phosphor. Later stages of pleurisy; right heart dilated, and moderately hypertrophied by the disease; morbus Brightii from stasis of right heart; purulent infiltration.

Pulsat. Oligæmia; it affects the right heart, causes stitches during motion, coughing or breathing; stitching, tearing; stitches in the shoulder; in the side.

Ferrum. Anæmia (chlorotic, sometimest uberculous girls) with profuse serous effusion, with ascetis and œdema pedum, scanty urination; intercalariter in empyema; bruised feeling in the chest, orthopnœa; want of air; worse in walking, preventing inspiration and urging to sitting up in bed; aggravation after midnight; pains in the chest, with stitching and tension between the shoulders, allowing no motion.

Dulcam. Continuous irritable states from rheumatic pleuritis and pleuro-pneumonia, with tough, difficult, discolored expectoration; simultaneously hyperæmia of the cord.

Digit. Serous forms; especially from a rheumatic case, and causing Bright's disease from hyperæmia of the kidneys.

Chinin. Exhaustion and oversensitiveness of the nerves; oppression of the chest; pinkish sediment in the urine; stitching pain under the sternum, especially felt during deep breathing, and from sudden movements; stitches in the right chest up to the axilla, preventing breathing and bending forward, passing off and again returning; stitches in the left chest, preventing breathing;

it suits old woman after stoppage of the menses; hepatic affections; pleuritis biliosa; after loss of blood, of fluids; too long nursing; diarrhœa, petechiæ, in typhoid manifestations from tuberculous exudations.

Scill. mar. Hydræmic persons. The kidneys only show a catarrhal affection; stitches with every cough and expectoration, partly from the long-standing swelling of the mucous membrane, partly from the collateral fluxion of the healthy lung.

Arsen. Serous effusion, with great dyspnœa and little pain weakly and cachectic persons, in drunkards, in suspicion of deleterious dissolution of tedious exudations, with consequent loss of strength, moderating them at first, and then diminishing the present hydropic swellings and febrile symptoms, and finally leading to absorption of the exudation; intermittent pleurisies.

Carb. veg. The representative of sepsis; prostration; sunken features, sallow complexion, emaciation, beginning hectic; typhoid symptoms, hinting to a purulent or ichorous degeneration. (N. A. J. H., v. 22, p. 1.)

Pleuritis. *Bryon.*[2c]. Mrs. M., a brunette, spare figure, took cold from exposure of bare arms. *Bryon.*[3x] and *Phosphor.*[3x] were given, with increase of the symptoms. She possessed an inherited tendency to phthisis, and several months before I had removed in her case a distressing cough of long standing, accompanied with a chill every sixth day, with *Lycop.*[30]. Now her symptoms were as follows: respiration short, difficult, and *very painful;* tendency to a dry, tight cough, which was with difficulty repressed; chilliness, alternating with flushes of heat; sharp stitches through the chest; pulse 98; tongue loaded to the tip with a heavy yellowish deposit; no appetite, and but little thirst.

Gave *Bryon.*[2c], a few pellets in one-half tumbler of water, in teaspoonful doses, every two hours, and hot fomentations were applied to the chest. The above symptoms were relieved in one night. (J. D. Buck, M. A., March, 1873, p. 40.)

Pleuritic Effusion on left side, in several cases, much relieved or entirely cured by *Arsen.*[4], five drops every three hours, in water. *Tinc. sulph.*, three times a day, finished the cure. (Sorge, H. Kl., 1873, p. 129.)

Hydrothorax. In a case of hydrothorax following scarlatina, where the child was propped up in bed, gasping for breath, livid with cold perspiration; pulse 120, small, wiry; percussion tone in front and back of thorax, dull up to between third and fourth

ribs; respiratory murmur imperceptible in front up to fourth rib; bronchial between shoulder-blades; urine scanty, high-colored, albuminous; nausea; tendency to constipation; restlessness. *Helleb.*[6] was given, with prompt relief of all symptoms, and the child was convalescing in five days. Had previously observed the prompt beneficial effects of *Helleb.* in a large number of cases of a dropsical nature, following an epidemic of scarlatina. (Hartman, B. J. H., 1873, p. 181.)

Dr. Lichtheim on Paracenthesis Thoracis in Pleurisy. The diagnosis of any considerable accumulation of pus in the pleural cavity, gives the immediate indication for its evacuation. In serous exudations the rule is: when in an otherwise healthy person in the first two weeks after the cessation of the pain and of fever, an abundant pleural exudation does not increase any more, nor make any attempt of resorption, then it is our duty to evacuate it by an operation. (N. A. J. H., v. 22, p. 24.)

Heart and Bloodvessels.

Insufficiency of the Mitral Valves. For the last six months palpitations, anguish, asthmatic difficulties, with bronchial catarrh. Clear systolic murmurs at the apex of the left ventricle, some gastric troubles; cured by *Pulsat.* A young lady, when walking fast, or during other bodily exertions, complains of oppression of the chest, with palpitations. Strong systolic blowing at the apex of the left ventricle. Cured by *Spigel.* (N. A. J. H., v. 22, p. 83.)

Hypertrophy of Heart with asthma, especially in the night. *Arsen.*, three drops every three hours, in water. Twenty-six days after asthma gone; pulse more quiet; felt well. (Sorge, H. Kl., 1873, p. 5.)

Dilatation of the Right Ventricle, with swelling of the legs and vertigo; scanty urine without albumen. *Arsen.*[4], five drops every three hours in water. Two days after, copious urine; swelling and vertigo, gone in about ten days. (Sorge, H. Kl., 1873, p. 5.)

Chlor. hydr. proved of great service in a case of anasarca from valvular disease of the heart. Five grs. were given every fifteen minutes at first, and afterward ten to fifteen grs. per hour. It acted as a diuretic, and seemed to stimulate the weakened heart. (S. Swan, A. H. O., March, 1873, p. 135.)

Coughs from cardiac lesion; paroxysmal, at night and during sleep without awakening the patient. *Arnic.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

N. J., æt. 52. Sensation in the chest, as if the heart whirled round, first in one direction, and then in another. At times felt as if some one was grasping the heart firmly. *Cact. grand.*, removed these symptoms. (A. E. Hawkes, H. W., v. 8, p. 138.)

Wandering rheumatic pains in the region of the heart. *Kalmia.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Neurosis Cordis Hypochondriaca. A gentleman, æt. 57, has for several years been tormented with sleeplessness, constipation, depression of spirits with thoughts of suicide, and palpitation of the heart. All abdominal organs are sound. The beats of the heart sound sharp and metallic, but there is no abnormal sound. The palpitation is worse from slightest emotion of mind. Motion, wine, beer, etc., have no influence upon the action of the heart. Under allopathic treatment since years without any benefit. *Aur. mur.*[3], night and morning, one dose. Within four days great improvement. Occasionally as intermediate remedy a few doses of *Glonoin.*[3]. Was perfectly well in the course of a few months. (J. Kafka, A. H. Z., v. 87, p. 10.)

Neurosis Cordis Hysterica. A lady, æt. 30, complains since several months of palpitation of the heart with vertigo, stupefaction and a sense of falling; great sleepiness in the day time; changeable mood, easily laughing or crying; aggravation from mental emotions, from walking; loss of appetite; constipation. The pit of the stomach is swelled out, the abdominal walls well lined with fat. Her monthly periods are regular, but rather copious and dark. *Calc. carb.*[6], night and morning, one powder. Well in eight days. (J. Kafka, A. H. Z., v. 87, p. 17.)

Suffocative Breast-pang. The two chief forms may be classed: 1st, nervous angina; 2d, muscular angina. The first is analogous to hysteralgia, and probably a true neuralgia of the heart, usually associated with ventricular hypertrophy. Muscular angina owes its origin to temporary over-distension of one or more of the cardiac cavities. The organic changes most frequently met with are: fatty atrophy, flabby dilatation; coronary atheroma or calcification; calcification—aortic orifice, aortic arch. Treatment. The neurotic form, with cardiac hypertrophy, finds its similimum in *Spigel.* Acts best hypodermically. Muscular angina with fatty degeneration, *Phosphor.* With flabby dilation, *Digit.* Both may be assisted

ribs; respiratory murmur imperceptible in front up to fourth rib; bronchial between shoulder-blades; urine scanty, high-colored, albuminous; nausea; tendency to constipation; restlessness. *Helleb.*[6] was given, with prompt relief of all symptoms, and the child was convalescing in five days. Had previously observed the prompt beneficial effects of *Helleb.* in a large number of cases of a dropsical nature, following an epidemic of scarlatina. (Hartman, B. J. H., 1873, p. 181.)

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by iron, in appreciable quantity. Hot toddy, or the alternate application of hot and cold water to the thorax will diminish the duration of the attack. Galvanism is a valuable agent. *Amyl.* is a speedy cardiac excitant and proves beneficial. The patient should on the advent of an attack take a deep inspiration, and if possible hold the breath. The use of tea, tobacco, etc., predisposes to angina. Unusual exertions or violent emotions should be carefully avoided. (E. T. Blake, M. H. R., v. 17, p. 40.)

Angina Pectoris; sudden pain as if the heart were tightly grasped by a band. Pain extends in the direction of the liver, upward through the left pectoral region and down the left arm. *Arnic.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

Treatment of Aneurism. Prof. Billroth, in the sixth edition of his work on the General Principles of Surgery, 1872, describes the following methods:

1. Compression of the tumor itself.
2. Compression of the trunk above the tumor; and of the different modes of applying the pressure he enumerates that with the finger, that by forcible flexion, and that by various compressors, torniquets, etc.
3. Ligature of the artery by Anel's, Hunter's and Wardrop's methods.
4. Injections of various kinds, as of perchloride of iron and of solution of ergotin.
5. Electro-punctures.
6. Ablation of the entire swelling (method of Antyllus).

In commenting upon these different methods, Prof. Billroth remarks that sometimes one and sometimes another is to be preferred. As a general rule, however, in view of the very numerous and favorable cases that have been reported from the employment of compression, he thinks this should be first tried, and not too early given up. When, as is usual in traumatic cases, the tumor is widely diffused, Antyllus's method, the complete ablation of the whole mass, is to be preferred. It is quite practicable with good assistants. If this plan be not adopted, then recourse must be had to Anel's or Hunter's method. Ligation of the larger vascular trunks would always be performed as the best and simplest means for the cure of aneurism, were it not that secondary hemorrhage takes place so frequently from the part ligatured. Prof. Billroth suggests that some plan may even yet be discovered, which possesses the advantages without the disadvantages of the ligature. Injection with liq. ferri is least available in cases of spontaneous and traumatic aneurism. In varicose aneurism and aneurism varix, the ligation of the artery above and below the opening is the most certain means of cure. (A. O., June, 1873, p. 303.)

Aneurism. Miss ——, æt. 15, light complexion; a few itching pustules on forehead and chin; for two years visible and felt by the hand, throbbing lump second intercostal space; she feels the lump when stretching either arm backward; from stooping or lifting, throbbing in chest with vertigo; drawing in region of heart; stethescope over tumor, continuous rushing sound; more marked during heart's systole; first sound somewhat confused; second sound usually prolonged and of increased intensity; a murmur upward from each side of sternum; frightened when examined; headache like band around the head when stooping; nausea. *Spigel.*^{2c}. Aug. 16th. Sept. 2d, has vomited blood; relief in chest; nausea; dislikes meat; second sound less violent. *Carb. veg.*^{3}. Later *Carb. veg.*^{2c}. *Bryon.* and *Spigel.*^{2c}. Dec. 1st, relieved No tumor; sounds nearly normal; an eruption appeared or increased on chest. (C. F. Nichols, N. E. M. G., March, 1873, p. 106.)

Diaphragm.

Affections of the Diaphragm. *Inflammation* requires at the commencement *Acon.*, it allays an acute rheumatic hyperæmia very speedily. The main remedy, however, in affections of all serous and partly fibrous membranes, if there is no particular dyscrasia present, is *Bryon.*, followed by *Sulphur* or *Hepar*, in fibrinosis, or by *Kali* in gelatinosis, or by *Calc. ars.* in anæmia, etc., which given after *Bryon.*, promote best the resorption and organization.

Bellad. does not fit where *Bryon.* is indicated, and *vice versa.* Weak minds try to get out of the scrape by simply uniting both in civil-marriage, and prescribing them coupled, not considering what a testimonium paupertatis, this proceeding must appear in the eyes of the laymen. *Bellad.* is indicated especially when the muscular tissue, and especially that of the pillars of diaphragm is effected; when, in plethoric persons, the liver is sympathetically affected, either in its peritoneal coating or in its parenchyma; in inflammation and colic, in consequence of incarcerated concrements in liver or kidneys; in pylephlebitis; in puerperal affections; in

violent headache caused by active hyperæmia and all consecutive symptoms. Reasons for the application of the related *Atrop.* are: inflammatory, predominantly spasmodic pains in consequence of irritation by concrements or hyperæsthesia of the nervus diaphragmaticus. *Stramon.* is preferable in purely nervous affections. *Atrop.* stands between *Bellad.* and *Stramon.* *Mercur.* may follow in cases of a lymphatic syphilitic basis (also *Aurum, Cuprum*); but these cases are rare, because affections of this kind relate more to organic changes of the liver than of the diaphragm.

Colchic. is similar to *Bryon.* for gouty persons; but its symptoms hint to an albuminous, even serous nature, and are less energetic, while the symptoms of *Bryon.* are of a fibrinous nature; the latter, therefore, denotes opposite conditions.

In nervous persons the muscles are more affected than the nervous membranes; the pain is less violent, but of a grasping, rooting character, with nausea or vomiting. Here is *Nux vom.* indicated. *Morphin.* when there is great jactation, albuminous redness, incapability to sleep, with dyspnœa and great extent of the disease; overexcitation of the nerves, rapid pulse. *Morphin.* will act well at least as a palliation and prepare the road for other remedies.

Tabac. is indicated in predominant affections of the muscular tissue of the pillars, caused by renal calculi, especially if the same are incarcerated in one of the ureters. *Bellad.* acts upon the ring-muscles. *Tabac.* upon the straight or long muscle (längen muskeln). If there is a mixture of hyperæmia and spasm, in consequence of affections of the spine and the diaphragm with hiccup, sympathetic spasm of the epiglottis and similar symptoms. *Stramon.* is indicated.

In rheumatic affections of the spinal marrow, *Dulcam.* seems to be the most important remedy, whilst organic affections of the heart hint to *Spigel.* and *Aurum*, also to *Cannab.*, *Veratr.* and *Arsen.*

Persons who have suffered with inflammations of serous membranes, especially of the plura, are subject to inflammation of the pillar of the diaphragm of the opposide side. In such cases *Digit.* is indicated. The pain is not stitch-like but grasping; there is nausea or vomiting; oppression in the middle of the chest, difficult breathing, pulse at first suppressed, then quick; the nails are blue, the face long and cold. In spite of the anæmia the patient can even during reaction, bear no high temperature. In sitting better than in lying. The weak feeling is transient. Sometimes bony substances

(phosphate of lime) which have been formed during pleuritic processes, loosen, fall upon the diaphragm and cause a mechanical inflammation. Here the whole constitution of the patient must be consulted.

New-formations on the diaphragm are scarcely recognizable during life.

The *rupture* of the diaphragm causes death by suffocation. *Perforation* is caused by aneurisma aortæ, by abscesses in the lungs or pleural sac, more frequently by cancer of the intestinal organs, or softening of the stomach.

Hiccup consists in short, violent, involuntary contractions of the diaphragm, by which the intestines are pressed and pushed forward, while, at the same time, a short inspiration through the contracted glottis ensues. Violent singultus takes place at each inspiration, therefore at least sixteen times in a minute. It may be caused by eating too hastily; by taking too hot or too cold drinks; by, or after inflammation of the intestines; very frequently by diseases of the liver, gallstone colic, granulated liver, especially if the muscular membrane has atrophied, and the serous membrane has become thickened; more seldom by typhus, cholera, hypertrophy of the left ventricle, morbus Brightii, which is associated with vomiting and diarrhœa; with albuminuria. There was in one case singultus which had existed in intermissions for seven years. In children we find singultus frequently setting in when their hands or feet get cold.

Remedies. After cold drinks: *Nux vom.;* after hot drinks: *Veratr.;* after cold fruit: *Pulsat.*, *Arsen.* When there is inflammation of the intestinal organs: *Hyosc.* When associated with depression: *Ruta;* in the most obstinate forms: *Stramon.*, internally and externally. *Ignat.*, in children acts beneficially; if attended with restlessness in the night, and screaming during sleep: *Stramon.* Others recommend *Zincum*, *Bismuth.* Hiccup at irregular intervals during a serious illness is of graver nature than its regular recurrence at each inspiration.

Neuralgias of the diaphragm require: *Atropin*, *Rhus*, *Mezer.;* inveterate cases: *Silic.;* intermitting cases: *Ignat.*, and the *alkalies in conbination with arsenious acid.*

Spasms of the diaphragm during prevailing south-winds, in persons with cold hands, great oppression and anxiety in the chest: *Veratr.;* in greater extension: *Stramon.*, followed by *Cuprum.* (J. Buchner, H. Kl., 1873, p. 45; H. M. Aug., 1873, p. 5.)

Stomach.

Remarks on some Diseases of the Digestive System. Indigestion is due to imperfectly performed mastication, weakness of the muscular coats of the stomach; deficient, expulsive power of the stomach; imperfection in the mechanism in the biliary or pancreatic ducts, and feebleness of the peristaltic motions of the intestines. We may also add spasmodic disorders of the involuntary muscles. The secretions may be altered—saliva, excessive or deficient, less alkaline or acid; gastric juice, excessive or deficient, hyper-acid or sub-acid. Same faults may occur in secretion from liver, pancreas, etc. Prevention and cure—perfect mastication, rest of body one day in the week, pure air, avoidance of hurry and active exertion at the time of eating, and heavy sleep after eating, cleanliness of skin surface. (Bayes, M. H. R., v. 17, p. 355.)

Dyspepsia. *Acet. ac.*, 1st and 2d dec. sol., relieved the following symptoms, given every hour or two: appetite good, but a short time after eating the contents of the stomach seemed to ferment and sour. Nausea and vomiting generally followed, attended with much relief; severe paroxysmal headache, with a species of ophthalmia was prominent. All the symptoms worse from any nervous excitement. (L. Dulorse, A. J. H. M. M., v. 7, p. 24.)

Mrs. W., æt. 60. Heavy pain in the epigastrium after eating, pain worse on pressure, appetite poor. Cough and shortness of breath, worse during the day, in the open air and when walking; headache, especially in back of head, increased by walking; feet frequently cold; cutting sensation in small of the back. *Bryon.*[3]. Cured in a few days. (A. E. Hawkes, H. W., v. 8, p. 139.)

Indications for the use of *Chelid.*, *Kali bichr.*, *Hydrast.* and *Sepia* in dyspepsia. (A. C. Clifton, M. H. R., v. 17, p. 150.)

Dyspepsia. Lith. carb. is efficient in dyspepsia where there is pain in the left temple, and gnawing sensation in the stomach the whole morning, going off while eating; appetite soon satisfied; after eating acidity and heaviness of the stomach; the pain in the head which had ceased while eating returns and continues with the other symptoms until food is again taken. (T. S. Hoyne, M. I., v. 10, p. 184.

Ac. phosph. Mrs. R., æt 42, formerly subject to severe dyspepsia, now complains of loss of appetite; little food taken, comes up with acid eructations half an hour after eating. Crampy pains in stomach [illegible] dstress from acid eructations. *Ac. phosph.*[30].

One dose, relieved so that patient ate heartily next morning. (A. Berghaus, Trans. A. I., 1872, p. 339.)

Boericke's Saccharated Pepsin cured an aggravated case of dyspepsia. Eructations and cough almost constantly, sometimes even at night. Bloatedness of stomach and bowels; cough with glairy, tough and stringy mucous expectoration. No pain anywhere, even not after a meal. (Eggert, N. A. J. H., v. 22, p. 257.)

Dyspepsia of fifteen years, caused by straining the stomach when carrying heavy weight. Cured by *Ruta*[2x], before each meal. Symptoms. General health pretty good, but pulse soft, and every attempt to eat meat would be followed by headache, eructations and itching all over like an undeveloped nettle rash. (E. A. Farrington, A. J. H. M. M., v. 7, p. 25.)

Gastralgia. The patient suffered for a year with waterbrash, constrictive pain at the epigastrium. The pain became continual and the waterbrash was transformed into vomiting of a light yellow, tasteless fluid. He grew thin and weak. He was pale and haggard-looking, with feeble and slow pulse and flabby tongue. The pain now came in paroxysms of one or two hours duration, it recurred once or twice on most days; vomiting occasionally accompanied it, sometimes of the fluid mentioned, sometimes of food. The pain was severe and acute, and seemed to go through from the epigastrium to between the shoulders. *Arsen.*, 3d dec. trit., a grain night and morning, with prompt relief, and a complete cure soon followed.

A lady, æt. 37, with similar symptoms to the above, and spreading over four years instead of one, was cured with *Arsen.*[12]. (R. Hughes, B. J. H., 1873, p. 367.)

Gastrodynia. W. B., æt. 21. Severe pain in epigastrium after food; tongue coated; appetite not amiss; giddiness. Says it came on ten weeks back from a severe cold. R. *Pil. Puls.*, one to four, terhora. Improvement followed promptly. (Maffey, H. W., v. 8, p. 241.)

Typhlo Enteritis. Diary report of a case by I. S. P. Lord, with criticism of treatment. (U. S. M. and S. J., v. 8, p. 147.)

Dysentery and its Treatment. It follows constipation, and is itself a species of constipation, acute and inflammatory in character.

The inflammation of the mucous surface of the large intestines induces the great urgency to stool, with tenesmus, which are attendants of dysentery; the greater the inflammation the more

danger of ulceration, or even perforation of the bowels, which is often a sequela in fatal cases.

Never give lower than the 200th potency; do not alternate; give at long intervals. *Nux vom.* or *Merc. viv.* cure most cases. This treatment cures in from three to six days.

E. H., æt. 35. Dysenteric discharges for three days; stools copious, every hour; greenish mucus, mixed with blood. ℞. *Nux vom.*^{2c}, one dose. Discharges ceased the next day.

J. D., æt. 50. Had diarrhœa two weeks previous to above date, which was checked with a dose of *Arsen.*^{2c}. Now has much pain and straining at stool with small passages of bloody mucus, numbering about eighteen in twenty-four hours. Loss of appetite, with much prostration. ℞. *Nux vom.*^{2c}, one dose. Cured without repetition of remedy in two or three days.

R. A., æt. 48. Ill four or five days. From twelve to fifteen stools of slimy mucus streaked with blood in twenty-four hours; stools small, with much tenesmus and pain in the bowels. ℞. two doses of *Nux vom.*^{2c}, twelve hours. Two days later had two stools in twenty-four hours. Cured.

Miss H., æt. 12. Constipation for four weeks. Had now frequent inclination to stool; much pain and straining, with ineffectual efforts to evacuate the bowels, which symptoms continued to increase for three days, when she discharged small quantities of jelly-like mucus, streaked with blood; passages occurring every few minutes, with tenesmus and great pain, causing her to scream when at stool. ℞. *Nux vom.*^{2c}, one dose. In twenty-four hours had a healthy, painless stool; no return of diarrhœa.

Miss C. had been in bed with dysentery for two days. Much lumbar pain with fever and headache. Scanty passages each hour of bloody scrapings, with great tenesmus; has to sit long at stool, with prostration when rising. ℞. *Nux vom.*^{2c}, one dose. Cured in two days. (C. Preston, H. M., Aug., 1873, p. 9.)

Indications for Remedies for Dysentery and Diarrhœa:

Acon. Dysentery with full, frequent pulse, restlessness, anxiety, etc.

Canthar. He largely uses for bloody, mucous, skinny stool, with suppression of urine and burning during stool.

Calc. carb. Sour eructations; sour stools; dyspepsia with swelling at scrobiculus; low spirited, feels awe-stricken at night.

Chamom. Yellow, chopped or watery stools; wants to be carried.

Coloc. Severe cutting pain; doubles up and rolls all over the bed, before stool; green, slimy stool with straining.

Mercur. Colic, griping and cutting; blood and slime; tenesmus during and after stool.

Nux vom. Ineffectual urging to stool.

Phosphor. Diarrhœa or dysentery with thirst and vomiting as soon as the water gets warm. (T. D. Stow, H. M., Dec., 1873, p. 206.)

Dysentery and Diarrhœa. *Dysentery* consists in an inflammation of the mucous membrane of the large intestine, with fever, tenesmus, colic, with burning pains in rectum and anus, frequent discharges of bloody mucus. At first they may be loose fecal evacuations, afterwards there is constipation of the bowels. When the latter symptom is removed, the case is convalescent. This disease often prevails epidemically during the summer and fall, and then is very contagious. It may result from taking cold, getting wet, eating unripe fruit or almost any occasion when a predisposition exists. The most important remedies are *Nux vom.* and *Mercur.*

In *Nux vom.* there is pressing pain in the back, and pain before and during the discharge is relieved afterwards. In *Mercur.* there is great tenesmus afterwards; there is more colic, and there is aggravation at night.

In *diarrhœa* the discharges from the bowels may be loose, watery, acrid, undigested, slimy and bloody. They are preceded by sharp colicky pain. There may be fever, nausea, flatulence, anorexia, etc. There is irritation and inflammation in the stomach or some portion of the bowels. When the inflammation is confined to the upper portion of the small intestines, constipation may be present, when the extension of the inflammation causes obstruction of the gall-ducts, there is jaundice. The primary causes are, overloading the stomach, improper food, bolting the food, the use of purgatives, taking cold, mental emotions. The symptoms and treatment are variable, depending upon the causes and the locality affected. The discharges are but the effects of disease, hence merely checking these effects or suppressing a diarrhœa is not a rational mode of proceeding, the causes must be removed. Its proper treatment is very important. The habit of bolting food causes much digestive trouble. (H. V. Miller, H. M., Dec., 1873, p. 200.)

Dysentery and Dropsy. Mrs. A., frequent evacuations of jelly-like mucus, with blood and shreds of mucous membrane. Enorm-

ous distention of body and limbs; flesh cold, white, shining, pitting on pressure. Urine scanty, high colored. Great exhaustion after evacuation. Tongue dry and brown. Great dyspnœa. ℞. *Arsen.*[6], every two hours, for two days. Dysentery cured, but dropsy now worse. Patient felt as if she would burst. *Apis*[3], every two hours. Little change. Pain in liver and spleen. *Mercur.*[5], every two hours. Next day dropsical sypmtoms improved. ℞. *Mercur.*[3]. Patient worse. ℞. *Mercur.*[9]. Gradual improvement and recovery. (Young, H. M., Dec., 1873, p. 199.)

Dysentery. Miss C., æt. 23, passage every half hour; stools bloody, full of mucus, great straining and burning of anus. ℞. *Merc. corr.*[30]. Five days later, terrible colicky pains relieved by bending double and after stool. ℞. *Coloc.*[30]. Cured. (W. F. Edmundson, H. M., May, 1873, p. 471.)

Dysentery with severe tenesmus, headache, red face, rapid pulse, opisthotonos, frequent stools of bloody slime, and sensation during stool as if the uterus would be expelled. Was cured in a few hours by *Bellad.*[30] and *Merc. corr.*[30], in alternation. (Ball, H. M., Dec., 1873, p. 204.)

Laches.[2c], cured in twenty-four hours a case of dysentery. Patient could not protrude the tongue, which caught on the teeth. During a nap, restlessness, dyspnœa, distress, and then *stinking* stool. (Boyce, H. M., Dec., 1873, p. 204.)

Laches. Dysentery, shivering without coldness. (Spooner, H. M., Dec., 1873, p. 204.)

Characteristic Indications of Remedies in the Treatment of Diarrhœa. *Acon.* Frequent watery, slimy stools in summer, with cold nights, or after getting wet or overheated. The patient suffers from high fever, with pains in the abdomen of a griping or cutting character, preceding a frequent inclination to stool after anger or fright.

Æsc. hipp. Chronic diarrhœa in persons suffering from a pituitous state. The stools are slimy, mushy, accompanied with severe lumbar and sacral pains and straining at stool. (*Asar.*)

Æthus. cynap. Bilious, light yellow or greenish liquid stools; worse in the morning, especially in children during dentition, with violent vomiting of curdled milk, of greenish mucus, or of frothy, milky, white substances.

Aloes. Just before each stool there is a great rumbling in the bowels, accompanied by the escape of a large quantity of wind; the flatus smells very badly and causes burning in the rectum; want of

confidence in the sphincter ani; the rectum seems full of fluid, which feels heavy as if it would fall out; morning diarrhœa; generally good appetite, but aversion to meat; profuse urination; chilliness when leaving the fire.

Ant. crud. Watery, often profuse diarrhœa, especially at night or early in the morning, alternating with constipation. Diarrhœa from disordered stomach, with heavily white-coated tongue, after acids, from getting overheated (*Acon.*) after bathing; diarrhœa of old people. Absence of thirst. (*Acon.*, great thirst.)

Apis mel. Yellowish, brown stools, accompanied by frequent and painful urination; painless morning diarrhœa; burning in abdomen, and tenderness at the least pressure; the stools are watery and foul-smelling, and the anus feels raw after the stools. It acts well with irritable people, who are dissatisfied with everything, or with weak children of a rambling disposition.

Arg. nitr. Stools are green or brown, bloody, mucous, fœtid, especially after midnight, with colic and emission of much noisy flatus. Suits children who love sweets.

Arsen. Watery autumnal diarrhœa, with pinching pains and a tendency to run into sporadic cholera or dysentery; sometimes with burning pains in anus and rectum; rapid prostration and exhaustion with faintness, and rapid, weak pulse. The watery stools are painless and offensive; worse about midnight; there is great restlessness, anguish, with fear of death or being alone.

Ascl. tub. Painful fluid black stools, with yellow spots, like fat, swimming in it (*Magn. carb.*, *Phosphor.*), with the feeling as if a stream of fire passed through the abdomen, and as if the bowels would come out.

Baptis. Adynamic diarrhœa; stools dark, offensive, mucous or bloody, with pains in the region of the liver, and particularly of the gall-bladder; fetid exhausting diarrhœa, with violent colicky pains in the hypogastrium before and during stool; sweat and urine are also extremely fetid; little or no thirst (*Arsen.*, great thirst); great sinking at the epigastrium, with frequent faintings.

Bryon. Diarrhœa from hot weather (when the weather changes suddenly to warm in the summer season; *Dulcam.*, when it changes to cold or damp weather); after eating fruit or drinking milk, especially in the morning on rising, as soon as he moves about; qualmishness and fainting when rising up, with great desire to lie down and keep quiet; painful diarrhœa after vexation and anger.

Cact. grand. Diarrhœa accompanying heart affections; morning diarrhœa of very loose fæces, preceded by great pain; sensation of great weight in the anus, and a strong desire to pass a great quantity; however, nothing is passed.

Calc. phosph. Extremely offensive diarrhœic stools, with a great deal of flatulence; pus is discharged with the stools.

Canthar. White or pale reddish mucous stools, like scrapings of the bowels; frequent small corrosive stools with colic and pinching; anxious restlessness; pale, wretched appearance; frequent ineffectual desire to urinate; burning after urination.

Capsic. Cutting, flatulent colic; thirst, but drinking causes shuddering and increases pain and diarrhœa; aggravation by currents of air, even warm air; putrid taste as of putrid water; burning in the lower part of the rectum, with throbbing and a sense of excoriation and pain in the back, continuing after stool.

Caustic. Chronic diarrhœa in dyspeptics and consumptives; renewed whenever they take fresh meat.

Carb. veg. Involuntary, putrid-smelling stools, with meteorismus, emission of large quantities of either inodorous or putrid flatus; tongue and skin cold; collapse without the stool, as in cholera or exhausting infantile diarrhœa.

China. Frothy, painless diarrhœa, with a great deal of fermentation in bowels; worse after eating, (*Ferrum*) while eating; diarrhœa early in the morning; three or four relaxed brownish stools, generally painless, but leaving a feeling of great debility.

Cinnam. Diarrhœa, always worse after drinking.

Cist. can. Thin, grayish-yellow stools, hot, squirting out; worse during after-part of the night till noon, with irresistible urging to stool; desire for acid fruit, but pain in the stomach after eating.

Colchic. Frequent evacuations of transparent, jelly-like mucus. mingled with a skinny substance; profuse and watery stools in the fall, or in hot, damp weather; burning, unquenchable thirst; salivation; either violent or easy vomiting, renewed after every motion (*Bryon.*); burning in the stomach and abdomen, or icy coldness; abdomen distended by flatus; cholera sporadica, with much weakness and prostration.

Coloc. Cutting colic, in paroxysms, with squeezing up in the intestines, especially around the navel, coming up into the stomach and causing nausea; frequent bilious, bloody stools, but not profuse.

Corn. cir. Dark, bilious, very offensive stools, and foul-smelling

flatus, with griping in bowels and burning in rectum and anus; amelioration by stool and flatus; jaundice, aphthæ; great debility and nervous excitability, with sleepiness and mental and physical relaxation (*China.*).

Crot. tigl. Yellow, green, watery stools, suddenly gushing out with protrusion of rectum and constant urging to stool; worse after eating and drinking; great prostration after stool.

Digit. Violent diarrhœa of ash-gray stools, with very slow pulse; violent nausea with anguish and great despondency, not relieved by vomiting; jaundice; feeling of sinking in the stomach, as if one would die.

Diosc. Morning diarrhœa with profuse, deep yellow, thin stools, followed by very weak, faint feeling, without relieving the constant twisting pains in the bowels. (*Coloc.:* colic is remitting and the stools not profuse.)

Dulcam. Diarrhœa from taking cold or traceable to a change in the weather from warm to cold. (By *vice versa* from great heat.) Stools green, white, yellow, with nausea and great prostration ot strength.

Ferrum. Nightly diarrhœa, or diarrhœa while eating and drinking (*China* after meals); undigested, involuntary, painless stools; distended abdomen without flatulence (*China*, with flatulence, and the passage of wind does not relieve the colicky pain); canine hunger alternating with loss of appetite; bowels feel sore to the touch and by motion; emaciation.

Gelsem. Diarrhœa brought on by mental excitement and in persons subject to nervous chills; bowels loose, but great difficulty of discharging anything, as if the sphincter ani were spasmodically closed.

Graphit. Knotty stools, the lumps being united by mucus threads; even after the stool is expelled, there is some mucus yet about the rectum; fluid stools mixed with undigested substances and of an intolerable fetor (*Asaf.*), with scalding of the anus; the stools are followed by great but transient prostration (*Arsen.* and *China*, continued debility); fulness and hardness of abdomen.

Gratiol. Green, frothy, watery evacuations, gushing out with force (*Crot. tigl.*), preceded by rumbling and cutting in the abdomen; the pain is not relieved by the stool, but by escape of flatus; choleraic attack after drinking excessive quantities of water,

though it is not very cold. (*Arsen.* from ice water; in *Gratiol.* the excessive quantity; in *Arsen.* the icy coldness.)

Gamboge. Rapid expulsion of dark green mucus, offensive and corrosive stool; the stool being discharged with a single, somewhat prolonged effort, with great relief after stool, as though an irritating substance were removed from the bowels.

Hepar s. c. Green, slimy, fetid diarrhœa of a sour smell, the whole child smelling sour (*Rheum*); chronic diarrhœas in dyspeptics or after abuse of mercury or quinine, with longing for sour or strong-tasting things; empty, sinking feeling in the stomach, relieved by eating (*Chelid.*, *Petrol.*).

Ipecac. Autumnal diarrhœa, with a great deal of griping, nausea and vomiting (*Acon.*, hot days, cool nights; *Dulcam.*, damp, cold, raw weather); stools as green as grass, fermented, putrid, with flatulent colic about the umbilicus, as though the bowels were grasped with hands; dysenteric diarrhœa.

Iris ver. Tympanitis; severe rumbling of gas; excessive watery discharges, preceded by soft and more substantial stools; intense aching, cramp-like pains; excessive nausea and vomiting; bloody mucus discharges, with burning in the rectum and anus after a stool; prolapse of the rectum; periodical spells of diarrhœa about two or three o'clock in the morning; diarrhœa and vomiting of bile, food, or of very sour fluid; vomiting, with burning in the mouth, fauces and œsophagus; much exhaustion and debility.

Kali bichr. Dark brown, watery, frothy, jelly-like, gelatinous stools (*Colchic.*, transparent, jelly-like mucus, mingled with skinny substances); with urgent pressure to stool, waking one in the morning (*Sulphur; Bryon.*, after moving about); burning in the abdomen, with nausea and violent straining at stool; dryness of mouth, lips, tongue, which is red, smooth and cracked, with thirst, especially for acids; vomiting of stringy, glairy fluid.

Kali brom. Painless diarrhœa, with great chilliness, even in a hot room; burning in the chest; internal coldness of the abdomen; pulse frequent and weak; urine scanty, dribbling of a few drops in the beginning; at every stool, sensation as if the bowels were falling out; restless and shaky as if from palsy.

Kali carb. Chronic diarrhœa in cachectic, dyspeptic persons, suffering from acid eructations and flatulency; painless diarrhœa, with rumbling in abdomen and burning at the anus after stool.

Laches. Diarrhœa of mixed blood and slime in warm weather, aggravated by acid fruits; worse at night and after sleep.

Lauroc. Green mucous diarrhœa, with peculiar suffocating spells about the heart; drinks roll audibly through the œsophagus and intestines; choleraic diseases without vomiting and stool, but great anguish in the præcordial region. (*Carb. veg.*)

Leptand. Profuse, black, fecal fluid stools, with sharp cutting pains between the navel and pit of the stomach, generally in the afternoon and evening; chronic diarrhœa from congestion of the liver, with a jaundiced hue; yellow-coated tongue, and brown urine. (*Podoph.*, another liver remedy, has morning diarrhœa and dark green, debilitating stools.)

Lil. tig. Morning diarrhœa, with tenesmus of bladder and rectum; acid, smarting, burning sensation at the anus and up the rectum, as if a hot spray were projected upon the parts, felt immediately after the passage; all other symptoms are worse in the evening till about midnight, except the diarrhœa, which occurs in the morning and forenoon, being peremptory in its calls; constant dragging, bearing-down sensation, producing a constant desire for stool, as in cases of prolapsus uteri; trembling sensation in abdomen, which is tender to pressure.

Magn. carb. Stools like the scum of a frog-pond, green and frothy, white masses, like lumps of tallow floating on the green, watery stool; cutting and pinching in abdomen relieved by the green liquid stool; profuse, sour-smelling diarrhœa (*Calc. carb.*, *Hepar*); aggravation in hot weather during the day, and amelioration of the colicky pains by warm drinks. (*Phosphor.* has also lumps like fat, floating in the fæces, but the diarrhœa holds on day and night, though worse in the morning, and the symptoms of the stomach are ameliorated by cold food and ice.)

Mezer. Chronic diarrhœa, with a herpetic diathesis; copious, watery stools, with more or less griping pains and painful tenesmus, extending to the perineum and urethra. (Bæhr considers *Mezer.* the best remedy in shingles, a disease with a neuralgic base.)

Natr. mur. Chronic diarrhœa, worse in the morning after getting up and moving about (*Bryon.*), or after farinaceous food (*Lycop.* has the same; *Bryon.* and *Natr. carb.* have diarrhœa after the use of milk); profuse emission of flatus, mostly fetid. The patient suffers much from inflammation and suppuration around the nails. (*Dios.* has disposition to felons with the colic.)

Nuph. lute. Chronic morning diarrhœa, especially from four to seven in the morning; stools liquid, yellowish, fetid, with

weakness of the sexual organs, and burning and smarting at anus after stool.

Nux mosch. Chronic diarrhœa, caused by pregnancy or after catching cold in water, or by wet feet, or in persons with sensitive skins, who catch cold easily; copious, slimy, offensive discharges, like chopped eggs, with disposition to faint and indomitable disposition to sleep; craving after food, but enormous distension of the abdomen after each meal; the colicky pains are relieved by moist heat. (*Calc. carb.* is antidoted by *Nux mosch.*, and it is clear, therefore, that many symptoms here mentioned belong to both remedies.)

Oleand. Thin, yellow, undigested stool, involuntary when emitting flatus (*Iris ver.*); sour liquid stools, rolling and rumbling in abdomen, with emission of fetid flatulence like rotten eggs. (*Iris flat.* has more of a coppery smell, and the burning from mouth to anus; a symptom wanting in *Oleand.*)

Phosphor. Watery diarrhœa, with lumps of white mucus or little grains of tallow (*Magn. carb.*); profuse watery diarrhœa, pouring away as if from a hydrant (*Crot. tig., Jatr. cur.*); amelioration after sleeping (*Laches.* aggravation); sleepiness in the day-time and after meals; thirst, with desire for very cold drinks or something refreshing, though it will be vomited up again, as soon as it becomes warm in the stomach (*Arsen.;* the drinks are thrown up at once); green and bloody stools, the anus remaining constantly open; ulceration of rectum, with discharge of blood and pus, and tenesmus.

Petrol. Diarrhœa always in day-time, never at night; stools slimy, with pain in the bowels before the discharge; hunger immediately after stool; gastralgia, with pressing, drawing pains, ameliorated by eating (*Chelid*).

Podoph. Muco-gelatinous stools, preceded by severe griping and colic; stools coated with shreds of yellow mucus (*Graphit.*); with great exhaustion after stool; morning diarrhœa with stools of blood and green mucus; the pains in the abdomen and the flashes of heat up the back are worse during the stool and continue after it; dark yellow stools of the odor of carrion; increase of hepatic secretion (gall stones), with dark brown urine. (*Leptand., China.*)

Psorinum. Horribly offensive (*Asaf.*); nearly painless, almost involuntary, dark and watery stools, only at night and most toward

morning; great debility; profuse perspiration from the least exertion and at night.

Rhus tox. Diarrhœa, especially at night; the stools are a mixture of blood and slime with red and yellow mucus, rather thin, attended by crampy and tearing pains, running down the posterior portions of the thighs and legs; perfect remission of the pains and of the urging after stool.

Sarrac. Morning diarrhœa; bloatedness with colic; faintness after stool, which is dark-colored, often mixed with blood and foul smelling, or of the odor of musk.

Secal. Aversion to being covered, or to heat (*Hepar*, wants to be covered, even in the hot room); unquenchable thirst with desire for sour things; cholera morbus, with painless vomiting and painless stools, but followed with great prostration; painful foul smelling diarrhœa during childbed; the watery, yellowish or greenish stools are discharged rapidly, with great force and even involuntarily.

Sepia. Chronic, debilitating diarrhœa, with rapid prostration; green, slimy, mucous stools, expelled quickly, not profuse; aggravated after taking boiled milk (in infants), or meat.

Sulphur. Diarrhœa after midnight or in the morning, driving the patient out of bed; both the flow of urine and the discharge of fæces are painful to the parts over which they pass; stools watery, green, involuntary, smelling sour or very offensive; tenesmus often an hour after stool; cramps in calves and soles, particularly at night, with looseness of the bowels.

Thuya. Diarrhœa daily after breakfast; pale yellow, watery stools, copious and forcibly expelled; gurgling like water from a bung-hole, in abdomen, with passage of much loud flatus; violent thirst; drinks fall audibly in the stomach (*Lauroc.*); rapid emaciation and exhaustion. (S. Lilienthal, Trans. N. Y. S., 1872, p. 111.)

Characteristic and Pathogenetic Indications of the Principal Medicines for Diarrhœa. *Chamom.* Diarrhœa from anger and chagrin; diarrhœa at night with colic; hot diarrhœic stools, smelling like rotten eggs; diarrhœa during dentition from cold; corrosive; like chopped eggs. Whitish mucus; yellow-greenish or undigested stools; more suitable to young children with great irritability of the nervous system. Loathing of food; vomiting of food; sour as of bile, or bitter taste in the morning. Intense thirst. Sense of weight and burning in pit of stomach. Anger and quarrelsome humor. The child wants things which it repels

when offered, and wants to be carried all the time. Urine hot, with anguish in passing it; at other times involuntary emissions of water; *worse* at night, from anger, chagrin, from downward motion.

Better from warmth, after sweat, rest, while fasting. Compare *Acon.*, *Alum.*, *Arnic.*, *Arsen.*, *Bellad.*, *Borax*, *Bryon.*, *Cinnab.*, *Coccul.*, *Coffea*, *Coloc.*, *Hepar s. c.*, *Hyosc.*, *Ignat.*, *Mercur.*, *Nux vom.*, *Sulphur*.

Sulphur. Diarrhœa with tenesmus, and cutting in the abdomen; diarrhœic stools, with warm sweat, followed by cold sweat on forehead and feet; white coated tongue, red tip and borders, or dry brown, red cracked; sour, bitter putrid taste; no appetite, but constant thirst, often nausea and vomiting. Diarrhœa watery, smelling sour; of white mucus, undigested; involuntary; in children, of bloody mucus or green; painless diarrhœa, driving one out of bed in the morning; worse in evening, and after midnight; suitable for lean persons. Compare *Acon.*, *Ant. crud.*, *Arsen.*, *Calc. carb.*, *Capsic.*, *Chamom.*, *Mercur.*, *Nitr. ac.*, *Phosphor.*, *Phosph. ac.*, *Ver. alb.* *Sulphur* is suitable after *Acon.*, *Arsen.*, *Mercur.*, *Nitr. ac.* After *Sulphur*, give *Calc. carb.*, *Mercur.*, *Nitr. ac.*

Merc. sol. Burning diarrhœa; loose, brownish, light stools floating in the water; diarrhœa, evening, and night; diarrhœic stools. Yellowish without sensation. Loose feces, lined with mucus and blood. Diarrhœa with cutting and pressing in the rectum; diarrhœa with violent pains in the abdomen and tenesmus; diarrhœa preceded by urging, anxiety and trembling of the whole body; succeeded by bitter, rancid eructations and heart-burn. Stools undigested, black, like pitch. Yellowish, grayish, of mucus or blood, sour smelling, excoriating the anus; of bloody mucus, with colic and tenesmus; with blood before, during or after stool. Urine frequent and scanty, involuntary, or too profuse; abdomen bloated and sensitive; intense thirst day and night; canine hunger; tongue often dry, hard and black. *Worse* in the evening and at night, with profuse perspiration; anxiety at night with desire to flee. Vertigo. Face pale, yellow, earthy. *Mercur.*, is frequently suitable after *Bellad.*, *Hepar s. c.*, *Laches*. After *Mercur.*, *Bellad.*, *China*, *Hepar s. c.*, *Nitr. ac.*, *Sulphur*.

Ars. alb. Diarrhœa of a black substance, causing intolerable burning, preceded by restlessness and colic. Stools acrid, burning of mucus, black, bloody, offensive, involuntary; tenacious, bilious diarrhœa; dark green diarrhœa, a mixture of mucus and feces; watery, yellow diarrhœa after eating or drinking; violent diarrhœa,

with frequent discharges; diarrhœa during dentition; diarrhœa during small-pox; diarrhœa smelling like putrid ulcers, dark brown, greenish; tongue dry, brown, black. Intense thirst, drinks often but little at a time; no appetite; vomiting after drinking; vomiting dark, black or green substances; diarrhœa after drinking least quantity; anxiety; anguish; restlessness; fear of death; pulse frequent in morning and slow in the evening; worse at night or from 1 to 3 A. M., wants the head high; from drinking.

Compare *Arnic.*, *Bellad.*, *Carb. veg.*, *Chamom.*, *China*, *Ferrum*, *Nux vom.*, *Phosphor.*, *Pulsat.*, *Sulphur*, *Ver. alb.* After *Arsen.*, *China*, *Ipec.*, *Nux vom.*, *Sulphur*, *Ver. alb.*

Coloc. Loose stools of a greenish-yellow color, frothy, having a sour, putrid smell; stools first watery and slimy, then bilious, lastly bloody; urging to stool, with discharges of semi-liquid, brownish, yellow substances of a sour, putrid smell; after stool the pain in the bowels will cease, but soon returns again; tongue feels burned and scalded, and is coated white or yellow; bitter taste; vomiting food or greenish substance, from least food; canine hunger; colic pains, obliging him to bend double, often with cramps in the calves.

Compare *Bellad.*, *Aloes*, *Caustic.*, *Chamom.*, *Coffea*, *Staphis.*, *Mercur.*

Kali carb. Diarrhœa for a fortnight, with colic every day; feces of a light grayish color; constant burning at the anus after stool; yellow, bloated face; abdomen hard, bloated and sensitive around the navel, with pain in back. Suitable for strumous subjects and old persons.

Compare *Arsen.*, *Calc. carb.*, *Carb. veg.*, *Coffea*, *Lycop.*, *Natr. mur.*, *Nitr. ac.*, *Phosphor.*, *Pulsat.*

Ant. crud. Diarrhœa at night and early in the morning; liquid stools; alternate diarrhœa and constipation; disposition to diarrhœa, which does not take place; diarrhœa of pregnant women; protrusion of the rectum during stool; drawing pains and itching at the anus, and sharp itching in the rectum; tongue coated white; great desire for acids, and thirst at night. Especially suitable for aged persons, pregnant women and young children.

Compare *Acon.*, *Hepar s. c.*, *Ipec.*, *Pulsat.*, *Podoph.*, *Sulphur*, *Tart. em.*

Jatr. curc. Violent purging and vomiting, with rush of blood to the head and burning in the stomach and œsophagus, causing a sinking of the pulse and temperature, with indifference to pain, with cramps in different parts of the body and limbs; the stools

are watery and gush out. Suitable for some forms of cholera and cholerine.

Compare *Crot. tigl.*, *Phosphor.*, *Crotal.*, *Laches.*, *Agar.*, *Arsen.*, *Ver. alb.*

Pulsat. Slimy diarrhœa; loose, acrid, green stools at night and in the morning, preceded by rumbling, with cutting in the bowels; frequent loose stools mixed with mucus; diarrhœa, with involuntary stools at night, during sleep; pale bloated face with sunken eyes; often burning of right cheek; tongue coated yellow or white, or feels dry, clammy without thirst; nausea, vomiting of greenish mucous bile, bitter, sour liquid, of injesta or blood; painful sensation in region of stomach. Melancholy; mild sensitive temperament, full of tears, with inclination to suicide. Vertigo after eating or stooping. Suitable especially for women and children.

Compare *Ant. crud.*, *Arnic.*, *Asaf.*, *Aur. mur.*, *Bellad.*, *Chamom.*, *China*, *Ignat.*, *Ipec.*, *Kali carb.*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Nitr. ac.*, *Nux vom.*, *Petrol.*, *Sulph. ac.*, *Sulphur*, *Tart. em.*

China. Loose stools and painless diarrhœa, with weakness and dark or yellow urine; diarrhœa after meals and from eating fruit; at night, involuntary stools; mucous, watery, yellow, brackish, bilious, white. Indifference; pale, earthy, bloated face; lips dry, black, chapped; violent thirst for small quantities, but often hunger at night, weak digestion; vomiting sour, mucus, water, food, bile, blood. Pulse hard, rapid, irregular; worse at night after drinking, and from touch; but better from eating.

Compare *Arnic.*, *Arsen.*, *Bellad.*, *Calc. carb.*, *Carb. veg.*, *Cina*, *Ferrum*, *Graphit.*, *Ipec.*, *Lycop.*, *Mercur.*, *Natr. mur.*, *Nux vom.*, *Pulsat.*, *Sulphur.*

Crotal. Violent purging, with a disagreeable sensation through the whole body and nauseous taste. Liquid, dark green stools, followed by debility; yellow, watery stools with stinging in the abdomen; a number of liquid stools, with colic, or with nausea and colic, or with scraping in posterior wall of anus; lowness of spirits and indifference to everything. Nausea and diarrhœa; shuddering with diarrhœa. Pulse feeble and quick, then slow. Loss of speech; aphonia. Compare *Laches.* (H. V. Miller, A. J. H. M. M., 1873.)

Diarrhœa. Yellow, fecal discharge; cannot move without an evacuation; some colicky pain in lower abdomen during stool; much flatus is passed with stool; appetite good; very weak. *Aloes*^{2c}, cured in two doses. (N. L. Fisher, A. J. H. M. M., v. 6, p. 395.)

Aloes in Diarrhœa and Dysentery, Cholera Morbus and Prolapsus Uteri. A German women, æt. 72, had been a hard worker; never before under a physician's care; married nearly fifty years, and had reared a large family of children. Complained of severe pain in abdomen. Her husband called, and not being able to talk English the doctor derived but little information. Gave *Nux vom.* and *Diosc.*, to be given alternately. Two weeks later patient's daughter called, reporting her mother no better. Doctor called to see her, found pulse over 100, full; skin hot and dry tongue, covered with heavy white fur and quite dry; lips dry and sore; much thirst, desire for cold and sour. Had been a habitual cider drinker.

Anything cold aggravated the complaint, causing more frequent passages and pain. Stools were very frequent, especially from 4 to 10 A.M., consisting of stringy mucus of yellow color, and occasionally mixed with foul material. Desire for stool came on suddenly; could hardly get off her bed quick enough before some of the stool would escape. Any attempt to pass urine would be accompanied with flow of stool. Stools accompanied with much flatulence and were preceded with much pain in hypogastrium and sacrum, which was relieved by passage of stool. Symptoms all worse in forenoon. Patient was irritable and angry because she was sick.

Aloes, 20th trit., in two-thirds of a tumbler of water, two teaspoonfuls every two hours. Two days later doctor called and found patient worse, very much prostrated and fever still present. First dose of *Aloes* was followed with intense headache, tearing and pressing in character, confined to left side of head and worse in forepart of the day; relieved somewhat by tying a handkerchief tightly about the head. Regarding this as aggravation of the remedy, two doses were ordered to be given daily of same remedy. Three days later the patient was found to be much better in every respect.

Case Second. A boy, æt. 10, presenting an emaciated appearance; appetite fair; every night passed a good-sized chamberful of urine, and as much more in day-time. Urine was clear, pale and frothy. Desire to urinate came on suddenly, and unless quickly furnished with vessel, would wet the bed. Bowels were pretty regular, but when a movement took place it was sudden. Urine was examined several times, no trace of sugar being visible. Boy

was crazy for something sour to drink, and had more or less thirst constantly. Several physicians had seen and examined the case and pronounced it one of diabetes. A month was consumed in trying several remedies, such as *Apis*, *Santon.*, *Pulsat.*, etc., with little or no benefit. No change in urinary symptoms during this time. *Aloes*[12] was now given, and a gradual improvement set in. In two months patient was discharged cured.

Case Third. Mrs. D., æt. 40, bilious temperament, much used to out-door exercise, was seized August 7th with "cholera morbus." Had previously had two or three attacks at different periods of her life. Was seized with extreme pain in epigastrium, with throbbing; palpitation of the heart; frequent rice water discharges followed, coming on suddenly with rumbling and discharge of flatus. Patient was weak and faint, especially after stool. Lips and mouth were dry. Craved something cold and sour, but an indulgence in anything of this kind caused aggravation of all her symptoms. Extremities were cold; pulse over 100, and weak. *Nux vom.* was given without any relief. *Aloes*[30] was then given, followed with speedy relief and rapid convalescence.

Case Fourth. A female, æt. 35, of a nervous temperament, suffering from prolapsus uteri and diarrhœa, *the latter* almost involuntary and of long standing. Stools consisting of particles of undigested food mixed with light colored semi-fluid feces, severe in the forepart of the day, with difficulty of retaining urine, unable to pass water in forepart of the day without passing stool also.

Aloes, given twice daily for one day, and then one dose daily for a week, relieved the case of most all the bad symptoms, including the diarrhœa. (G. J. Jones, O. M. and S. R., 1873, v. 7, No. 1.)

Morning Diarrhœa. H. S., æt. 30. Diarrhœa, accompanied by abdominal cramps, somewhat relieved by bending double; stools, yellow, watery, coming on early in the morning, not lasting through the day, worse from moving, and causing a sensation of weakness. *Apis*[3]. Cured. (A. E. Hawkes, H. W., v. 8, p. 260.)

Mrs. H., æt. 29. Diarrhœa under allopathic treatment got worse in every way. Symptoms, frequent purging of hot, watery, and reddish fluid, not unlike in appearance the juice of uncooked meat; a good deal of tenesmus; griping pains in the abdomen, especially in lower part, increased by pressure; soreness along the front of both thighs, as if the muscles had been bruised; nausea and vomiting; tongue foul and dry; increased thirst; hot and dry skin, accelerated and enfeebled pulse; pale countenance, expressive

of much anxiety. *Arsen.*[3x], one drop every three hours, and after every evacuation, followed by prompt relief; tongue still coated, and appetite poor. *Merc. sol.*[3x]. Cured. (George Lade, H. W., v. 8, p. 35.)

Diarrhœa. A little girl had painless, rice-water evacuations; the blood had settled under the eyes and nails. *Arsen.* and *Cuprum* speedily cured. (Doggett, H. M., Dec., 1873, p. 202.)

Chronic Diarrhœa. *Syncope.* Sarah Y., æt. 19. Suffering for six months from chronic diarrhœa, has taken about four hundred ounces of physic; latterly has become so weak that she frequently swooned away, the fainting fits being preceded by nausea and vertigo; muco-aqueous evacuation every few minutes. *Arsen.*[3], thirty minims in half a tumbler of water, one teaspoonful every hour, followed by immediate improvement, and in two days stools became natural. (J. C. Burnett, H. W., v. 8, p. 10.)

Benz. ac., useful in diarrhœa with horribly offensive stools, the smell pervading the whole house; main part of stool grayish-white, with a deposit looking like soapsuds. (Korndœrfer, H. M., April, 1873, p. 442.)

Diarrhœa. Babe, æt. 5 months. Weak, pale, colorless, milk-white stool; an old look. ℞. *Calc. carb.*[30]. Cured. (Seward, H. M., April, 1873, p. 421.)

Chronic Diarrhœa. Stool whitish-gray, often streaked with blood; indigestion, emaciation and weakness. *Calc. carb.*[3], three times a day. Cured in two and a half months. (Reis, H. Kl., 1873, p. 6.)

Marasmus. Mary C., æt. 6 months. Had an old wizened look; had been under allopathic treatment; pronounced incurable. *Calc. carb.*[12] and *Iodine*[3], in alternation, three times a day. Cured in two months. (J. C. Burnett, H. W., v. 8, p. 39.)

Crot. tig. Diarrhœa, with discharges of white mucus or green mucus and profuse discharge; expulsion sudden and forcible; advanced cases. (Clary, H. M., Dec., 1873, p. 204.)

Diarrhœa. Mr. F., æt. 58. Diarrhœa for three weeks; weak; flushed cheeks; tongue white; no appetite; thirst, but fears to drink, as it aggravates diarrhœa; has been dosed; stools watery, yellow, gushing from him like a hydrant, before he can leave the bed. ℞. *Crot. tigl.*[30]. Cured in four days. (W. F. Edmundson, H. M., May, 1873, p. 470.)

Diarrhœa. A young married lady, with one child; pain in sacral region, with frequent urging to urinate; rectal tenesmus,

with mucous discharges, so constant as to require a cloth to receive them as they flowed from the bowel. ℞. *Coloc.*, and other drugs with no effect. ℞. *Cupr. ars.* Cured. (J. H. Marsden, H. M., Jan., 1873, p. 261.)

Diarrhœa. Miss B., æt. 30. Has had for years a diarrhœa, with watery, thin, dark brown, or dark green stools; little or no pain; occurring in early morning, or during the day and night; *any exciting news, emotion, or mental irritation brought on the diarrhœa, or greatly aggravated it. Chilliness in the back, every day during the diarrhœa, but not at any fixed hour.* ℞. *Gelsem.*[1], with aggravation of all the symptoms leading to ℞. *Arsen.* and *Veratr.* Some weeks later, patient came much tired by a short walk. She sank into a chair and appeared quite unconscious for about two minutes, during which time her eyes were closed, her pulse, features, face had natural color; her arms when lifted dropped down heavily. She did not hear when spoken to or see when her eyelids were opened. Used no restoratives. When conscious, said that she could *not open eyelids;* that the diarrhœa had been very frequent; very nervous and prostrated; had used *Gelsem.* low, but as these were all *primary symptoms*, ℞. *Gelsem.*[2c], four pellets morning and evening. Rapid cure. (E. M. Hale, H. M., May, 1873, p. 472.)

Brown, thin stools, mixed with undigested food of exceedingly fetid odor. *Graphit.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Infantile Marasmus. Boy, æt. 11 months. Color and appearance of face like that of a very aged person; emaciation; marked in the neck and extremities; tongue mapped; fauces raw looking, red; red spots on tongue; vomiting sour or unchanged; diarrhœa pale green, watery; abdomen distended; colic pains at night; restless; sleeping only when carried over shoulder; cured rapidly by *Natr. mur.*[2c]. *Chamom.*[2c] was given occasionally at night; diet raw milk. (R. R. Williams, N. E. M. G., July, 1872, p. 226.)

Petrol. cures diarrhœa or dysentery with a weak and empty feeling in the bowels. (Schenck, H. M., Dec., 1873, p. 204.)

Diarrhœa, *only during the day, never at night*, was the symptom which led to the selection of *Petrol.*[6], every two hours, in a case which had been diagnosed by an allopath as typhoid fever. Within twenty-four hours there was a total change for the better, followed by rapid recovery. (J. Pr., 1873, p. 225.)

Podophyllin in Infantile Diarrhœa. The general condition of children is worse in the morning and forenoon. If the attack is severe, they lie in a restless drowsy state, with half-closed eyes, constantly moaning, and rolling the head from side to side during the forepart of the day, but they often cheer up a little in the afternoon. The head is hot and the cheeks flushed; the head sometimes perspires much during sleep; there is a great thirst for cold water in large quantities at a time, but little desire for food; very frequent retching without bringing anything up, or what Dr. Williamson called gagging, a movement made with the mouth as if about to retch, but not accompanied with any effort made in the stomach. If dentition is going on there is a great desire to press the gums or teeth together—the jaws are often so clinched that it is difficult to introduce the finger into the mouth; they sometimes keep any food they have taken in the mouth without swallowing, with the lips pursed up, as if it were a relief to have something to press the jaws against.

The diarrhœa is generally worse in the morning on waking and in the forenoon, but it sometimes goes on all day, and is usually better at night. The evacuations are sometimes preceded by colic, in which the child clenches its hands and straightens itself out. There will often be three or four movements of the vowels within an hour after the child wakes, each one very profuse and exhausting. They generally come with a sudden gush, and in all the cases I saw were very fetid and offensive. The bowels often act after food, and sometimes while the child is being washed. The appearance of the motions varies. In diarrhœa they are generally watery, sometimes like dirty water soaking the napkins through, and with a meal-like sediment; sometimes greenish in color, generally profuse, frequent in the forepart of the day, gushing, and very offensive. In dysentery they consist of greenish-yellow slimy or bloody gelatinous mucus, alone or mixed with a fecal motion; but there is also much tenesmus and often prolapsus of the bowel. The tongue is sometimes coated, but sometimes remarkably clean considering the amount of intestinal derangement. There is often much emission of flatulence with the stool.

The most characteristic of these symptoms as pointing to *Podoph.* are the *profuse, sudden offensive stools*, with *morning aggravation*, combined in severe cases with the Belladonna-like head symptoms. I will now compare these symptoms with similar ones belonging to other remedies.

Bellad. is strongly indicated by the head symptoms: the drowsi-

ness, constant moaning, and rolling the head from side to side, the half-closed eyes, the heat of the head, the flushed face, and the thirst, all point in a marked manner to that medicine; but the aggravation with *Bellad.* takes place, not in the forenoon, but in the afternoon and after midnight; and there is more cerebral excitement as evidenced by the violent startings or jumpings of parts or of the whole body, and the very hot fever at night, which are wanting in *Podoph.*

Arsen. The occurrence of offensive painful stools immediately after taking nourishment remind one of this medicine. It is also indicated by great exhaustion and emaciation and thirst; but the aggravation with *Arsen.* is always at night, especially after midnight; there is present distressing restlessness, so that the little patient is constantly changing place; the thirst is violent, unquenchable, with frequent drinking of small quantities of water, and the motions though frequent are scanty. The characteristic thirst and restlessness quite distinguish it from *Podoph.*

Chamom. is indicated by frequent green mucous, or green and white mucous stools, sometimes like eggs beaten up, and they have the odor of rotten eggs as well; but the mental condition which is the important one in *Chamom.*, is very different from that in *Podoph.* The child is peevish, bad tempered; it has what some term rages of crying, and is only quieted by being carried about. It is very useful when there seems an excessive sensitiveness to pain on the part of the child, or a pain in its temper, if I may so term it; also when the temper of the mother, if nursing it, has been disturbed; but it is not indicated in diarrhœa of long continuance.

Ipec. is indicated by green mucous stools often as green as grass—sometimes looking as if fermented; but the chief characteristic is the constant nausea often accompanied by the vomiting of large quantities of mucus, which is generally green also, and there is much flatulent colic. It is often indicated at the period of weaning when food disagrees, in nausea and vomiting, with diarrhœa from dietetic errors. There is no thirst, and it is seldom suited to diarrhœa of long continuance.

Merc. sol. is the medicine most frequently indicated in dysentery. The stools are slimy, mucous, bloody, greenish, with tenesmus, as in *Podoph.*, but they are generally frequent and scanty with very little smell, in this particular differing much from the latter medicine. The aggravation is generally at night. The continual

urgency is well marked; there is straining before, but more during, and still more after stool, so that the child cannot get done. The stools often corrode the anus and the adjoining parts. The gums are swollen and tender, with some increase of saliva. The child's legs and thighs are cold and clammy at night, and there are often sour perspirations at night which do not do any good.

Pulsat. is indicated by watery, greenish-yellow diarrhœa in the night, with rumbling in the abdomen, and has not much similarity to *Podoph.*

Ver. alb. is indicated by profuse, greenish watery stools, with flakes, accompanied by violent thirst, violent vomiting, and great prostration, with paleness and coldness, often a cold sweat on the forehead, giving a pale deathly appearance.

These remarks may help some reader who is at a distance from medical aid in his choice of medicines; only I will add that a few doses of *Acon.* at the commencement, when there is much fever, thirst and restlessness, will always be found useful. It is a good plan to give a dose of the medicine which is chosen after every movement of the bowels. I have used *Podoph.* generally in the 12th—sometimes in the 6th dilution.

Some hydropathic appliances for useful addenda in the treatment. Flannel cloths wrung out of hot water laid across the bowels, or warm sitz baths, give much relief where there is much pain. Some object to them because they are weakening; they would weaken a child in health if often used, but in disease they soothe the system when in pain, shorten its duration, and weaken much less than the pain itself. In the intervals between the attacks of pain, if the bowels feel hot to the hand, a small handkerchief may be so folded as to cover the whole of the abdomen, and then rung out *quite tight* in cold water and laid across the bowels, and a thick dry cloth placed over—rather larger than the damp one—and kept in place by a binder round the body. The damp cloth can be wrung out again in cold water whenever it becomes hot and dry. This will keep down the heat where the disease is, and also make the hot cloths more effective when the attacks of colic come on. Advantage is also derived in dysentery from throwing up the bowel injections of tepid water, or cold starch and water, after every action of the bowels. Give the patients as much cold water in small quantities as they wish, or rice water, or toast and water, if they prefer it. Food must be very simple,

and in small quantities at a time. When there is much exhaustion small quantities of good beef tea may be given cold.

In the debility resulting from a severe attack, especially when there exists a disposition to relaxation of the bowels directly after taking any nourishment, and food is seen to pass in an undigested state, repeated doses of *China* will do good, and materially aid convalescence. In cases that come under treatment after having been drugged, a few doses of *Nux vom.* will clear the way for the exhibition of some medicine more clearly indicated by the real symptoms of the case, as it will help to remove the medicinal ones that have been produced. It must not be expected that all attacks of diarrhœa or dysentery can be cut short, even when taken in time. Some attacks of these disorders depend on a specific poison taken into the system, as in low fever, and will, like that disorder, run a certain course, and often last for a considerable time. If depending on some dietetic error, or resulting from a chill, or from the irritation of teething, they will pass away more quickly, except that during dentition there will be a frequent liability to return, and in many cases slight looseness of the bowels seems to be salutary in rendering brain affections less likely to occur. (Deck, B. J. H., 1873, p. 571.)

Podoph. cured case of diarrhœa, with great sinking at epigastrium and sensation as if everything would drop through the pelvis. (H. N. Martin, H. M., April, 1873, p. 442.)

Podoph. in Infantile Diarrhœa. Profuse, offensive, sudden stools, with morning aggravation. (B. J. H., July, 1873; quoted by R. J. McClatchey, H. M., Aug., 1873, p. 27.)

Podoph., vomiting of milk in infants with protrusion of anus.

Diarrhœa. Two cases are reported as cured by *Pulsat.*, characterized by the symptom; as soon as they begin to eat, they must go to stool. (A. M. Cushing, M. I., v. 10, p. 243.)

Sulphur, useful in diarrhœa with great emaciation, excessive prostration; child conscious, but lies as if unable to move; aggravation between 10 P.M. and 1 A.M.; stools watery, putrid. (A. Korndœrfer, H. M., April, 1873, p. 442.)

Elizabeth Branston, æt. 9. Ill nine weeks. Vomiting and tendency to diarrhœa; loss of appetite at first, at present sort of canine hunger and constant craving for food. Bowels very irregular, evacuations offensive, yeasty, pale, frothy; abdomen hard and much enlarged; marked emaciation of the whole body; though previously able to walk is now unable to stand. *Sulphur*[30], for one week, then

Calc. carb.[3]. Improved in one week, could walk in a fortnight. Cured in six weeks. (J. H. Nankivell, H. W., v. 8, p. 12.)

Zincum. Useful in diarrhœa with stupor, seeming to call for *Opium*, but that remedy failed. (A. Korndœrfer, H. M., April, 1873, p. 442.)

Cholera Infantum. A neglected case had grown worse for several months. The child, æt. 18 months, gradually became emaciated. Several prescriptions made according to the character of the evacuations failed to produce any favorable response. Then it was observed that the child was afraid of downward motion, clinging to its mother's arms in a frightened manner. Downward motion probably occasioned vertigo. *Borax*[2c] immediately gave relief and proved to be the proper remedy to commence the treatment. Next *Chamom.*[6] was given, being indicated by excessive crossness and fretfulness. This remedy controlled the irritability and nearly completed the cure of the bowel complaint. Next, stools became very clay-colored, involuntary, profuse and excoriating; borders of the tongue appeared as if gnawed out at different places. *Sulphur*[30] removed all the symptoms except simply frequent loose stools, which *Podoph.*[30] promptly cured. (H. V. Miller, H. M., Dec., 1873, p. 202.)

Cholera Infantum. Podoph. Gagging or empty retching; greenish, watery, white or dark yellow stools, profuse, painless, very offensive; great prostration; rapid emaciation; rolling of the head; restless sleep; half-closed eyes.

Aeth. cyn. Green or bloody mucous stools; violent vomiting of greenish mucus or curdled milk. *Phosphor.* Greenish, watery stools with grains like tallow. (Bowman, H. M., Aug., 1873.)

Enteric Diseases of 1872. The mortality from them during this summer was great, especially among children. The number of deaths reported from cholera infantum was 1666, from diarrhœa, 186. The homœopaths lost 205 cases of cholera infantum, 10 cases of diarrhœa.

In nursing children, the first invasion of the disease was usually manifested by paleness of the countenance, restless sleep, disinclination to nurse, white tongue. This train of symptoms would continue from twelve to twenty-four hours, when vomiting would commence, at first only mucus with small quantities of bile. *Ant. crud.* generally relieved.

In cases where the vomiting was very persistent, *Ipec.* With young children, using the bottle, diarrhœa set in with the vomit-

ing, the evacuations were offensive, watery, and of greenish color, aggravated by taking anything into the stomach, *Ars. alb.* In cases that were not arrested in the foregoing stage, diarrhœa followed in six or ten hours.

The diarrhœa was unusually difficult to relieve.

During this stage of this disease young children lost ground very rapidly. A fine, plump little fellow in the morning would become a haggard, hollow-eyed emaciated being by night.

Ars. alb. was most important. Watery, slimy, brown stools, worse at night, aggravated by eating or drinking, burning pains in the stomach, great thirst, ever so little water being immediately rejected, any food that might have been taken passed undigested.

Ver. alb. Thin, painless stools, with rumbling in the bowels, great prostration and faintness at stool and immediately following, evacuations coming on suddenly, increased by motion.

Coloc. Small, bilious, frothy and frequent stools, preceded by great colicky pain, which is relieved by evacuation. These pains come on in paroxyms.

Crot. tig. Gushing, sudden discharge of watery stool, mixed with undigested food, immediately after feeding, with great weakness and pallor, vomiting at the same time.

Ipec. Constant nausea and vomiting of yellowish mucus, lumpy, greenish, watery stools; paleness of the face; blue margins around the eyes; wants to lie down; ill humor.

Rheum. Copious, sour stools, with cutting, colicky pains about the navel, and tenesmus.

Sulphur. White, frothy, putrid stools, coming on suddenly in the morning; distension of the abdomen; loss of appetite.

Iris vers. Mushy, pappy stools, attended with discharge of fetid flatus; burning in rectum and anus after evacuations.

Podoph. Rolling around of the head on the pillow.

Ant. crud. Watery diarrhœa, with vomiting, containing hard lumps of curds.

Dulcam. Stools are changeable, white, yellow or green, watery, sour smelling; nausea accompanies the desire for evacuation; general feeling of prostration.

Phosphor. Green, mucous stools, containing little white lumps; the stools run out; cold drinks can be taken, but are thrown up when they remain long enough in the stomach to become warm.

The remedies that I have mentioned are those which were most

frequently called for. I am not willing to pass from the subject of diarrhœa without mention of others that did good service.

Æth. cyn. Sudden vomiting, with much force, of milk soon after nursing; of curdled milk; liquid, bilious stools; prostration after evacuation.

Sulph. ac. Bright yellow, mucous, stringy or chopped stools; ill humor.

Colchic. Watery, jelly-like mucus; frequent and profuse; tenesmus.

Canthar. Pale red mucous stool, quite small; burning in the anus; no relief from evacuation.

Borax. Light yellow, slimy stools; frequent; pale face; hot, dry mouth; distension of abdomen; after feeding, starting and crying suddenly.

Chamom. Hot, small, mixed green and white stools; egg-smelling.

Arnic. Brown, fermented stools; aversion to food; fetid breath.

The next form of the disease we will consider is by far the most alarming, cholera infantum, which may be considered the continuation of the foregoing, and more particularly affecting nursing and teething children.

Arsen. Diarrhœa; violent vomiting; lips and tongue dry, sometimes cracked; moaning and tossing about; prostration; dim and hollow eyes; coldness of the surface; clammy sweat; intermittent or tremulous pulse.

Veratr. Violent diarrhœa and vomiting; stools watery and inodorous; tongue and breath cold; difficulty in breathing; desire to sit up; blueness around the eyes; skin seems drawn tightly over the bones of the face; wrinkling of the skin of the hands and fingers; sensitiveness over the abdomen.

Camphor. Vomiting and diarrhœa suddenly cease; child lies almost unconscious; blueness of the face and hands; coldness of the body; hoarse cries.

Cupr. met. Convulsions of the hands and feet; rolling of the eyes; coldness of the nose and chin.

At any time during an attack of cholera infantum the brain may become involved, and in such cases the enteric symptoms are not so marked. I mention the most frequent of those symptoms, giving the remedies indicated.

Hyosc. Bright, staring eyes; muttering delirium; flushed face; dry tongue; teeth incrusted with brown mucus; scanty urine;

rolling of the head; dilated pupils; difficulty in swallowing liquids; involuntary stools; night cough.

Stramon. Paleness of the face; imperfect vision; strabismus; loquacious delirium; snoring during sleep; awakes with fright; convulsive twitching of the arms and limbs; head drawn to one side; foul-smelling stools.

Bellad. Red face; violent delirium; photophobia; twitching of the muscles of the face; distension of the abdomen; urine passed involuntarily; boring of the head into the pillow.

Arnic. Languor and drowsiness; pale face; sunken features; head and breast warm; abdomen and limbs cold; involuntary stools, with egg-smelling flatus at night; small quantity urine passed, staining the napkin a yellow-brown.

Opium. Paleness of the skin; contracted pupils; stupor; snoring, stertorous breathing, convulsions; tonic spasms.

Cupr. met. The convulsive motion begins in the hands and feet, gradually involves all the muscles; the spasm is of the clonic variety; mind normal, except during the spasm. (W. M. Williamson, H. M., April, 1873, p. 439.)

Acon. Summer complaints of children, wind and water comes from the anus at one blast; there seems to be much stool when there is but little; stools like chopped spinach; aggravated at midnight and after 9 A. M. (J. C. Morgan, H. M. April, 1873, p. 444.)

Ipec.[6] cured case of *Cholera Infantum* with some nausea and vomiting, stools *light green* or an *arsenic green.* (H. V. Miller, H. M., Dec., 1873, p. 202.)

Cholera Infantum. A child, æt. 15 months, had cholera infantum three months; not much nausea or vomiting; gradual emaciation; stools light colored, deficient in bile; not very offensive; undigested; frequent excoriating; pale complexion; various remedies apparently indicated had failed. Case cured by eating blackberries freely several weeks. (H. V. Miller, H. M., Dec., 1873, p. 202.)

Diet in Summer Complaints. Fruit and vegetables are better than meat. A good fruit season is freer from bowel troubles. (C. Preston, H. M., Jan., 1873, p. 296.)

Pernicious Gastro-intestinal Catarrh, or False Cholera. A pernicious gastro-intestinal catarrh, reported as *cholera sporadica*, prevailed in New Orleans from March to July. It was preceded by influenza and followed by dysentery. The disease originated here, but not on the river banks nor among the marine population;

it did not spread from a common focus, the first five or six deaths occurring at points far distant from each other. There was no sign whatever of contagion. The disease begun when the weather was cold, and vanished at our extreme point of heat. In three-fourths of my cases no cause could be assigned for the attack. In leaving New Orleans it did not follow the main routes of travel; it passed by great cities, railways and water-courses, and fell like a thunderbolt on sundry and remote inland towns of the southern and western states.

The symptoms were those of mild Asiatic cholera; very copious rice water evacuations; intense pains in the abdomen; cramps in the extremities; frequent vomiting; cold sweats; cold tongue; feeble pulse; intense thirst; restlessness, etc. In a few cases there were incessant jactitation, a husky voice, and venous suffusion of countenance. I saw no genuine collapse.

Camphor. failed as a remedy; the constitutional type of the disease called for *Veratr.*

In every case I alternated *Veratr.*[1x] with *Cuprum*, 3d cent., every five minutes, until the cramps and discharges ceased, which was in from two to four hours. The horizontal position was enjoined; ice water allowed as frequent but sparse drink.

Cupr. ars., 3d cent., was found very useful in the choleraic diarrhœa which has prevailed during the summer; it was also useful in disturbed state of bowels during convalescence. (W. H. Holcombe, M. I., v. 10, p. 569.)

Indigenous Cholera. The cholera epidemic of 1873, as witnessed in the Mississippi valley, if it was not Asiatic cholera, it must have been a species of indigenous cholera, a native of our own soil. It is possible, that along the lower course of the mighty Father of Waters, with its teeming swamps, bayous and lagoons, exist the causes, which shall conspire to produce a disease, heretofore local, but henceforth to be migratory in its character.

We have the testimony of the oldest physicians in the Mississippi valley, that this same complaint has prevailed, from their earliest observation, almost every season; sometimes invading a wider, sometimes a narrower belt of country. This year, like its great eastern prototype, it seems to have burst its usual boundaries, and instead of going westward, its greatest line of march has been towards the east. (L. D. Morse, M. I., v. 10, p. 500.)

The Cholera Epidemic of 1873. I cannot speak of the disease as it has appeared in Greenville and Mount Vernon, manifesting itself

with such virulency, from any direct personal knowledge except of locality. They are both healthy places; particularly the former, situated near Cumberland gap, has every facility for fresh, pure air, but the citizens have carried their village filth upon the high hills and plateaus, and the frequent rains have carried this filth into their springs and wells, thus producing the disease in all its horrors. Thus *death* was put into the *pot* by ignorance of the geology of the strata and their undercurrents.

I think cholera is epidemic, it is atmospheric, and no doubt might have been so this season, but for the constant prevalence of *western* winds and *thunder-storms*. During the cholera summers of 1849 and 1866, the prevailing winds were from the *east*, our rains of course came from the same directions, and we had no *thunder-storms;* scarcely any lightning, not even as evidence of atmospheric heat. The air was constantly humid, and no doubt *foul*, as air and earth remained passive towards each other.

Whenever we have prevailing eastern or south-eastern rains, with the air-currents in harmony, we invariably have more or less sickness of some kind, generally epidemic. The time for their appearance, is in the summer months, generally in August.

The summer of 1873 is not, and cannot be an epidemic cholera season, because the surface, or geodesic currents have been persistently pure, kept so by frequent thunder-storms, with an unusual amount of lightning. Cholera has had but a local, sporadic reign and invited, courted, maintained and flourished by and through local causes entirely this whole season, I think it is fully in the power of every village, town and city, measurably, to prevent cholera by thoroughly cleaning up in the spring, and forcibly *maintain* cleanliness all through the summer months. (O. P. Baer, M. I., v. 10, p. 502.)

Cholera in Nashville. The diseases differed from other epidemics in having bilious, in place of the rice water evacuations.

Cuprum. No one under the influence of this medicine has taken the disease. Used *Crot. tig.*, *Ars. alb.*, *Ver. alb.*, *Cupr. met.*, *Camphor.* The rate of mortality under homœopathic treatment was not half that under allopathic. (J. P. Dake, H. M., Sept., 1873, p. 83; quoted by R. J. McClatchey.)

Notes on Cholera in Magdeburg in 1873. By H. G. Schneider. (J. Pr., 1873, p. 730.)

Diagnostic Sign of Cholera. When no albumen exists in the urine, even if the patient has diarrhœa, and cholera be prevalent,

he will not have cholera. In cholera, albumen always exists in the urine. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 88.)

Cholera Treated by Large Quantities of Fluids. Dr. Nettre uses highly diluted veal broth (one ounce of veal to two quarts of water), of the temperature of the room, neither hot nor tepid, nor too cold. It ought to be given at short intervals, but only a small glassful at a time; must be swallowed slowly in order not to induce atony of the bowels. A patient ought to receive every ten minutes about two ounces of the fluid. (N. A. J. H., v. 22, p. 134.)

Arg. nitr. as a cholera remedy. By Dr. Mossa. (A. H. Z., v. 87, p. 58.)

Guaco is useful in cholera, being similar to *Arsen.* and *Veratr.* (J. G. Houard, H. M., Jan., 1873, p. 297.)

Treatment of Diarrhœa during Cholera Epidemics. Dr. V. Graf distinguishes three kinds of diarrhœa in 1873, viz.:

a.) *Catarrhal Diarrhœa.* Preceding or subsequent affections of the mucous membrane of the nose and bowels; always appearing with more or less colicky pains limited to the lower parts of the intestines, and sometimes with tenesmus. *Catarrh of the colon.* Discharges frequent, but small in quantity of a brown color, like thin mush, with mucous flakes and coagula adhering together, sometimes of a bloody color. Tongue rarely coated, unless there is also gastric catarrh; taste and appetite normal; little or no thirst. Appearing at beginning and end of epidemics, caused by taking cold.

b.) *Bilious Diarrhœa.* It appears mostly during the hot summer months, is easily provoked by errors in diet, and usually offers the largest contingent to the diarrhœas. Tongue coated yellowish, taste bitter, sticky; appetite diminished; nausea; bitter eructations, even vomiturition, thirst; tormina, beginning in the duodenum, and most intense in the umbilical region; discharges more or less copious, dark brown, often of a greenish-brown, mushy, of an acrid smell, passing often with a sensation of burning in ano. As the gastric symptoms are in many cases not so distinctly pronounced, and the stools are sometimes not so copious, we find such cases frequently neglected, and passing over into choleraic diarrhœa.

c.) *The Bilious Serous Diarrhœa* arises when either of the former forms are neglected, and it may set in primarily with the following symptoms: stools pass off without the action of the abdominal muscles, sudden, in a moment, copious, often with so very little

action of the sphincter that the patients when simultaneously micturating, think they have passed water only, with but little fecal smell, at first brown, then light yellow, or of a yellowish-green, with flakes; continuous gurgling in the intestines, not as in the other forms, appearing only before and after the stool, but increased by everything the patient takes; discharges more frequent and at shorter intervals, without colic, with the sensation of water flowing away, often with a chilly sensation in the intestines. During palpation or pressure of the abdomen a swashing sensation of fluids is felt in the bowels; lower temperature of extremities; transitive state of serous (rice water) diarrhœa and cholera; lassitude, if diarrhœa lasts but a few days; anorexia, nausea, eructations, vomiturition, thirst.

Remarks.—For catarrhal diarrhœa Kafka recommends *Acon.*[3]. For bilious diarrhœa use the mercurials. In some cases of summer diarrhœa in bilious persons after taking cold, R. *Bryon.* When *Bryon.* corresponds to the genius epidemicus, *Arsen.* is seldom indicated. *Bryon.* and *Sulphur* are phleghmatic; *Arsen.* gives us rapidity of action; in the former, love of quietness from debility; in the latter, restlessness and anguish in spite of the exhaustion. *Arsen.* gives us sudden exhaustion and quick emaciation, as if the powers of life were quickly consumed by the burning pains. *Bryon.* on the contrary, has coldness prevailing and torpidity of vital reaction, but its action is slow and sure when indicated. Many of our summer complaints this summer were rather more tedious than dangerous, and *Bryon.* was therefore more frequently indicated than *Arsen.* The metallum album of the French can never be indicated in such trivial diseases as a catarrhal diarrhœa, and neither the vomiting nor the stools of *Arsen.* hint at bilious complaints. It gives us rather watery stools of offensive odor (putridity), and painless with a tendency to run into spasmodic cholera, or to end in dysentery, with burning pains in the anus and rectum.

Those sero-bilious discharges mentioned by Graf, find a good simile in *Iris vers.* We find among its symptoms: excessive watery discharges, preceded by soft and more substantial stools; intense aching, cramp-like pains, with severe rumbling of gas; excessive nausea and vomiting;—all of which point to cholera-like affections; while the bloody mucous discharges with burning in the rectum and anus after the passage, the tenesmus and rectal prolapsus indicate its usefulness in dysenteric affections. Like *Arsen.* the pains are burning from the mouth to the anus, with vomiting,

watery diarrhœa and great prostration, but the diarrhœa of *Iris* is worse at night, and the fetid discharges are of a more coppery smell; hence *Arsen.* might therefore become the complement of *Iris*, just as putrefaction may follow decomposition.

A great many cases of diarrhœa pointed this summer to *Ver. alb.*, and in many cases where we used it from the very beginning, in grown persons, it cut the disease short. Patients feeling perfectly well during the day were roused from a sound sleep by vomiting and purging, and fainting sensation with every stool, the vomiting renewed by every movement, cutting colic as if flatulence was incarcerated and could not escape, with cold sweat on forehead, the stools mostly bilious, but copious and exhausting.

What *Ver. alb.* did for grown persons, *Podoph.* did for children. The children ailed sometimes from catarrhal troubles in the respiratory organs before the alimentary canal became affected. All desire for food was then gone, but the thirst was so much greater. In some children we found the upper part of the intestinal tract affected, and vomiting more frequent than diarrhœa. Where *Podoph.* failed in such cases, *Kresot.* was useful. Children with copious, foul smelling, exhausting stools, were cured by Mandrake. (S. Lilienthal, H. M., Dec., 1873, p. 214.)

Hydrastis in Constipation. Case of a child, æt. 1, who had been constipated from birth. After cathartics and enemas had proved useless, he was radically cured by Hydrast. tinct., one drop twice daily. (G. C. Hibbard, A. H. O., May, 1873, p. 254.)

Titan. Nov. 29. Mrs. ——, æt. 40, scanty and hard feces, no stool without use of injection; fears to take cathartics from the pain they cause her; paroxysms of distress in right side and back; fetid gas from stomach, hard swelling of abdomen, from two days to a week apart. Relieved by vomiting which strains her very much. The matter ejected contains at times a black substance like coffee grounds; is comparatively well between attacks; fears to eat; is emaciated and very weak, *Atrop.*[2], *Carb. veg.*[30]. Dec. 5. Worse with vomiting of dark grayish matter and mucous; chills precede attack; night sweats, *Arsen.* Dec. 9. Urine thick, acrid, whitish deposit, *Hydrast.* Dec. 18. *China*[6]. Dec. 29. *Titan.*[2], repeated three times a day. Relief. (E. Clark, N. E. M. G., Sept., 1873, p. 405.)

Nux vom. Mrs. R., had inguinal hernia of left side; irreducible by skillful manipulation. Vomiting of much fecal matter; singultus. *Nux vom.*[3] and 30th, cured completely in about three days. (S. H. Worcester, Trans. A. I., 1872, p. 341.)

Hæmorrhoids make their appearance while suffering from an attack of diarrhœa. *Collins.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.

Hydr. can. Hæmorrhoids. In cases of hemorrhage from piles where a small loss of blood is followed by excessive prostration, *Hydr. can.* will be efficient. (H. F. Hunt, M. I., v. 10, p. 146.)

Hæmorrhoids. Since birth of first child eleven years before, Mrs. D. has suffered with piles, bleeding but slightly and protruding at stool, which is followed by severe contractive pain in the anus and stitches up the rectum, lasting until exactly 5 P. M. each day, when the pain suddenly ceased. There was prompt relief from *Ignat.*[6]. (A. J. H. M. M., 1873.)

Internal Hæmorrhoids. Mr. M., æt. 55, constant tenesmus, with habitual profuse hemorrhage after stool. Has for years had more or less relaxation of bowels, and some prolapsus ani, with great suffering, the bowel was usually replaced by gentle pressure after local use of warm water. To liquify the stool and prevent descent of the gut he had used tepid injections, avoiding straining. Found large internal piles composed of erectile venous tissue, analogous to nævus, involving the mucous and deeper structure, pedunculated in form. The three largest were drawn upon separately by the vulsellum forceps, transfixed at the base by cross needles, the mucous membrane circularly incised and ligated with strong saddlers' silk; the needles were then withdrawn, having served to prevent the silk from slipping. The little tumors greatly distented, were pushed back, and hot flaxseed poultices applied, the strangulated parts coming away in six days. R. *Podoph.*[2c], in water, five or six times a day, during treatment. Cured. (M. Macfarlan, H. M., June, 1873, p. 511.)

Anal and Rectal Fissure. By W. Eggert. Pathology and treatment. (N. A. J. H., v. 22, p. 153; also, in Trans. of A. I.

Fissure of the Anus had existed for one year in a man, æt. 30. After the futile employment of several remedies he was cured by the internal use of *Ratan.*, in drop doses, every night and morning, combined with the local use of a glycerole of the same remedy. Twelve drops of the tincture to two drachms of glycerine. (G. C. Hibbard, A. H. O., May, 1873, p. 255.)

Fistula in Ano. Mrs. B., has aching, beating, throbbing pain in the lumbo-sacral region, with occasional perineal tumefaction, which discharged blood and pus; constipation, stools slipping back after much effort; great anxiety. R. *Silic.*[5m]. Cured. (T. D. Stow, H. M., March, 1872, p. 353.)

Worms. The *muriate of tin* has been successfully employed for worms. (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 430.)

Arsenite of Copper. Cured crampy pains in the lower bowels, accompanied by extreme vesical and rectal tenesmus; had to void urine often, with great suffering. (J. H. Marsden, H. M., Jan., 1873, p. 259.)

Cupr. ars. Cured attacks of excruciating pains in the bowels occurring every two or three weeks. (J. H. Marsden, Jan., 1873, p. 261.)

Liver.

Hepatic Affections. *Acon.* Black stools; high fever; dry heat; great thirst; restlessness; anxiety; moaning; plethora; sanguine temperament, lively character, brown or black hair and highly colored complexion; aggravation of symptoms from *midnight* to 3 A. M., and from 9 A. M. to *noon.*

Arsen. Painless black stools; painful bloatedness in right hypochondrium, with violent burning pain; violent thirst; anxiety; restlessness and general aggravation from midnight to 1 A. M. Lymphatic and scrofulous constitution.

Bellad. High fever; congestion of the head; pupils at first contracted, afterward dilated; insomnia; severe headache; vomiting of watery, slimy and bilious fluid; great thirst; hepatic region painful and sore to the touch; bilious temperament; especially suitable for diseases of women and children and persons of a mild temperament, with blue eyes, light hair, fine complexion and delicate skin; aggravation *after midnight*, and at 3 or 4 P. M.

Bryon. Bilious vomiting; bitter taste; white or thick yellowish coating on the tongue, or white or yellowish streak down the middle (*Leptand.* black or yellow streak down the middle); great thirst or only dryness of the mouth; nausea and faintness on sitting up in bed; inclination to *keep still;* soreness of the liver to pressure (*Bellad.* to touch); violent oppression of the chest, with rapid and anxious respiration; obstinate constipation; stools dark and dry as if burnt; after chagrin; aggravation from movement and at 9 P. M.; temperament nervous or dry, meagre and bilious; dark hair, eyes and complexion.

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Calc. carb. Often indicated in hepatic affections of scrofulous children; chewing motion of the jaws during sleep (*Bryon.* and *Helleb.*); scrobiculus swollen like a saucer turned bottom up; plethoric, lymphatic, scrofulous, cachectic constitution.

Cinchon. Painless black stools (*Arsen.*); painless diarrhœa, worse at night and after eating (*Ferrum*, worse after eating or drinking); pain in hepatic region as from sub-cutaneous ulceration, worse from touch; liver swollen; distended veins on the face and head; sensitiveness to external cold; great weakness and lassitude; aggravation of the complaint every second day, with shooting and pressive pains, swelling and hardness of liver and stomach, etc.

Digit. Stool gray, ash-colored, white as chalk; chilliness previous to stool; feeling of great emptiness in the stomach often previous to falling asleep; pulse very slow or irregular.

Hepar. Abscesses; after mercurial poisoning.

Kali bichr. White stools with dull pains in right hypochondrium, limited to a small spot.

Laches. After *Bellad.* or *Mercur.*, its correlatives, often comes to the rescue when *Bellad.* or *Mercur.* seems indicated, but fails; suitable for drunkards; hypochondriac region very sensitive to pressure; inability to bear anything tight around the waist (compare *Calc. carb.*, *Lith. carb.*, *Lycop.*, *Nux vom.* and *Spongia*); much flatulence; palpitation of the heart; abscesses in the liver (*Hepar*, *Kali carb.*, *Mercur.* and *Silic.*); pain when coughing, as if ulcerated; excessively offensive stools whether formed or not; aching pains in shin-bones; urine frothy (albuminous; *Chenop.*, *Lycop.*, *Seneg.*, *Thuya*) or dark, almost black (caused by an admixture of bile or blood, or by an excess of urea; *Helleb.*, *Leptand.*); a constant tormenting urging in the rectum without a stool (*Nux vom.* and *Sulphur*); urgency to defecate, but the constant pain is increased by the effort, and the patient is obliged to desist; bilious temperament; aggravation in afternoon, and after sleep.

This indispensable remedy has not generally received the attention that it richly deserves. By many physicians it has been almost entirely overlooked. Hering's proving of it will serve as a noble monument, "more perennial than brass," to perpetuate his memory.

Leptand. Clay-colored diarrhœa (*Mercur.*); stools of mucus, blood and black fecal matter; black, profuse, papescent, tar-like, very fetid stools, generally worse in the P.M. and evening (*Podoph.*, worse A.M.); yellow-coated tongue (*Podoph.*, white), and brown and

very dark urine (see *Laches.*); tongue thickly coated with a black or yellow streak down the centre (see *Bryon.*); aching pains in the liver; constant distress with frequent sharp pains in the lower part of the epigastrium and upper portion of the umbilical region; pain in transverse colon; hot, aching pain in the liver, extending to the spine, with chilliness along the spine; great burning distress in the posterior portion of the liver and in the spine (see *Podoph.*).

Lycop. Chronic liver-affections; after fright; obstinate constipation; incarcerated flatulence; chronic diarrhœa; complication with pneumonia; when breathing, fan-like motion of the nostrils; one foot hot the other cold;* foamy urine (see *Laches.*); crossness after awaking; aggravation from 4 to 8 P.M.; temperament lymphatic.

Mercur. Constipation with hard, tenacious and knotty feces, which cannot be expelled without straining (*Sulphur*); slimy or clay-colored stools (*Leptand.*); loose and dysenteric evacuations, with great and long continued tenesmus; profuse flow of tough saliva; very fetid breath (*Pulsat.*, putrid in the morning); gums spongy; moist tongue, with great thirst (*Pulsat.*, tongue dry as if burnt, yet no thirst); ulceration of the tonsils; swelling of the glands; hepatitis, the liver being very tender, with much jaundice; stitches in the liver; inability to lie on the righ side (*Kali carb.*, can lie *only* on the right side); sweat without relief; adapted to bilious fevers and hepatic diseases in lymphatic or scrofulous temperaments, and especially to syphilitic diseases; aggravation at night or in the evening.

Nux vom. Sensation of fullness in liver; pressure; swelling of liver; florid complexion, with yellow tinge; sour or bitter taste; constipation; great irritability and hypochondriac mood; awakes at about 3 A. M., and finally falls into a heavy, unrefreshing morning sleep; clothes feel too tight (see *Laches.*); after drugs and nostrums; aggravation in the morning and after eating; bilious temperament.

Podoph. Diarrhœa A. M., black stools A. M. (see *Leptand.*); stools green and watery, or natural, but exhaustive; jaundice in complication with gall-stones; then the pain extends from the region of the gall-bladder, and when at its height, it is mostly attended with nausea; fullness, pain and soreness in right hypochondrium; twisting pain, with sensation of heat in liver (*Leptand.*, burning); the patient is continually chafing and shaking the hypochondriac region; prolapsus ani; belching of hot, very sour flatus; tongue

* One *hand* hot, the other cold, compare *Digit.*, *Ipec.*, *Mezer.* and *Pulsat.*

coated white (*Leptand.*, yellow); emission of fetid flatulence; eructions smelling like rotten eggs (*tasting* like rotten eggs; *Sepia*, *Stannum*, *Sulphur*, *Tart. em.*, *Valer.*); supplementary to *Calc. carb.* and *Sulphur;* aggravation evening and before midnight.

Pulsat. Stools ever varying in their color (*Sulphur*, stools changeable); green, slimy diarrhœa, worse towards evening and in the night; no thirst; oppressed chest; lymphatic constitution.

Sepia. Pain confined to the liver; yellow spots on the face (see *Natr. carb.*); yellow saddle across the bridge of the nose; brown, yellow color of the eyelids; aggravation forenoon and evening; dark-haired persons.

Silic. Obstinate constipation; want of expulsive power in the rectum; hardness and distension in the region of the liver (*Sulphur*); abscesses (see *Laches.*); throbbing, ulcerative pain, worse from touch and motion; aggravation at night and during new and full moon (*Sulphur*); scrofulous diathesis.

Sulphur. Diarrhœa driving early and suddenly A.M. out of bed; diarrhœa, with frequent evacuations, chiefly at night, and often with colic, tenesmus (*Mercur.*), dyspnœa, shivering, weakness and fainting; whitish, greenish mucus, putrid stools; constipation, with hard, knotty (*Mercur.*), insufficient stools; frequent and often ineffectual efforts, with pressure on rectum (*Laches.*, *Nux vom.*), bladder (*Nux vom.*), and pain in arms; jaundice in psoric persons, with or without swelling, and hardness of the liver (*Silic.*); itching of the skin at night in bed; hectic fever; red lips; red tip of tongue; sleeplessness; after suppressed itch, rough skin; very forgetful, especially after *Mercur.*, *Nux vom.* and *Pulsat.* I have frequently found indicated, either before or after *Sulphur*, *Calc. carb.*, *Laches.* and *Lycop.;* aggravation in the evening or after midnight; during full moon (*Silic.*), and suitable for lean persons, especially if they walk stooped.

As *Laches.* is sometimes supplementary to *Bellad.* and *Mercur.*, so *Sulphur* is often supplementary to other remedies in general. It will frequently prepare the way for other remedies, even when it is not clearly indicated by the symptoms, and especially when apparently suitable remedies fail. *Sulphur* is doubtless the chief curative element found in the most celebrated mineral springs.

Zincum. Bitter taste in the fauces at night, and when belching, with liver complaints.

Electro-magnetism. While almost every other element in nature has been thoroughly proved, the remedial sphere of this powerful agent has not hitherto been accurately defined. But in certain morbid hepatic conditions it has often proved curative. I have repeatedly known it to produce, even when cautiously applied, great general debility and prostration. This condition may be one of its characteristics. See Prof. Frost's valuable report on the same subject, presented before the American Institute of Homœopathy in 1872.

Remedies for white stools (bile insufficient). *Calc. carb.*, *China*, *Copaiv.*, *Digit.*, *Hepar*, *Kali bichr.*

Remedies for light-colored stools. *Carb. veg.*, *Sulphur.*

Remedies for clay-colored stools. *Gelsem.* (creamy), *Leptand.* and *Mercur.*

Remedies for black stools (bile super-abundant). *Acon.*, *Arsen.*, *Camphor.*, *China*, *Cupr. ac.*, *Iris ver.*, *Leptand.*, *Mercur.*, *Dulcam.*, *Nux vom.*, *Podoph.*, *Stramon.*, *Sulphur*, *Tellur.* and *Veratr.*

Stitches. *Bellad.* Acute pain in the liver, worse from pressure (*Nux vom.*), breathing, coughing and lying on right side (see *Mercur.*); pains extend toward neck and shoulders; hepatic region sore to the touch (see *Bryon.*).

Bryon. Burning and stitching pain, worse from motion and contact (see *Bellad.*).

Calc. carb. Stitches in the liver during and after stooping.

Chelid. Stitches from the liver into the back (*Kali carb.*); crampy pain in the inner angle of right scapula (*Chenop.*, left); pain in the whole region of the liver, relieved by eating.

Chenop. Pain under left scapula; saturated, yellow, foaming urine (see *Laches.*).

Hepar. Stitches in region of liver when walking (*Natr. sulph.*).

Kali carb. Stitches in liver worse in the cold air; pain through to the back (*Chelid.*).

Kobalt. Stitches in the thighs from the liver.

Natr. sulph. Great sensitiveness of the region of the liver while walking, and to pressure; stitches in region of the liver while in the open air (*Hepar*).

Nux vom. Stitches worse from pressure (see *Bellad.*, *Natr. sulph.*), motion or contact.

Oxal. ac. Stitches in the liver relieved by deep inspiration (opposite to *Bellad.*).

Ran. bulb. Stitches in region of liver, extending into chest (*Bellad.*).

There are other remedies not mentioned in this paper. (H. V. Miller, Trans. N. Y. S., 1872, p. 226.)

Gall-stone Colic. *Ricin.*[3]. (Gonnard, Bulletin de la Soc. M. H., 1872; J. Pr., 1873, p. 138.)

Pancreas.

AFFECTIONS OF THE PANCREAS.

Catarrh of the Pancreas. General bad feeling; tired, depressed, sweetish or soapy taste; loss of appetite, all effects of an insufficient transformation of starch into sugar in consequence of the diluted pancreatic fluid.

Inflammation of the Pancreas. Increased saliva; empty eructation; gulping up of saliva, that is, pancreatic fluid changed by gastric juice; vomiting without nausea, in chronic cases mostly in the morning after breakfast; vomiting of food with or without saliva, seldom mixed with bile. At times the gall-ducts are likewise effected with some icterus. Sequela: suppuration, which may discharge into the jejunum; induration, in consequence of proliferation of the connective tissue and consequent destruction of the acini; syphilitic induration is rare.

The malignant form of inflammation attacks the cellular tissue and may be epidemic. The toxical form is mostly caused by the abuse of mercury.

Hypertrophy of the Pancreas is quite common, and consists in the formation of new acini.

Atrophy exists in various degrees, is found especially in middle age and later, and not seldom in combination with diabetes.

Softening is very rare and mostly the consequence of the use of well-water, containing iodine, as for instance the Adelheid's Quelle.

The *proliferation of the fatty tissue* takes place when in consequence of inflammation the pancreas has been destroyed and in its place connective tissue is substituted (cellular hyperplasia).

Fatty degeneration is a fatty metamorphosis of the epithelia and causes atrophy of the glands. In the primative atrophy the gland is filled with an emulsive juice consisting of cells and globules of fat. The acini disappear and the gland shrinks; its dilated duct contains usually pancreatic stones.

The *amyloid or colloid metamorphosis* makes the gland larger, resistant, pale, dry and brittle.

Cysts are found occasionally of different sizes, singly or numerously, with a clear or turbid, sticky content; they are probably dilated single acini which have been separated.

The diagnosis is founded more upon practical tact, than upon physical examination.

The catarrh of the pancreatic duct is best met by *Bellad.*, followed by *Merc. sol.;* in girls by *Pulsat.*, followed by preparations of *Calcar.* The concomitant symptoms must lead the choice of the remedy.

An acute inflammation of the pancreas we met in a woman who was suddenly attacked in the night with vomiting and diarrhœa, of white substance which consisted of saliva without any admixture of the contents of either stomach or bowels. As the woman was of a gouty nature, she received one drop of *Conium*, which at once set her all right. In fibrinous persons who have usually more fever, *Bellad.*, followed by *Hepar;* in hypinotic persons, after *Bellad.*, *mercurial preparations* are indicated. In lymphatic, scrofulous and tuberculous persons are indicated *Conium*, followed by *calcareous preparations. Calc. ac.* fits for erythematous persons or skin affections; *Calc. ars.* in collapse, in heart and kidney diseases; *Calc. carb.*, for lymphatic and chlorotic; *Calc. jod.*, for scrofulous; *Calc. phosph.*, for tuberculous; *Calc. ox.*, for melanous persons. If the catarrh extends to the biliary ducts with more or less icterus, *Bellad.* and *Mercur.;* in severe cases, *Digit.*, followed by *Aurum* are indicated.

The malignant or epidemic form requires first during the fever *Rhus tox.*, later *Calc. ars.*, if not softening or gangrene of the affected parts call either for *Kreosot.* or *Secal.*

The proliferation of the connective tissue hints to the *calcareous preparations.*

In suppuration is indicated *Hepar*, *Calcar.;* also *Silic.* in rhachitic persons, and *Baryta* in old people.

Bad consequences of the abuse of mercury are best counteracted by *Hepar;* if the bones are affected, *Mezer.*, followed by *Aurum*, and in poor constitutions: *Nitr. ac.*

An antidote to iodium is not known; if it has followed the abuse of mercury, even water cure does no good.

Hypertrophies yield to a long continued use of *calcareous preparations; Calc. ars.* fits especially for weakened constitutions. Intercurring inflammatory symptoms require one or the other of plants

mentioned above. Combinations with morbus Brightii call for *Nitr. ac.* as an intermediate remedy.

Atrophy requires a general treatment, and in combination with diabetes: *Phosph. ac.*

In *softening*, *Kreosot.*, and in the *fatty proliferation*, *Phosphor.*, and perhaps *Silic.* are the main remedies.

Cysts are of difficult prognosis. Main remedies are the various *calcareous preparations*, according to the different constitutions above detailed.

Pancreatic stones may cause colic if the hepatic ducts are drawn into the morbid process. *Bellad.* relieves the inflammatory symptoms, but the various *salts of Calcium*, *Kalium* and *Natrium* prevent further agglomerations and ease the passing off of the stones.

Cancer may be diagnosed by its general specific symptoms, the features of the face, the bad complexion, the time of aggravation after eating, the want of coffee ground like substances when vomiting; the dislocation of the organs in its neighborhood. *Phosphor.* is perhaps still the main reliance, especially in medullary cancer, without neglecting *Silic.* or *Calc. ars.*, especially when there is burning pain. (J. Buchner, H. Kl., 1873, p. 951.)

Pancreas, Melliturias Uraranium. Physiology shows that the pancreatic juice transforms starch into dextrin and sugar, cane-sugar in lactic acid, neutral fluid fat in a fine emulsion, coagulated albumen in soluble bodies, therefore under the influence of fermentation in sugar. For these reasons the pancreas has been thought of in connection with diabetes mellitus. In regard to the origin of diabetes there are two different views: the one lays stress upon the morbid changes in the pancreas (lungs and liver), the other considers it as a functional disturbance of the brain (corpora quadrigemina) and the nervous system, in the same way as morbus Brightii is found in connection with neuralgias, spinal diseases and atrophy of the corpora quadigemina. This latter view has especially been strengthened by the fact that, in several hundred cases of diabetes, no pathological changes in stomach, liver or pancreas where found as constant concomitants of this disease; these pathological lesions, if present, were therefore considered as consequences or as accidental.

The diagnosis of pancreatic affections is difficult; Lebert recognizes as a diagnostic sign the appearance of fat or oil in the feces, though as he likewise admits, in some cases notwithstanding the presence of this substance in the feces, post-mortem examination

showed a perfectly normal pancreas. A pretty sure diagnostic sign is *pressure in the stomach upwards.*

As doubtless we may recognize the fact that the less perfect the pancreatic functions are, the more dextrine and sugar must be transmitted into the chyle and lymph vessels, and when thus sugar is brought into the liver and from thence transferred through the right ventricle into the lungs to undergo its metamorphosis, it surely does not follow that the liver is the manufacturer of the sugar. The less sugar transmuted in the lungs, the more of it enters into the arterial circulation, and the more of it will, therefore, be excreted by the kidneys. We may say, then, that circumstances which favor the entrance of amylum into the blood, may it be in consequence of even insignificant functional disturbances of the pancreas (or liver, or lungs with tubercular disposition) cause diabetes mellitus. *Uranium* as a curative agent is yet little known. There exist some experiments of Drs. Köck and Buchner, also a monograph by E. T. Blake. (J. Buchner, H. Kl., 1873, p. 169.)

Kidneys.

Diabetes. Collection of all remedies used in the last fifty-one years (1822–1873) in this disease:

Arg. fol., one case relieved, followed by tuberculosis. *Arsen.* There are about three cases reported as cured by this remedy. *Ascl. vinc.* Five cases reported as essentially improved by it. *Canthar.*, one case improved, as reported by Goullon. *Carbol. ac.*, one case reported as cured by Hæseler. *China* and *Chin. sulph.*, one cure by large doses of *Chin. sulph.* *Coloc.* Case of peculiar, milky urine, which coagulated when standing, cured by repeated doses. *Cuprum* recommended, but no cures. *Digit.*, the same. *Hel. dioc.* Several cases reported as cured. *Hydr. hyper.*, one case cured. *Kali hydr.*, recommended. *Kreosot.* Three cures, and one improvement. *Laches.*, recommended. *Lycop.*, one cure. *Magn. usta.*, relieved in one case. *Magn. sulph.*, cured one case. *Mineral waters.* Vichey, Karlsbad and Gastein. Cures reported. *Moschus*, one case with impotence cured. *Nux vom.*, cured one case. *Phosphor.*, generally recommended. *Phosph. ac.*, nine cases reported cured. *Plumbum*, must be counted to the most important remedies in diabetes, although no cures have been reported in the homœopathic literature. *Ratan.*, case much improved. *Sulphur*, one case cured.

Sulph. ac., a case much improved. *Tereb. ol.*, caused sugar in the urine. *Uran. mur.*, causes sugar in the urine. Many cases have been cured or much improved by it.

Other remedies mentioned are: *Chlorof.*, *Curare*, *Morphium*, *Uran. nitr.*, *Fel. tauri rec.*, *Natr. bil.*, *Bovist.*, *Chimaph.*, *Eriger.*, *Eup. perf.*, *Geran.*, *Hydrast.*, *Senec.*, *Trillium*, *Natr. sulph.* and *Thuya.*

As dietetic remedies are mentioned: glycerine and especially *skim-milk*. By the use of the latter, several cases are repored as cured.

The following substances cause sugar in the urine: *Canthar.*, *Tereb. ol.*, *Opium*, *Morphium*, *Curare*, *Chinin.*, *Asclep.*, *Uran.*, *Arsen.*, *Plumbum*, *Mercur.*, *Antim.*

The principal remedies in diabetes are probably the following: *Carb. ac.*, *Kreosot.*, *Helon.*, *Hydr. hyper.*, *Phosph. ac.*, *Plumbum*, *Uran.* (Vichy, Karlsbad, Gastein.) Next to them in importance: *Arsen.*, *Asclep.*, *Canthar.*, *Coloc.*, *Cuprum*, *Magnes.*, *Moschus*, *Nux vom.*, *Ratan.*, *Sulphur*, *Sulph. ac.*, *Tereb. ol.*

Concomitant symptoms in the cases cured or relieved; tetter: *Sulphur;* herpes: *Magnes.;* arthritis: *Asclep.;* œdema and hydrops: *Argent.*, *Arsen.*, *Phosph. ac.;* chlorosis: *Arsen.;* excessive anæmia: *Uran.;* great weakness and emaciation: *Arsen.*, *Phosph. ac.;* noise in the ears and fainting fits: *Uran.;* discouraged: *Canthar.;* sad, avoiding company, inclined to weep: *Arsen.;* hallucinations: *Arsen.;* dim-sighted: *Sulphur;* yellow-greenish complexion: *Arsen.;* white tongue: *Helon.;* extreme dryness of the buccal cavity: *Arsen.;* changeable appetite: *Arsen.;* loss of appetite: *Canthar.*, *Sulphur;* vomiting of water: *Sulph. ac.;* sour stomach: *Uran.;* destroying the teeth: *Sulph. ac.;* cannot eat solid food: *Sulph. ac.;* pressure in stomach and pit of stomach: *Phosph. ac.;* watery diarrhœa: *Arsen.;* left lobe of liver lower down, sensitive to pressure: *Arsen.;* kidneys enlarged: *Arsen.;* pain in back and kidneys: *Phosph. ac.;* renal region sensitive: *Ratan.*, *Uran.;* renal pain drives him early out of bed and improved by motion: *Ratan.;* constant feeling of fullness in the region of the bladder: *Coloc.;* obtuse pressure in the region of the bladder: *Phosph. ac.;* urine clear like water: *Lycop.*, *Phosph. ac.*, *Ratan.;* pale greenish, ammoniacal: *Sulphur;* neutral: *Lycop.;* turbid: *Argent.*, *Arsen.*, *Coloc.;* resembling whey: *Argent.;* white: *Coloc.;* like milk, with filamentous, bloody coagula: *Phosph. ac.;* urine coagulates on getting cold in a milk-white gelatinous mass: *Coloc.;* dry, hacking cough: *Carb. ac.;* oppression, with palpitation of the heart:

Arsen.; palpitation: *Uran.;* ischias: *Asclep.;* pain in the limbs: *Ratan.* Dosis, mostly low dilutions; high dilutions often failed. (G. Oehme, H. Kl., 1873, p. 73, etc.)

Therapeutics of Diabetes. By G. Oehme. (N. A. J. H., v. 21, p. 506, and v. 22, p. 11.)

Diabetes Mellitus. Professors Cantani and Primavera, of Naples, report the most extraordinary success in their treatment of this obstinate disease. Their statements are in brief as follows:

First. Their patients have all, with rare exceptions, recovered.

Second. Stout persons have lost but little weight during the treatment, while spare ones have sometimes gained as much as twenty-five pounds.

Third. Though the urine has become rich in urea and uric acid, the patients have never shown symptoms of gout or urinary calculi.

Fourth. The treatment was also successful in arresting some instances of albuminuria that accompanied the disease.

Fifth. The cure consists in an exclusive meat diet, and by this term fish is also included; further, at each meal is to be taken *Lact. ac.*, ♏ij.–iv., in water ℥ vj. As a substitute for wine at dinner, alcohol ℥ ss., with water ℥ vj. is given.

Alcohol and *Lact. ac.* are designed to replace the saccharine and starchy elements of the food. To obtain a permanent cure it is necessary to persist in the treatment for several months after sugar has ceased in the urine. Then the patient may gradually return to a mixed diet. (A. M. C. Z.)

Diabetes Mellitus. Two cases successfully treated by pure *Lact. ac.*, two teaspoonfuls in a goblet of water, to be drank each day. Diet, beef or mutton, roast or boiled eggs, and water with a very small trace of brandy or whisky, and in one case bran bread. (J. Kitchen, A. J. H. M. M., v. 7, p. 87.)

Diabetes. The breath of diabetic patients has a particular odor rather acid, similar to that of drunkards. They smell of alcohol (de Mussy). Prof. Schulzen gives pure glycerine, twenty to fifty grmm. (six to twelve drachms), in two pounds of water, with some lemon juice. (N. A. J. H., v. 21, p. 420.)

Morbus Brightii. Gull and Sutton give the following essential points in regard to the pathology of this disease:

First. Morbus Brightii is characterized by a hyaline-fibroid formation in the finest arteries and capillaries.

Second. This abnormal change is combined with atrophy of the adjacent tissues.

Third. Probably this change takes place mostly in the kidneys, but may originate also in other organs.

Fourth. The atrophy of the kidneys is only a part of the disease.

Fifth. It may happen that the kidneys are little or not at all affected, while the marked alteration has made great progress in other organs.

Sixth. The degeneration of the finest arteries and capillaries is the primary and essential character of the disease called morbus Brightii with atrophy of the kidneys.

Seventh. The clinical appearances vary according to the organ which is primarily and especially affected. The change in the vessels, science can not thus far attribute to a previous alteration of the blood as a consequence of a deficient secretion of the kidneys.

Eighth. The kidneys can be extremely degenerated without the presence of cardio-vascular and other characteristic lesions, as in morbus Brightii.

Ninth. In old age, this morbid state may be extended through all the vessels.

Tenth. Although such changes are especially found in old age, yet the especial causes of the same are not known yet. (A. M. C. Z.; J. Pr., 1873, p. 290.)

Morbus Brightii. By Mercy B. Jackson. (N. A. J. H., v. 21, p. 411.)

Morbus Brightii. Three cases cured by *Ars. alb.*, given for months, night and morning, one dose, varying the dilutions and triturations. (Bæhr, A. H. Z., v. 87, p. 132.)

Bright's Disease of the Kidneys. Mr. W., æt. 49, dark complexion, of slender stature, carpenter and a hard worker. Jan., 1872. Had dizziness or a sensation of whirling in the head; bruised pain in the region of the kidneys when stooping or moving about; general weak feeling and want of energy. In March commenced passing bloody urine, accompanied with dull, aching pain in the renal region, and a drawing, cramp-like sensation in the direction of the left ureter, extending to the bladder; urine thoroughly mixed with blood and voided without difficulty. During the summer was under homœopathic, allopathic and eclectic treatment without good result. Nov. 1st. Visited patient. The urine consists of a dark red or blackish fluid, thoroughly mixed with blood, which, after standing, deposits a sediment resembling burnt

umber mixed with oil. In decanting, it adheres to the vessel like paint; at times it is bright red, and deposits a sediment of pure blood, at other times it is the color of strong chocolate, with a sediment like brick dust. He passes three pints of this urine per diem without difficulty.

Tenderness to pressure over renal region, with burning, smarting sensation, as if a hot poultice was applied to the parts; dull pain in back; contractive pain in region of left ureter, preventing him from straightening the body; vertigo, when lying quiet in bed; head feels as large as a half bushel; palpitation of the heart, relieved by change of position; sharp pains in region of kidney; sensation of constriction across the epigastrium; jerking of the lower extremities at night, so violent as to almost throw him out of bed; frequent shocks through the whole body; very wakeful, does not sleep five minutes some nights; much reduced in strength and flesh; good appetite, no thirst; bowels slightly constipated, stools scanty and very dark colored; skin pale and anæmic.

℞. *Tereb.*[6], three doses daily. Passed clear urine while taking this. ℞. *Natr. mur.*[30].

Nov. 23d. Sleeplessness; pain and stiffness in back, with restlessness; urine the same. ℞. *Rhus tox.*[30].

Dec. 4th. Little change; bad sleep; passes large clots of dark coagula with urine. ℞. *Lycop.*[30], night and morning for a week.

Dec. 21st. Sleeps better; burning, smarting in kidneys; dizziness; palpitation and fluttering of the heart. ℞. *Hepar s. c.*[30].

Jan. 6th. No better. Epithelial casts in urine. Nitric acid test shows albumen; very weak; cannot rest nights; renal pain worse; hands and fingers swollen, stiff; œdema of upper eyelids. ℞. *Arsen.*[3c]. Continued about the same under various remedies till April 10th, when I ℞. *Berb. vulg.*[2c], every six hours.

On the third day after taking this remedy, the patient was seized with a severe drawing pain in the region of the right kidneys (had never experienced any pain on this side before), which extended down the course of the ureter to the bladder and testicles, with frequent desire to urinate, passing small quantities of *clear urine.* While suffering thus, several dark cylindrical pieces, about an inch and a half in length, and of the diameter of a rye straw were discharged with the urine, after which the pain subsided, and with it all traces of albumen which had been so abundant; applied the Nitric acid test, but could discover none whatever; urine still remains bloody. ℞. *Sac. lact.*

April 19th. Improving.

May 9th. Urine clear of blood or albumen.

June 28th. Cured. (J. D. Johnson, H. M., Aug., 1873, p. 13.)

Albuminuria. Mrs. ——, during her first pregnancy complained of great lassitude and scanty urination. About seventh month urine examined showed an abundance of albumen; no dropsy. Cough worse when lying down, before 12 P. M. weakness from shortest walk; flushed face especially cheeks, afternoons; anxiety before a thunder-storm or during sultry weather, *Phosph. ac.*[2c], three doses a week was given. At ninth month the condition of the urine was unaltered; but still no dropsy. At beginning of labor patient sank into a semi-stupid state, out of which she could be aroused by shaking, but would soon relapse. If any answer could be forced from her, it was spoken with a thick tongue like one intoxicated. She had had no labor pains, but on examination per vaginam the os was fully dilated with the unbroken membranes protruding. The face was pinkish as if uniformly blushed, and the pulse was slow, full, almost 60. R. *Gelsem.*[2], and in water every fifteen minutes. Patient being put in an erect position to induce pains, in about half an hour the head was found in the perineum, and the membranes still unbroken. Slight twitchings of single muscles was noticed, and as she complained now of sharp pains running backwards and upwards (very marked in *Gelsem.*), the medicine was stopped. The pulse increased to 80, genuine pains came on and labor was successfully terminated. One month afterwards, albumen had entirely disappeared from the urine. (E. A. Farrington, A. J. H. M. M., v. 6, p. 423.)

Albuminuria. Scanty menstruation, heaviness, languor, drowsiness and albuminous urine, cured by *Helon.*[6]. (E. A. Farrington, A. J. H. M. M., v. 6, p. 332.)

Albuminuria of Pregnancy. In several cases where the patients have been dropsical with scanty urine, and a great deal of pain in the head (in one case, with these symptoms, patient had profuse erspiration, sleeplessness, feeling of bewilderment). *Ascl. syr.* relieved, except in the latter case the perspiration. (C. H. Burr, N. E. M. G., Sept., 1873, p. 416.)

General Debility. Least exertion exhausts, suffers from a sense of weight and oppression in the epigatrium. Always hungry, but little thirst. Stools in balls. Constant dull pain in the region of right kidney, and in the glans penis. Passes urine frequently, about a quart in twenty-four hours. Semen passes when straining at stool. *Can. ind.*[1x]. (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Renal Colic and Discharge of Calculi. *Nux mosch.* (Haubold, H. Kl., 1873, p. 23.)

Bladder.

Cystitis. Unmarried lady, æt. 27. Bilious temperament. Teeth ulcerate easily, feel loose and ache; pain in bowels after eating; moving about as from flatus; stool difficult to pass, and with much flatus; *urine very hot*, formerly sediment, but since so hot *no* sediment; pain in small of back when standing. *Lycop.*[1m], one powder removed all symptoms in a few hours, and there was no return. (C. M. Conant, N. Y. J. H., Sept., 1873, p. 323.)

Wind from the Bladder. *Sarsap.* A sickly looking child, a girl, æt. 3, was brought to my office from the country in the summer of 1872. The child had been in bad health several weeks. The symptoms of the urinary organs were most conspicuous. Two prescriptions had been given by me without any good result. The mother, an intelligent lady, finally stated that she was confident that every time the child urinated, *wind came with a noise from the bladder.* This symptom, which I never met with in practice before, at once directed my attention to *Sarsap.* (See Hering's new edition of the Materia Medica.) The other urinary symptoms corresponding with considerable accuracy. *Sarsap.*[2c], one dose was administered, and in a few days the case was in all respects very much improved. The symptoms mentioned permanently disappeared. (H. Ring, Proc. H. M. S., O., 1873, p. 11.)

Canthar.[12], given for a hæmorrhoidal affection of the bladder and prostata, cured also a *tendency to fear* and a *confusion of ideas*, so that he could not think clearly. (Gallavardin, N. A. J. H., v. 22, p. 242.)

Hydrast. An injection of the infusion of *Hydrast.* appeared to dissolve or render soluble coagulated blood in bladder. (E. Clark, N. E. M. G., Aug., 1873, p. 359.)

Constant desire to urinate, passing only a small quantity of pale colored water, without affording any relief. *Digit.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

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Painful Urination. Mrs. ——, æt. 45. Severe pain in kidney region; painful voiding of dark urine, accompanied with hot skin and headache; took *Nux*, *Canthar.*, etc., without effect; at 4 P. M. she took solution of tincture of *Polytr. junif*, teaspoonful each half-hour; next day well. This *Polytr.* has considerable domestic reputation in the cure of urinary troubles, especially of retention of urine and painful urination in old people. (A. M. Cushing, N. E. M. G., Dec., 1873, p. 548.)

Hysteria with Strangury. *Nux mosch.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Retention of Urine. Nov. 22. Miss B., æt. 22, had taken cold from getting wet; dry, hot skin; flushed face; severe pain over the eyes; dry cough, with severe cutting pain near apex of left lung; pain in head and lung aggravated by coughing. Nov. 25. Better, excepting head and cough. Nov. 26. Vertigo, worse on rising; twitching of muscles of the arm; spasmodic facial convulsions; risus sardonicus; catamenia every two or three weeks. Nov. 27. Severe pain in small of back, extending down and across the pelvis, like labor pains; pulse 110; face reddish-purple; tongue white, with red edges, but moist; bowels constipated; abdominal tenderness.

Nov. 28. Patient has not urinated for three days with no desire to do so; bladder undistended; great distress, tossing from side to side of the bed; symptoms all aggravated; pulse small and quick; dry skin; great thirst; dilated pupils; hurried speech; two ounces of healthy looking urine followed introduction of the catheter. R. *Morphium*, with gave no sleep. R. *Bellad.*, which relieved the head pain and restlessness, but still no urine came and the pubic tenderness. Continued. The ninth day came with no urine. Tenth day a slight discharge of menses lasting a day. Fifteenth day, A. M., R. *Nux vom.*, 6th and 30th, in alternation. She gradually became better, urinating freely the next A. M.

During the treatment I used *Gelsem.*, *Acon.*, *Bellad.*, *Cann. ind.*, *Apoc. can.*, *Bryon.*, *Hyosc.*, *Digit.*, *Sulphur*, *Canthar.*, *Coccul.*, *Nux vom.*, from the tincture to the 4m. Query. Was this a primary disease of the kidneys? Will some one give his experience and a clearer mode of treatment? (J. J. Griffiths, H. M., Feb., 1873, p. 329.)

Incontinence of urine in children. *Linaria vulg.* (Proc. H. M. S., Penna., 1873.)

Enuresis Nocturna. *Bellad.* Children with scrofulous glandular enlargement, starting, restless sleep, with moaning and screaming.

Calc. carb. Fat, flabby children with red face, who sweat and catch cold easily.

Caustic. Children with black hair and eyes who pass urine during their first sleep.

Cina. With worm symptoms and ravenous appetite.

Kreosot. When the urine flows during deep sleep.

Mercur. Children who perspire easily and whose urine is hot, acrid and sour smelling.

Petrol. Weakness of neck of bladder, urine drops out after urination, chronic blenorrhœa.

Plant. maj. Laxity of sphincters, urine pale, watery, and abundant; irritable bladder and frequent micturition.

Pulsat. Aggravation in autumn.

Sepia. with onanists.

Silic. in children suffering from worms.

Sulphur. Copious after midnight; pale, lean children with large abdomens, who love sugar and highly seasoned food, and abhor to be washed.

Thuya accompanied by warts. (S. Lilienthal, N. Y. J. H., Sept., 1873, p. 314.)

Enuresis. Two cases cured by *Verbas.*, 3d dec. (A. M. Cushing, N. E. M. G., Dec., 1873, p. 548.)

Enuresis. V. L., æt. 46, says: "I urinate every two or three hours and cannot retain my water. If I see any liquid poured from one vessel into another, or water running from the cistern or hydrant, I am seized instantly with an irresistible desire to urinate, and must immediately satisfy that urgent demand, or I should certainly wet my clothes." After using *Sulphur*2c, 30th and 1st, without success, five drop doses of tincture cured him. (A. B. de Villeneuve, H. M., Dec., 1873, p. 222.)

Male Genitals.

Intense burning the entire length of the urethra during stool. *Coloc.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Hydrocele cured by *Graphit.*30. Herpetic eruptions on the scrotum, in the groins, or on the lower extremities, either preceding or

Painful Urination. Mrs. ——, æt. 45. Severe pain in kidney region; painful voiding of dark urine, accompanied with hot skin and headache; took *Nux*, *Canthar.*, etc., without effect; at 4 P. M. she took solution of tincture of *Polytr. junif*, teaspoonful each half-hour; next day well. This *Polytr.* has considerable domestic reputation in the cure of urinary troubles, especially of retention of urine and painful urination in old people. (A. M. Cushing, N. E. M. G., Dec., 1873, p. 548.)

Hysteria with Strangury. *Nux mosch.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Retention of Urine. Nov. 22. Miss B., æt. 22, had taken cold from getting wet; dry, hot skin; flushed face; severe pain over the eyes; dry cough, with severe cutting pain near apex of left lung; pain in head and lung aggravated by coughing. Nov. 25. Better, excepting head and cough. Nov. 26. Vertigo, worse on rising; twitching of muscles of the arm; spasmodic facial convulsions; risus sardonicus; catamenia every two or three weeks. Nov. 27. Severe pain in small of back, extending down and across the pelvis, like labor pains; pulse 110; face reddish-purple; tongue white, with red edges, but moist; bowels constipated; abdominal tenderness.

Nov. 28. Patient has not urinated for three days with no desire to do so; bladder undistended; great distress, tossing from side to side of the bed; symptoms all aggravated; pulse small and quick; dry skin; great thirst; dilated pupils; hurried speech; two ounces of healthy looking urine followed introduction of the catheter. R. *Morphium*, with gave no sleep. R. *Bellad.*, which relieved the head pain and restlessness, but still no urine came and the pubic tenderness. Continued. The ninth day came with no urine. Tenth day a slight discharge of menses lasting a day. Fifteenth day, A. M., R. *Nux vom.*, 6th and 30th, in alternation. She gradually became better, urinating freely the next A. M.

During the treatment I used *Gelsem.*, *Acon.*, *Bellad.*, *Cann. ind.*, *Apoc. can.*, *Bryon.*, *Hyosc.*, *Digit.*, *Sulphur*, *Canthar.*, *Coccul.*, *Nux vom.*, from the tincture to the 4m. Query. Was this a primary disease of the kidneys? Will some one give his experience and a clearer mode of treatment? (J. J. Griffiths, H. M., Feb., 1873, p. 329.)

Incontinence of urine in children. *Linaria vulg.* (Proc. H. M. S., Penna., 1873.)

Enuresis Nocturna. *Bellad.* Children with scrofulous glandular enlargement, starting, restless sleep, with moaning and screaming.

Calc. carb. Fat, flabby children with red face, who sweat and catch cold easily.

Caustic. Children with black hair and eyes who pass urine during their first sleep.

Cina. With worm symptoms and ravenous appetite.

Kreosot. When the urine flows during deep sleep.

Mercur. Children who perspire easily and whose urine is hot, acrid and sour smelling.

Petrol. Weakness of neck of bladder, urine drops out after urination, chronic blenorrhœa.

Plant. maj. Laxity of sphincters, urine pale, watery, and abundant; irritable bladder and frequent micturition.

Pulsat. Aggravation in autumn.

Sepia. with onanists.

Silic. in children suffering from worms.

Sulphur. Copious after midnight; pale, lean children with large abdomens, who love sugar and highly seasoned food, and abhor to be washed.

Thuya accompanied by warts. (S. Lilienthal, N. Y. J. H., Sept., 1873, p. 314.)

Enuresis. Two cases cured by *Verbas.*, 3d dec. (A. M. Cushing, N. E. M. G., Dec., 1873, p. 548.)

Enuresis. V. L., æt. 46, says: "I urinate every two or three hours and cannot retain my water. If I see any liquid poured from one vessel into another, or water running from the cistern or hydrant, I am seized instantly with an irresistible desire to urinate, and must immediately satisfy that urgent demand, or I should certainly wet my clothes." After using *Sulphur*2c, 30th and 1st, without success, five drop doses of tincture cured him. (A. B. de Villeneuve, H. M., Dec., 1873, p. 222.)

Male Genitals.

Intense burning the entire length of the urethra during stool. *Coloc.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Hydrocele cured by *Graphit.*30. Herpetic eruptions on the scrotum, in the groins, or on the lower extremities, either preceding or

accompanying it, or when arising from suppression of cutaneous disease. (Nunez, N. A. J. H., v. 22, p. 249.)

Orchitis. Shootings up the entire cord; any motion of bed or clothing brought on throbbing in addition to the constant heavy, dragging pains. *Spongia*[1x]. (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Castration. Left testicle; later the right after syphilis. Sexual desire remains undiminished; erections perfect; emissions of some nature during coition. (H. S. Hofman and C. P. Seip, Proc. H. M. S., Penna., 1873.)

Prostatitis. *Sulphur*[30] and *Sepia*[3]. Mr. F., light complexion, sanguine temperament, married, æt. 29. In March, 1872, noticed occasionally slight pain in end of penis, particularly after exercise of arms; paroxysms became more severe and frequent, and were accompanied with constant urging to urinate, say every fifteen to twenty minutes; very little pain or burning during urination, but terrible tenesmns. Urine appeared normal.

As paroxysms became more severe, the pain was like drops of hot lead from prostate gland to end of penis; could sit with any pressure on gland; when pains would be very severe, great urging to defecation with feeling as of plug in anus; all pain relieved by straining, although ineffectual. Gave *Sulphur*[30], every morning, also cold hip baths. Continued *Sulphur*[30] for some weeks with benefit, followed by *Sepia*[3], every morning for five months, which cured the patient. (B. F. J, M. A., Oct., 1873, p. 474.)

Spermatorrhœa. Indications for remedies. (N. A. J. H., v. 22, p. 103.)

Spermatorrhœa. Emissions occured twice per week, with lascivious dreams, and were followed by lameness and weakness in the loins. *Phosphor.*, *Phosph. ac.* and *China* had no effect. *Selen.*[12], three times per week. Cured in four weeks. (J. T. Greenleaf, A. H. O., May, 1873, p. 258.)

Silic. (one dose dry). H. M., æt. 23, light complexion; seminal emission twice a week, between 3 and 5 A. M. Aching in sacrum; sweat of scrotum; heat in head; burning of the feet with sweat; weakness and heaviness of arms; melancholy; masturbation from eighteen to twenty-one years; aggravation A. M., and before an emission; *relieved after emission. Nux vom.*[2c], *Thuja*[2c], *Phosph. ac.*[2c], *Kali carb.*[2c], *Calc. carb.*[2c], useless. *Silic.*[2c], relieved. First improvement was marked by want of the usual aggravation before emission. (W. P. Wesselhœft, N. E. M. G., Feb., 1873, p. 53.)

Gonorrhœa. Mr. A., farmer, has gleet, has been treated allopathically for eighteen months. R. *Thuja*[6], three hours. In two weeks had urethral itching with slight discharge in the morning only. R. *Sulphur*[9], four hours. Cured in three weeks. (Sechrist, H. M., Aug., 1873, p. 36.)

Gonorrhœa. After six years (?) of chronic symptoms, namely: weakness, timidity, great nervous agitation, burning of soles of the feet and palms of the hands; shaking, twitching, and incessant movements of the inferior extremities, worse when he was quiet. The discharges were light yellow, not profuse. His intellect was weak, with loss of memory. *Tarant.* 12th, 20th and 14th cured him.

Gonorrhœa Secundaria. Since the invention of the urethroscope or endoscope by Désormeaux, it has been possible to observe the gradual and various changes which take place within the urethra during an attack of chronic gonorrhœa. Dr. Tarnowsky, in his lectures on venereal diseases (Berlin, 1872, A. Hirschwald), gives the following account: "In all muco-purulent and purulent inflammations of the urethra there is, beside a serous transudation, also a cell-infiltration of the sub-epithelial connective tissue; a perfect resolution has taken place, therefore, only when all these cells have disappeared, either through fatty degeneration or through absorption by means of the lymphatic vessels. Such a process lasts several weeks; in all this time the mucous membrane remains a locus minoris resistentiæ, liable to relapse by any little irritation, and thus it happens that, instead of a complete resolution, the cell-infiltration increases, forming a hyperplasia of the connective tissue of the mucous membrane; for each relapse increases the number of elements which constitutes the connective tissue; this proliferation compresses the openings of the lacunæ Morgagni, and thus the mucous membrane from the Orificium externum to the bulbus grows thicker; it loses its elasticity, appears hard and smooth, pale and glistening, and the glandular structure partly atrophies."

Or there has been complete resolution in the anterior portion of the urethra, while in the posterior part (pars prostatica et cavernosa) the morbid process continues until, by the proliferation of the connective tissue, the caverns are obliterated, so that at last the urethra appears like a thick, hard, unyielding cord. But there is also a true hypertrophy of the mucous membrane and its glandular apparatus, which appears in the form of papillary vegetation and

papillary granulation. So also can the obstruction of excretory ducts of simple and acinous glands lead to the formation of cysts and polypi. In rare cases there form also upon the mucous membrane fine granules of a pale-yellowish or gray color, similar to those formed upon the conjunctiva. Here, too, the retrograde metamorphosis of the tissue causes atrophy and cicatrices of the mucous membrane and contraction of the urethra.

There are also in persons who are subject to herpetic eruptions, little vesicles forming upon the urethral mucous membrane, which soon burst, and afterwards appear as little round ulcers. These are apt, especially in the anterior portion of the urethra, to coalesce and to secrete a scanty, whitish discharge similar to thin milk. This phlyctænoid gonorrhœa disappears usually in the course of a week and a half to two weeks, but may return again and again, innumerable times. This is the form of a chronic gonnorrhœa which may continue for years without ever causing stricture of the urethra. Though wiser by these researches in regard to the nature of the processes with which chronic gonnorrhœa drags along, they do not in the least make us wiser as regards its treatment. (Mossa, H. Kl., 1873, p. 132.)

Gonorrhœa and Buboes. After continued injections of various ingredients, and the internal use of capsules, the inguinal regions became inflamed and buboes formed. Two boxes of sublimate pills and the complete inunction cure brought the patient nearly to death's door. General emaciation, complete loss of appetite, weak pulse, restless nights, copious night sweats, large buboes, were the result of an eight weeks treatment. *Nitr. ac.*^{3}, three times a day, and cold water compresses upon the buboes cured the patient in the course of five weeks. (Hirsch, H. Kl., 1873, p. 147.)

Condylomata. *Merc. corr.*^{2} or 3d will cure two-thirds of all the cases of condylomata in children. Next to it comes *Thuya.* (S. P. Hedges, U. S. M. and S. J., v. 8, p. 443.)

Syphilis. After relating a case cured by *Merc. sol.*, the writer goes on as follows: Enough has been said to show that, however much syphilis has been studied during the present century in this country and in others, the disputable and doubtful points are still very numerous, and that we are very far from having attained absolute certainty in its diagnosis or success in its treatment. Indeed, there is scarcely one point relating to the history, diagnosis, pathology or treatment of the disease which is universally granted. As to the treatment one is almost forced to believe that it is impossible to come to a conclusion. Mercury is condemned as the parent of all the ills of syphilis, and it is extolled as the one medicine without which syphilis cannot be cured; and some who do not go so far as this, say that secondaries, at all events, are not to be cured without mercury. It is blamed for the severe diseases of the past; and the more protracted forms of the present are attributed to the want of the drug. By some it is said to act like syphilis on the system, but by others this is wholly denied. But from the tone some writers adopt, the conclusion must be come to that it is still a question whether any treatment is of avail; whether, in fact, cases of the disease should not be left to nature. Others, however, insist that nature never can cure unassisted, and of this opinion was Hahnemann.

One of the chief battles fought on the syphilis question, and one which always ends in a "draw," or in both parties claiming the victory, is on the venereal poison. John Hunter taught that there was one poison only; that that poison would cause every variety of gonorrhœal or syphilitic mischief; and that chancre could give gonorrhœa and secondaries, gonorrhœa secondaries and chancre, and secondaries gonorrhœa and chancre. But Hunter, some present writers insist, is wrong. There is not one poison in venereal disease, but two—the gonorrhœal and syphilitic. Other authorities, however, assert that there are three poisons: that of gonorrhœa, that of hard chancre, and that of soft chancre. And there is yet another set of authorities, and their view of the case is that there are four poisons—the gonorrhœal, and that from hard, soft and mixed sores, the mixed sore being a compound of the hard and the soft. The bulk of modern writers are what are called dualists on this question, not unicists; that is to say, they believe in the existence of two kinds of venereal sore, the hard infecting and the soft non-infecting, gonorrhœa being not considered in the argument.

Notwithstanding the strongly expressed and strongly defended views of the dualists it appears to me that John Hunter's opinion that there is one poison only in all venereal cases has never been disproved. At the same time it must be acknowledged that his view has never been wholly demonstrated.

Hahnemann studied syphilis very closely, and wrote much on it. So far back as 1788 he published a work entitled, *Instruction for Surgeons respecting Venereal Diseases, together with a New Mercurial Preparation*, a work which is included in Dr. Dudgeon's translation

of *The Lesser Writings*. And in his *Chronic Diseases* he refers frequently to syphilis and to the treatment which he considers best for it. As may be supposed the views developed in 1788, and at the date of his work on *Chronic Diseases*, are very different. In both works he recommends *Merc. sol.* as the best remedy; but whereas, when he first wrote on syphilis, he recommended that medicine to be given in doses varying from one grain to sixty, till not salivation but mercurial fever was induced, his later practice was to give one globule of the 30th potency for a dose, and not only so, but he taught that such dose was sufficient to cure, and that without repetition, a case not only of primary syphilis, but even of secondaries, if the latter disease was not complicated with psora. One of his doctrines was to the effect that chancre, so far from being a local sore, and one that could be extirpated by caustics and escharotics, was an effect and not a cause of constitutional contamination. He not only condemned, therefore, attempts to cure or remove sores and chancres by such means, but deprecated any interference with them at all. He never himself made use of any external means but tepid water ablutions. The longer the chancre lasted the less chance there was, he believed, of secondary symptoms, a lues venerea, as he called it, showing themselves. He accordingly gave medicine not to cure the chancre, but to neutralize the blood poisoning. When this object was gained, the chancre cured itself. When the system is infected, he says, "then it is that nature produces the chancre upon the primitively infected spot, with a view as it were, of hushing the internal affection."

Again, he says: "Secondaries never show as long as the chancre exists, and hence the folly of curing the chancre. As long as the chancre existed, the organism was yet tainted with the syphilitic virus, whereas the disappearance of the chancre, consequent upon the internal administration of appropriate remedies, was a sure sign of the internal disease having been completely and permanently cured. In my practice of fifty years' duration, I have never seen syphilis breaking out in the system whenever the chancre was cured by internal remedies without having been mismanaged by external treatment."

This doctrine of Hahnemann's as to the chancre being a proof of constitutional contamination, is one which is held by some of the best authorities of the present time—Cazenave, for instance, and Lancereaux, and Vidal. When one reflects for a moment on the period of incubation—two or three weeks—which elapses between

the infecting intercourse and the appearance of the chancre, it appears surprising that any other conclusion could be arrived at. And yet the doctrine is by no means generally held even now, and some of the best surgeons, both in France and England, maintain that the best treatment of chancre, if the treatment is commenced early, is the free use of caustics.

Hahnemann agrees with John Hunter in believing in one venereal poison only which is capable of producing gonorrhœa in one, and syphilis in another, and simple sores in a third. To this opinion will most probably come all who inquire into the subject. It is true that, at first sight, there is a marked difference between a purulent urethral discharge, a hard or soft chancre, a bubo, and secondary and tertiary symptoms, but they may be, for all that, manifestations of one poison, the differences depending on a variety of external circumstances. We do not say that there are two scarlatina poisons, though what can be more different than the case in which there is scarcely any fever or sore throat, a healthy looking roseate rash, and no other symptoms, and the case ushered in by violent vomiting, and followed up by a train of malignant symptoms, ending in collapse and death in twenty-four hours or less. Hahneman was also before his time in recognizing the fact of syphilitic affection of the internal viscera, the lungs, for instance, a fact only lately allowed, and strenuously denied by so eminent a surgeon as Sir Astley Cooper. Though maintaining the doctrine of one poison only, he (Hahnemann) knew that there was more than one description of chancre, as is proved when he says, "the earlier a chancre breaks out after infection the more it is disposed to inflammation; the later it appears, the more readily will the blood be inoculated by the poison." As to the incubation period, he makes it very short, and therein differs greatly from modern authorities. He makes it thirty-six hours, and says that it is rare that it is "several days." He must allude, one would think, to the soft, purulent, non-infecting chancre. Finally, he maintains that primary and secondary syphilis are among the few diseases not to be cured by the efforts of nature.

Notwithstanding, therefore, all that has been said against Hahnemann's teaching on the subject of syphilis, it is shown here that in many respects his views are those of the best authorities of the present time, and that great credit is due to him for having enunciated those views more than half a century ago. Had it not been for what he taught as to the treatment, so much discredit would

not have been thrown upon him. It is curious that the fact of chancres getting well under the use of a globule of the decillioneth potency of *Merc. sol.* did not make him doubt the truth of one of his data—that nature could not cure a case of chancre; and still more curious that the cure of secondary syphilis by the same dose did not force him to that conclusion. Hahnemann was a good observer, and we must take it for granted that chancres and secondaries recovered under his care, no other medicine being given by him than one single dose of *Merc. sol.* in the 30th potency. His conclusion that recovery took place by virtue of the action of the single globule administered may be reasonably challenged. If so, then we are driven to the alternative conclusion, notwithstanding the master's dictum, that nature can cure syphilis. (C. B. Kerr, B. J. H., 1873, p. 313.)

Chancre. Of eight hundred to a thousand cases, all were cured by *Merc. sol.*, 4th to 6th dilution, night and morning, one dose; in three or four weeks the chancre lost its specific character, and became a clean sore, which in from six to eight weeks healed without any symptoms of secondary syphilis following; in three cases, where large doses of mercury had been used, secondary syphilis followed. *Nitr. ac.* and *Kali hydr.* are necessary. (Schneider, J. Pr., 1873, p. 92.)

Syphilitic Ulcers. James M., æt. 35. Ulcerated sore throat; had syphilis four years ago; three large, deep ulcers, with bluish margins and red centres near root of tongue; tonsils nearly sloughed off; pain from taking the least nourishment; foul odor from mouth. ℞. *Nitr. ac.*[6]. Cured in two weeks. (W. T. Edmundson, H. M., May, 1873, p. 471.)

Syphilis. Ulcers, skin and membranes with creamy discharge; fine eruptions generally itching; pains in thigh, and bone pains; darting, burning, heavy pains, worst at night; ozæna offensive, scanty, containing blood and portions of carious bone; swelling of bones or periosteum. *Ars. jod.* 2d and 3d curative, with intercurrent, *Pulsat.*, *Mercur.*, etc. (C. F. Nichols, N. E. M. G., April, 1873, p. 149.)

Leprosy and Syphilis. *Impossibility of diagnosing leprosy from syphilis at Hawaiian Islands.* (C. F. Nichols, N. E. M. G., Feb., 1873, p. 62, and April, 1873, p. 149.)

Vaccino-syphilis. (C. B. Kerr, B. J. H., 1873, p. 427.)

Syphilitic Diseases of Children. (S. P. Hedges, H. M., Sept., 1873, p. 87; also, in U. S. M. and S. J., July, 1873.)

Tertiary Syphilis. Mrs. V., æt. 47. Accidentally injured the crown of her head, which developed periostitis and subsequent caries of the external table of skull. At a clinic of the Pulte Medical College last winter, she was operated upon, and the diseased portions of bone completely removed. Not long after a large ulcer appeared in the right clavicular region. Ulceration progressed with such rapidity as to excite grave apprehensions that the sub-clavian artery would become involved and death ensue. Subsequently another large ulcer presented over the anterior upper third of the right tibia. Marked symptoms were: rapid destruction of tissues; severe *burning* pains and *fetid ichor;* sallow countenance and emaciation. *Arsen.* 3d to 200th were administered beginning with lower, and gradually going to the higher potencies. Externally calendula lotion. For a peculiar bluish-red or livid appearance of the ulcers a single dose of *Laches.*[7] was given with immediate relief.

During the healing process of the tibial ulcer, a large spicula of bone was thrown out, and two small ulcers broke out beneath. *Arsen.* relieved the patient, but she subsequently died of carditis. (O. W. Lounsbury, M. A., Nov., 1873, p. 518.)

Tertiary Syphilis. H. A., æt. 40, American, builder, contracted syphilis twenty years ago, and passed through primary and secondary stages. Throat has been ulcerated and has had cutaneous eruptions of almost every type for past five years.

In June, 1872, was attacked with acute pain in neck and occiput, sensation as if a slab of iron pressed on his head, which continued night and day for a month, preventing sleep.

A swelling located itself on anterior part of right parietal bone, which was opened in Chicago, and patient was directed to wear compresses wrung out of cold water.

When taken sick patient weighed one hundred and sixty pounds, and at the time he presented himself weighed but one hundred and nineteen pounds.

In the early fall of 1873, presented himself to me, a fistulous ulcer was found at locality where first opened, leading to a carious condition of bone, from which a sanious pus escaped. There was also a large sub-periosteal swelling present over right parietal eminence, which upon being opened emitted a bloody pus, giving much relief. Pains aggravated at night.

Merc. protoj.[12] was given every four hours during the day for two weeks, with some relief. At the end of this time, severe

pains located in the frontal sinuses, worse at night, throat was inflamed.

Kali hydr., 3d trit., was now given, and successively the 2d and 1st trit. were tried for several days, with no apparent benefit. Finally the crude drug was given, five grs. in a half tumbler of water, and a teaspoonful given every three hours, from this time improvement dates.

Nov. 9th, 1873. There is an ulcer at site of old swelling presenting excessive granulation, about size of a nickel cent. Probing revealed dead bone, sesqui carb. of potash was applied locally to hasten exfoliation of bone.

Nov. 23d. A free incision over seat of diseased bone was made to facilitate removal of dead bone. The last named remedy was continued, and the wound was made to granulate from the base outward, which it did.

Feb., 1873. The patient is to all appearances well, no outward or other evidence existing of any remaining disease. Patient has gained largely in weight, and looks robust and hearty. (N. Schneider, O. M. and S. R., v. 7, 1873, No. 3.)

Ovaries.

Diagnostic signs of *ovarian disease* are according to Dr. Epps, swelling of the breasts and the retraction of the nipple. (A. H. Z., v. 87, p. 62.)

Miss M., æt. 20, about the close of catamenia, worked out of doors during a moist, drizzly day. During the night had agonizing pain in lower abdominal region; sent prescription, and two or three days after saw her. Pains continued, but less acute; tender spot over the left ovary; tongue heavily coated, white. ℞. *Cupr. ars.*[3], every two hours, followed by rapid recovery. (J. H. Marsden, H. M., Jan., 1873, p. 260.)

Chronic Ovaritis. Colored woman, æt. 42, suffered for twenty years, with pain in lower part of the abdomen; worse in the left ovarian region. Pains come on about 3 o'clock in the morning; relieved by motion and by eating; likes acid things; left ovary is tender to pressure. Before, during and after stool has pains. Leucorrhœa thick, yellow and burning. Vertigo with staggering when walking; feels very faint on getting up in the morning; has to lie with head high on account of shortness of breath. Menses

too early. Has stoppage of urine; it flows, stops, and then flows again. Cured by *Iodine*[1m]. (H. N. Martin, A. J. H. M. M., v. 6, p. 159.)

Diagnosis of Ovarian Tumors. By Prof. Spiegelberg. (N. A. J. H., v. 22, p. 165.)

Ovarian Tumor. Cured by *Apis*[40m]. (Piersons, N. A. J. H., v. 21, p. 553.)

A young woman, æt. 25, suffering for five years. Extreme weakness and lassitude; cannot walk much on account of the weakness and trembling of the legs, especially in the open air, when, however, the other symptoms are better. Worse in every respect from heat and warm weather. Walks bent over, with the hand applied to the right side. Sallow complexion, expression of suffering in face. Occasionally has a sharp pain like a stab in right pelvic region, obliging her to bend double and press strongly with her hand on the part. Appetite variable, mostly poor; sleeps badly, often wakes tired; catamenia too soon by one or two days, scanty, dark-colored, offensive, accompanied by almost constant, sharp, cutting pains, obliging her to bend double, screaming and tossing about in agony. Difficulty of breathing during menses. During the interval, yellow, thick, offensive leucorrhœa. Bowels constipated. A well-defined tumor in right iliac fossa, about the size of a cocoanut, elastic feel, but hard, immovable, and the seat of a cutting pain at intervals. During the attacks of colic, much bilious vomiting. Uterus prolapsed, inclined to left side; owing to pressure of tumor it was immovable. Under previous allopathic treatment the tumor had been punctured by trocar once or twice, developing fully its cystic character.

After four doses of *Coloc.* (one a week), the suffering at the menstrual period was much increased, though there was no flow. *Coloc.*[1m], single dose, made some improvement. A month after, *Coloc.*[100m], single dose, since which she has constantly improved in all respects; after five months the tumor could not be detected, and she feels well. (J. G. Gilchrist, M. I., v. 10, p. 632.)

Ovarian Tumors. A painful swelling of the breast about the size of a walnut, was cured in a fortnight with *Conium*[1]. Subsequently a hard, round tumor, the size of a large orange was discovered in the right iliac fossa. It reached to the median line of the abdomen, and was nearly joined by a similar hard round tumor growing up from the left iliac fossa. These tumors were hard, round, and slightly movable; hard pressure caused a little pain;

pains located in the frontal sinuses, worse at night, throat was inflamed.

Kali hydr., 3d trit., was now given, and successively the 2d and 1st trit. were tried for several days, with no apparent benefit. Finally the crude drug was given, five grs. in a half tumbler of water, and a teaspoonful given every three hours, from this time improvement dates.

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too early. Has stoppage of urine; it flows, stops, and then flows again. Cured by *Iodine*[1m]. (H. N. Martin, A. J. H. M. M., v. 6, p. 159.)

Diagnosis of Ovarian Tumors. By Prof. Spiegelberg. (N. A. J. H., v. 22, p. 165.)

Ovarian Tumor. Cured by *Apis*[40m]. (Piersons, N. A. J. H., v. 21, p. 553.)

A young woman, æt. 25, suffering for five years. Extreme weakness and lassitude; cannot walk much on account of the weakness and trembling of the legs, especially in the open air, when, however, the other symptoms are better. Worse in every respect from heat and warm weather. Walks bent over, with the hand applied to the right side. Sallow complexion, expression of suffering in face. Occasionally has a sharp pain like a stab in right pelvic region, obliging her to bend double and press strongly with her hand on the part. Appetite variable, mostly poor; sleeps badly, often wakes tired; catamenia too soon by one or two days, scanty, dark-colored, offensive, accompanied by almost constant, sharp, cutting pains, obliging her to bend double, screaming and tossing about in agony. Difficulty of breathing during menses. During the interval, yellow, thick, offensive leucorrhœa. Bowels constipated. A well-defined tumor in right iliac fossa, about the size of a cocoanut, elastic feel, but hard, immovable, and the seat of a cutting pain at intervals. During the attacks of colic, much bilious vomiting. Uterus prolapsed, inclined to left side; owing to pressure of tumor it was immovable. Under previous allopathic treatment the tumor had been punctured by trocar once or twice, developing fully its cystic character.

After four doses of *Coloc.* (one a week), the suffering at the menstrual period was much increased, though there was no flow. *Coloc.*[1m], single dose, made some improvement. A month after, *Coloc.*[100m], single dose, since which she has constantly improved in all respects; after five months the tumor could not be detected, and she feels well. (J. G. Gilchrist, M. I., v. 10, p. 632.)

Ovarian Tumors. A painful swelling of the breast about the size of a walnut, was cured in a fortnight with *Conium*[1]. Subsequently a hard, round tumor, the size of a large orange was discovered in the right iliac fossa. It reached to the median line of the abdomen, and was nearly joined by a similar hard round tumor growing up from the left iliac fossa. These tumors were hard, round, and slightly movable; hard pressure caused a little pain;

the little inconvenience from them was from their weight, which seemed out of all proportion to their size. The patient took *Graphit.*[12] for several months, and the tumors disappeared. *Graphit.* was given because of its known power to cure enlargement of the testicles. (Dudgeon, B. J. H., 1873, p. 183.)

Ovarian Tumors. After *Laches.* failed, general health improved under *Lilium;* the tumors diminished under *Platin.* (M. B. Jackson, N. A. J. H., v. 22, p. 93.)

Uterus.

Leucorrhœa. *Acolipha ind.*[3] cured a leucorrhœa in a consumptive patient, that was sometimes thick and sometimes watery. (C. Neidhard, U. S. M. and S. J., v. 8, p. 146.)

Therapeutics of uterine discharges. *Acon.—Bufo.* By Henry Minton. (A. J. H. M. M., v. 7.)

Uterine Displacements. By Prof. Schrœder. The cause of the normal position of the uterus lies in its total connection with the neighboring organs, so long as the position is not altered by changes in the organ itself, or through external causes. In pure versions the form of the uterus is normal, in flexions the cervix retains its normal position in the upper part of the vagina, and only the body of the uterus deviates by sharp deflection or by a round arch. In practice we mostly find mixed forms. Flexions are the most important anomaly as they may prevent gestation. (N. A. J. H., v. 21, p. 328.

Uterine Displacements. Lil. tig.[6] has good effects. Symptoms: anteversion; bearing down sensation in uterine region when standing, and sometimes when recumbent, with frequent, but sometimes ineffectual urgency to urinate and defecate, and frequent inclination to press the hand against the vulva or hypogastrium for relief; dragging down sensation, extending from epigastric region towards pelvis. (H. V. Miller, H. M., Feb., 1873, p. 344.)

Inversion of Uterus. After adherent placenta removed by force, complete inversion. Treated unsuccessfully with remedies. *Helon.*[30], *Nux*[2c], *China*[2c], *Sulphur*[2c], *Calc. ac.*[2c], *Bellad.*[30], *Secal.*[2c], *Sepia*, and pressure from rubber bags; reposition accomplished by instrument described. (N. E. M. G., May, 1873, p. 228; Mary J. Safford, N. E. M. G., May, 1873, p. 226.)

Inversion of the Uterus. By Dr. L. M. Pratt. Irregular labor; placenta came away with severe pains and considerable hemorrhage. On making an examination for any deciduous membrane, a large spherical tumor was detected protruding from the vagina. The doctor brought immediately the fingers of his right hand in the form of a cone, depressed the central part of the tumor with their points, carried his hands through the vagina, the uterine orifice, quite up to the fundus of the womb. Re-inversion took place with very little suffering to the patient, or loss of blood. (N. A. J. H., v. 22, p. 71.)

Uterine Hydatids. A lady, who had passed through a normal pregnancy fifteen months prior, experienced the return of her menses, six weeks having elapsed since the last period. This show continued only a few hours, then returned at irregular intervals, and in varied quantities, say every three or four days, for a month. At this time, after a brief cessation of the show, there occurred a free flow of menstrual blood, continuing twelve days, which on the twelfth day amounted to an alarming hemorrhage. From December 1st, the time this hemorrhage occurred first, until December 25th, there was more or less discharge of blood every twenty-four hours, which sometimes was of a dark menstrual color, and at other times of a pale color, like that which passes towards the close of the regular menstrual period.

During all this time, there had been none of the usual signs of pregnancy, and the most careful examination by the touch and speculum, failed to elicit any signs of hydatids. The os uteri was however somewhat open and soft, readily yielding to the touch, though of a normal color. The patient complained of much soreness and lameness of the pubic arch, so that she was unable to sit up but little of the time for three months, and at times during this period there appeared circumscribed, hard swellings in the lower abdomen, about the size and shape of an apple split in halves, sometimes in one side and at other times in the other side of the median line, and again directly in the median line, accompanied by a dull pain, increased by contact with them; the appetite and digestion were good and natural as in health. After the use of different remedies indicated, with no results but a temporary alleviation of some symptoms, tried the effect of Dr. H. Palmer's electro-voltaic pocket battery.

I applied the battery once internally with the womb instrument, and twice externally with the metallic brush, once in each of the

two days, following the internal application, aiming thus to excite a reaction, and so check the discharges, and reduce the swellings. About half an hour after the last application, the patient complained of severe bearing down pains in the uterus, and after two hours suffering, a mass of hydatids was discharged, followed by severe hemorrhage, nausea and vomiting. The mass when washed filled a pint and a half measure. For a week or two prior to this discharge, a slight enlargement of the uterus could be felt externally, as of a four months pregnancy. Four days after discharge of the hydatid mass a large mass of clotted blood was discharged, and in two weeks another smaller one, preceded and followed by the flow of a colorless fluid of about a pint and a half in quantity altogether, followed by faintness and coldness of the body, with no appearance of hydatids in these clots. (O. E. Goodrich, A. J. H. M. M., v. 6, p. 274.)

Uterine Polypi. Woman, æt. 54, plethoric, with frequent attacks of an apoplectic nature, headache, fainting fits; skin of a pale-yellow color; excruciating pains in the throat. Weight and lancinating pains in the womb and ovaries, extending through the whole lower part of the abdomen, hips and back; constant pain in liver, with hardness and œdema; during a stool a foreign body protrudes from the vulva; copious and frequent uterine hemorrhages; leucorrhœa reddish, extremely fetid; constipation and diarrhœa alternately. Treatment. Full cold bath of two or three minutes duration immediately after a copious perspiration produced by an alcohol lamp, which gave her great relief. *Conium*[6], caused after third dose an expulsion of the polypus, and *Conium*[15], the expulsion of another one after a severe aggravation. After following this with *Conium*[30], another aggravation followed with severe menorrhagia and the expulsion of three smaller polypi. Since then she gradually improved in health. (La Homœopathia, v. 1, p. 322; N. A. J. H., v. 22, p. 60.)

Uterine Polypi. Patient married, æt. 63, first growth removed by operation, reappearing with several others (in all thirteen), treated unsuccessfully by operation. *Sulphur*, *Calc. carb.*, *Thuya*, *Mercur.* and *Nitr. ac.* The two remaining polypi very sensitive; entire vaginal canal sensitive, presenting to touch a granular rough feeling, injection decoction of *Sanguin.* Disappearance of growths after one month. No return. (H. C. Spalding, N. E. M. G., March, 1873, p. 126.)

An *excrescence at the os uteri*, causing constant sanguineous stillicidium, and caused by syphilis, was radically cured by the steady use of *Merc. sol.*[2c]. *Thuya*[2c] produced only improvement. (Meurer, N. A. J. H., v. 22, p. 246.)

Menstrual Anomalies.

Excessive Menstruation. Mrs. ——, æt. 44, of rather large frame. Has in former years had good health and has always worked hard. May, 1872, applied for medicine, stating that her menses had been troublesome for two months. The flow had continued all through each month; discharge pale and watery, at first dark and clotted. General appearance somewhat exsanguined; mouth, tongue and lips pale. She always felt best when moving about. *The flow almost ceased as long as she was moving about at work, but as soon as she sat down quietly in the evening the flow reappeared and continued after she went to bed.* *Cyclam.*[2] relieved her promptly, and she improved in general health, and continued so, the menses returning monthly until March, 1873, when the troubles of last year reappeared. After two doses of same remedy she remained well. (H. Ring, Proc. H. M. S., O., 1873, p. 7.)

Menorrhagia much more quickly relieved by *Secal.* than by *Crocus;* but definitely cured by *electricity.* (C. Lederer, H. Kl., 1873, p. 98.)

Ustil. maid. cured the following condition: Mrs. ——, suffers from profuse menstruation, the flow lasting from ten days to two weeks, at first very abundant, gradually wearing off; always worse from motion. Discharge dark and quite painless. *Ustil. maid.*, 3d trit., twelve doses, one to be taken every evening, helped immediately; next period normal. (T. Backmeister, Trans. A. I., 1872, p. 498.)

Amenorrhœa. Mrs. A., æt. 18, black hair, pale face, irritable choleric temperament, always has headache, *feels tired and weak.* Headache always aggravated at menstrual period, with nausea and some vomiting. Was summoned to see her October, 1870. Pain was most severe in left temple, aggravated by motion and stooping, so that it felt as if it would split open; also when vomiting. A cataleptic condition followed, in which she was conscious, put without power to move or speak. Had similar spells on four different occasions previously (twice prior and twice since her marriage). *Bryon.*[3] relieved head symptoms, *Graphit.* succeeded and restored

menstrual flow. (W. F. Hocking, O. M. and S. R., No. 3, 1873, v. 7.)

Lac vacc. defl.[2c] restores the *menstrual flow when suppressed* from getting wet, etc. The indications are: the peculiar headache, always frontal and above the eyes, extending into the temples, one side worse affected than the other, with great nausea, less vomiting; great paleness of the face; utter prostration and languor. (Eggert, N. A. J. H., v. 22, p. 261.)

Characteristics of the Principal Remedies for Painful Menstruation. *Sabin.* Profuse menstruation, with colic and labor-like pains, blood partly fluid, partly lumpy; diminished discharge of red urine with strangury; disharge of slimy fluid from the vagina. Compare *Acon.*, *Bellad.*, *Ferr. met*, *Ipec.*, *Ignat.*, *Platin.*, *Pulsat.*, *Sepia*, *Staphis.*, *Sulphur*, *Zincum.*

Stramon. Excessive menstrual fluid, with drawing pains in abdomen, thighs and upper limbs. Compare *Acon.*, *Bellad.*, *Hyosc.*, *Mercur.*, *Nux vom.*, *Tabac.*, *Veratr.*, *Zincum.*

Magn. mur. Menses delayed with violent pain in small of back. Compare *Arsen.*, *Bryon.*, *Calc. carb.*, *Chamom.*, *Graphit.*, *Kali carb.*, *Lycop.*, *Magnes.*, *Sulphur*, *Pulsat.*, *Silic.*, *Ver. alb.*

Nux mosch. Menses too late, preceded by pain in small of the back, as if a piece of wood were pressing from within outward. Compare *Conium*, *Ipec.*, *Moschus*, *Opium*, *Sepia*, *Pulsat.*

Arg. nitr. Profuse menses, with cutting pain in the small of the back and groin. Compare *Alum.*, *Phosphor.*, *Arg. fol.*, *Pulsat.*

Chamom. Frequent discharges of coagulated blood, with tearing pains in the veins of the legs, and labor-like pains in the uterus. Compare *Acon.*, *Alum.*, *Arnic.*, *Arsen.*, *Bellad.*, *Borax*, *Bryon.*, *Cina*, *Coccul.*, *Coffea*, *Coloc.*, *Hepar s. c.*, *Hysoc.*, *Ignat.*, *Nux vom.*, *Pulsat.*, *Sulphur.*

Berb. vulg. Scanty menses, like gray mucous-like serum, setting in with chilliness and violent pains in small of back, pressing pains in thighs, lancinations in umbilical region, and tearing in the whole body. Compare *Aloes*, *Chamom.*, *Nux vom.*, *Pulsat.*, *Arsen.*

Sabad. The menses appear too late, with painful bearing down a few days previous. Compare *Hyosc.*, *Ignat.*, *Natr. mur.*, *Nux vom.*, *Pulsat.*, *Sepia*, *Staphis.*, *Sulphur*, *Ver. alb.*

Nux jug. Menses a fortnight too soon, with pressing, drawing pains in the womb, and loss of blackish coagula.

Borax. Spasmodic pressing and lancinating pain in the groin, during the menses. Compare *Chamom.*, *Coffea*, *Pulsat.*, *Sulphur.*

Graphit. Pain in epigastrium during the menses, as if everything would be torn to pieces, with labor-like pains, with eructations and stinging toothache. Compare *Acon.*, *Arsen.*, *Calc. carb.*, *Carb. veg.*, *Chamom.*, *Lycop.*, *Magn. carb.*, *Nux vom.*, *Phosphor.*, *Pulsat.*, *Sabin.*, *Silic.*, *Sepia.*

Nitr. ac. Labor-like pains and pressing down in the hypogastrium and thighs during the menses, with contraction towards the pudendum. Compare *Bellad.*, *Aurum*, *Calc. carb.*, *Cina*, *Hepar s. c.*, *Kali carb.*, *Lycop.*, *Merc. jod.*, *Mur. ac.*, *Natr. carb.*, *Opium*, *Phosphor.*, *Pulsat.*, *Rhus tox.*, *Sepia*, *Sulphur*, *Sulph. ac.*, *Thuya.*

Pulsat. During the menses, spasmodic, almost burning pains in abdomen; cardialgia during the menses. During the menses, pressure in the abdomen and small of the back, as from a stone, with disposition of the lower limbs to go to sleep, and ineffectual urging to stool. Compare *Agar.*, *Ambra*, *Ant. crud.*, *Angust.*, *Arnic.*, *Asaf.*, *Aurum*, *Bellad.*, *China*, *Chamom.*, *Colchic.*, *Conium*, *Cuprum*, *Ferrum*, *Ignat.*, *Ipec.*, *Laches.*, *Lycop.*, *Nitr. ac.*, *Rhus tox.*, *Sepia*, *Sulphur.*

Sulphur. Spasmodic pain in the hypogastrium, as if the intestines were strung up in knots, and scanty flow, with colic pain in the small of the back. 'Compare *Acon.*, *Bellad.*, *Calc. carb.*, *Cuprum*, *Mercur.*, *Nitr. ac.*, *Nux vom.*, *Pulsat.*, *Rhus tox.*, *Sepia*, *Silic.* (H. Minton, A. J. H. M. M., 1873.)

Dysmenorrhœa. Mrs. H., æt. 23, spare, delicate, menstrual pains sharp; cutting about waist; also dull pains. *Kali carb.*[9] relieved sharp pains whenever they occurred; the dull pain was not affected by the remedy. Miss J. B., menstrual pain in side, with constant urging to stool (stool of normal consistence); cutting pains in groins; dreaded being unwell from fear of sharp pains. *Nux vom.* and *Sen. aur.*[1] gave partial relief. *Kali carb.*, 9th sol., every hour or two at time of catamenia. Cured. (D. Hunt, N. E. M. G., Aug., 1872, p. 274.)

Hysteria with Dysmennorhœa. Miss C., æt. 16, native of Ky., of nervo-sanguine temperament, light-brown hair, blue eyes; daughter of a merchant. For the past four months has had violent attacks of hysterical spasms at the menstrual period, requiring the care of two or three persons to keep her in bed, and from injuring herself during the paroxysms. Had been treated allopathically, but with no permanent benefit. The mother re-

ported her condition, Oct. 14th, 1872, to be substantially as follows: Very scanty and painful menstruation since these attacks appeared. Formerly free and almost painless. Sensitiveness, with feeling of fulness and pain when going up or down stairs, through the hypogastrium. No appetite; bowels constipated; disturbed sleep. Melancholy, and aversion to seeing any one, with hyperæsthesia of all the organs of special sense. Frequent headache, with pressing pain in the forehead over the eyes, with constant aching and pains extending back into the head, and inability to keep the eyes open in strong light. All these symptoms alleviated by having the room darkened. Prescribed *Bellad.*[30], fifteen globules, No. 40, in half glass of water, two teaspoonful doses every three hours, except when sleeping, and to keep her room and be quiet as possible, renew the solution daily, and report in five days.

Oct. 19th, Mrs. C. called again, reporting the daughter greatly improved in health and spirits—more appetite; better sleep; less tenderness of the hypogastrium; less sensitiveness of the head and eyes to light and noise. Continued the medicine, four doses a day, at intervals of four hours, for one week, and then report—advice the same as to rest.

Oct. 27th, the father of Miss C. reported so much improvement that he regarded her health better than any time within the past ten months. Her appetite and spirits were excellent, and her mother thought if her next period should be natural, she would have no return of those "dreadful spells." About ten days yet remained. Prescribed *Sulphur*[30] and *Pulsat.*[30] to be taken. *Sulphur*, four globules, No. 40, at 8 A.M. and 3 P.M. for four days, to be followed by *Pulsat.*, same dose, at 8 A.M. and 8 P.M. until the next "period," and to be careful not to take cold. Nov. 7th, Mrs. C. called with the glad news of the natural return of the menses free, with but little pain or nervousness, and no symptoms of hysteria. It but remains to add, that there has been no return of hysteria to this date, March 12th. (M. H. Slosson, M. A., p. 73.)

Ver. vir. as a Hip-bath in Dysmenorrhœa (two ounces to the bath). Menses regular as to time, quantity and character, are preceded for three days by most terrible menstrual colic; the pains extend all over the body; head and face bloodshot; pains running into the head from the neck; pulsations in head, neck and carotides; sight disappears at times, and at others everything is moving in confusion before her eyes; tongue feels heavy, but is

clear and looks natural; great thirst; pulse full and bounding. (Eggert, N. A. J. H., v. 22, p. 258.)

Dysmenorrhœa. *Xanthox. Confirmations.* Abundant discharge; excruciating pain in loins and lower abdomen. (D. G. Woodvine, N. E. M. G., Jan., 1873, p. 22.)

Discharge at the menstrual period very watery: *Stramon.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Climacteric Complaints. Flashes of heat daily in frequent attacks, with nausea and loss of senses; pressure and fulness in the head; vertigo, cannot go alone in the street; swelling and going to sleep of the feet. Has been ordered alkalies and venesection. *Glonoin.*[30], in globules. Aggravation of the head symptoms. *Glonoin.*[30], in water, relieved, although there was still some slight aggravation after each dose. (A. Raron, A. H. Z., v. 86, p. 29.)

Vagina.

Vaginismus. Sims's operation and injection of *Calend.*, *Arnic.* and *Baptis.* internally successful. By E. Clark and D. (N. E. M. G., Aug., 1873, p. 355.)

Pruritus with Dysmenorrhœa. The hymen was found to almost close the vulvular orifice. Pruritus relieved by an incision, which was followed by profuse flow of dark, offensive blood. (Mary J. Safford, N. E. M. G., May, 1873, p. 222.)

Pruritus Vulvæ. With dryness and heat in the parts, intense itching of vulva and vagina, worse at night. *Tarant.*[1] to 2[m], Fincke, one dose, cured. (S. Swan.)

Vaginal Polypi. A woman, æt. 40, had, during the previous four years, a serous vaginal flux, and later she felt a tumor, which grew perceptibly larger; during the day, and while walking, she could feel it protruded from the vulva and pendant. Examination revealed two fibrous tumors, extending with a long attachment from near the sphincter uteri down either side of the walls of the vagina, and of an indolent character. *Thuya*[1], six drops in a glass of water, a tablespoonful twice, reduced the flux to a scanty discharge of a serous fluid, but it needed *Calc. carb.*[3], a spoonful daily for fifteen days for the expulsion of the tumors. She now enjoys perfect health. (S. M. Alvarez, N. A. J. H., v. 22, p. 62.)

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Thuya occ. A woman, after a fall injuring genitals, had a wart-

like growth on right labium, treated as cancer allopathically by sulphate of copper. In nine months the growth had reappeared; painful to the touch, bleeding easily, preventing walking. Examination refused. *Thuya*[2c], a dose once a week, cured in six weeks. (A. Berghaus, Trans. A. I., 1872, p. 339.)

Mammæ.

Phytolacca dec. in Mastitis. C. W. Biggers, of La Grande, Oregon, says in the *American Journal of Medical Sciences:* The following cases are stated as the *result of my experience* only with the remedy in question, and I trust that others may try it and report the result.

Case First. Mrs. H., on third day after labor with her second child; mammæ commenced swelling after an accumulation of milk. Did not see her until the symptoms were so urgent that there could be no mistake about the commencement of an abscess.

I pursued the antiphlogistic treatment, both general and local, until there was no promise of improvement; on the contrary, the case was continually getting worse. I then prescribed fluid ext. *Phytol. dec.*, gtts. xx., every three hours in water. A very marked improvement took place in twelve hours, and in thirty-six hours the patient was well. There was also a suppression of the lochia, which was also re-established.

Case Second. Mrs. B., whose child died a few hours after its birth, was attacked, after the secretion of milk took place, with inflammation of the mammary glands, from over-distention, and had the milk withdrawn very regularly, yet the case continued worse, threatening an abscess. I prescribed fluid ext. *Phytol. dec.*, gtts. xx., every three hours. Marked improvement in ten hours, and a complete recovery within thirty-six hours. There was also a suppression of the lochia in this case, which was re-established with the cessation of the mammary inflammation.

Case Third. Mrs. G., at the fourth month of pregnancy, was attacked with inflammation of both mammæ, severe pain, swelling, and very great heat, with severe rigors, amounting to a distinct chill. I prescribed fluid ext. *Phytol. dec.*, gtts. xv., every three hours in water. The symptoms all subsided, and the patient fully recovered within forty-eight hours, with no other treatment.

I have used the remedy above named in many other cases of mammary inflammation, and it has never yet failed in a single case.

Mammary Abscess. In cases of mammary, and other forms of abscess, characterized by the usual throbbing and great restlessness; in children, peevishness, *Ars. jod.* is of decided benefit. (Williamson, M. I., v. 10, p. 147.)

Mrs. ——, æt. 32, bilious, sanguine temperament, mother of two children. Breast suppurated and was opened twice under allopathic treatment. Had not rested for forty-eight hours, was feverish, right breast hard, swollen and tender. Applied *Apis* oil externally and gave mother tincture internally, giving every third dose, *Acon.* In twenty-four hours all hardness, soreness and pain had disappeared. (P. S. Duff, O. M. and S. R., v. 7, No. 4.)

Hard and painful lumps in the mammæ reduced by *Conium*[1m]. (N. A. J. H., v. 21, p. 553.)

Mrs. T., æt. 40, small painless tumor in the breast near the nipple. *Conium*[3]. Cured. (J. H. Nankivell, H. W., v. 8, p. 79.)

Cracked Nipples. Bathe the breast with lukewarm water, then sponge it with tannin, one grmm.; glycerine, ten grmms. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 89.)

Obstetrics.

Vomiting during Pregnancy. (S. Lilienthal, N. Y. J. H., Aug., 1874, p. 273.)

Vomiting of Pregnancy. Mrs. M. has three young children; second month of gestation; constant nausea, rejects everything; so weak as hardly able to sit up; very nervous; pulse quick and feeble; spasmodic uterine pain; had at one time tenesmus with dysenteric stools. ℞. *Cupr. ars.*, every two hours. Rapidly cured. (J. H. Marsden, H. M., Jan., 1873, p. 262.)

Cupr. ars. cured spasmodic uterine pains during pregnancy, with general debility. (J. H. Marsden, H. M., Jan., 1873, p. 264.) p. 264.)

Pruritus during Pregnancy. A woman was tormented with pruritus of the whole cutaneous surface, without eruption, during two pregnancies. Nervous spasms were induced by the itching; various treatments were unsuccessful; at length pyrosis and dental neuralgia were added, and smoking of tobacco was resorted to with complete and speedy success on both occasions. One cigar was

like growth on right labium, treated as cancer allopathically by sulphate of copper. In nine months the growth had reappeared; painful to the touch, bleeding easily, preventing walking. Examination refused. *Thuya*[2c], a dose once a week, cured in six weeks. (A. Berghaus, Trans. A. I., 1872, p. 339.)

Mammæ.

Phytolacca dec. in Mastitis. C. W. Biggers, of La Grande, Oregon, says in the *American Journal of Medical Sciences:* The following cases are stated as the *result of my experience* only with the remedy in question, and I trust that others may try it and report the result.

Case First. Mrs. H., on third day after labor with her second child; mammæ commenced swelling after an accumulation of milk. Did not see her until the symptoms were so urgent that there could be no mistake about the commencement of an abscess.

I pursued the antiphlogistic treatment, both general and local, until there was no promise of improvement; on the contrary, the case was continually getting worse. I then prescribed fluid ext. *Phytol. dec.*, gtts. xx., every three hours in water. A very marked improvement took place in twelve hours, and in thirty-six hours the patient was well. There was also a suppression of the lochia, which was also re-established.

Case Second. Mrs. B., whose child died a few hours after its birth, was attacked, after the secretion of milk took place, with inflammation of the mammary glands, from over-distention, and had the milk withdrawn very regularly, yet the case continued worse, threatening an abscess. I prescribed fluid ext. *Phytol. dec.*, gtts. xx., every three hours. Marked improvement in ten hours, and a complete recovery within thirty-six hours. There was also a suppression of the lochia in this case, which was re-established with the cessation of the mammary inflammation.

Case Third. Mrs. G., at the fourth month of pregnancy, was attacked with inflammation of both mammæ, severe pain, swelling, and very great heat, with severe rigors, amounting to a distinct chill. I prescribed fluid ext. *Phytol. dec.*, gtts. xv., every three hours in water. The symptoms all subsided, and the patient fully recovered within forty-eight hours, with no other treatment.

I have used the remedy above named in many other cases of mammary inflammation, and it has never yet failed in a single case.

Mammary Abscess. In cases of mammary, and other forms of abscess, characterized by the usual throbbing and great restlessness; in children, peevishness, *Ars. jod.* is of decided benefit. (Williamson, M. I., v. 10, p. 147.)

Mrs. ——, æt. 32, bilious, sanguine temperament, mother of two children. Breast suppurated and was opened twice under allopathic treatment. Had not rested for forty-eight hours, was feverish, right breast hard, swollen and tender. Applied *Apis* oil externally and gave mother tincture internally, giving every third dose, *Acon.* In twenty-four hours all hardness, soreness and pain had disappeared. (P. S. Duff, O. M. and S. R., v. 7, No. 4.)

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smoked every night, and sleep and comfort returned. (B. J. H., 1873, p. 383.)

Treatment of Abortion. By Prof. Dohrn. (N. A. J. H., v. 21, p. 489.)

Uterine Hemorrhage and Abortion. Read before H. M. S., Penna. (By W. D. Hall, H. M., July, 1873, p. 556.)

Protracted Gestation. Mrs. E. had three gestations of normal length, the first, third and fourth, but the second, fifth and sixth occurred on the two hundred and ninety-fourth, three hundred and eleventh and two hundred and ninety-eighth days respectively. The last delivery was hastened with the colpeurynter and Barnes's dilator. Children healthy, from two to four pounds heavier than those of normal gestation. (J. T. Talbot, N. E. M. G., Jan., 1873, p. 23.)

Protracted Gestation. Case of gestation for three hundred and four days. (A. R. Thomas, A. J. H. M. M., v. 6, p. 349.)

Reproduction during Gestation. Cases in evidence of. (R. C. Allen, A. J. H. M. M., v. 6, p. 347.)

Pregnancy in the Aged. (*Lyons Medicale. Phil. Med. Times.*) Dr. Meynart has communicated to us the following case which has fallen under his own observation: A lady died at the age of eighty-five having had four accouchments. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one. These three persons, the two eldest of whom have been married, and have several children, still enjoy the most excellent health.

Tests of Dr. T. J. Hutton's rule of prediction of sex in utero, that "when the fœtal pulsations number 144 per minute, it is a female; when 124 per minute, it is a male; five or six beats either way not influencing the result, providing the examination be made during the ninth month of pregnancy," with doubtful results. (S. Swan, A. J. H. M. M., v. 6, p. 308.)

Pulsat. in Malpresentations. In thirteen cases of fœtal malposition, *Pulsat.* has produced evolution and head presentation.

In May, 1870, examined Mrs. C., then eight months pregnant; found a breech presentation. Gave *Pulsat.*[30], five pellets in half a tumblerful of water, one spoonful to take every six hours. Evolution was accomplished in a week, and the child born at full time by the head.

March 2d, 1871, examined Mrs. H., who was expecting her confinement in a week; found a trunk presentation, back in front, head to the right. Gave *Pulsat.*[30], as before. She being out of town, did not see her for five days, when I found the evolution so nearly accomplished that no further anxiety was felt. Continued the medicine, and on the 10th she was delivered by the vertex of a fine, healthy girl, after a short and favorable travail.

March 15th, 1871, examined Mrs. McL., who expected her confinement daily; found a breech presentation. Gave *Pulsat.* In three days found vertex presenting. She was delivered on the 23d, with a very rapid labor; nurse said the head presented. Did all these changes occur from natural causes? *Sepia* will bring a prolapsed uterus into place, sometimes in a minute, when recently fallen. I used *Sepia* instead of replacing with the hand; why may not *Pulsat.*, contracting two sets of uterine muscles, change the fœtal position? We ask the profession to falsify or verify this theory. (Mercy B. Jackson, H. M., Jan., 1873, p. 274.)

On the Uses and Abuses of the Waters in Labor. The uses of the waters so called in labor are varied and important. They subserve different offices in the different stages. In the first stage they serve—

First. To shield the child from direct contact and pressure of the uterine walls, and the uterine walls from direct contact and pressure of the salient portions of the body of the child. Considering the average duration of this stage, even within the definition of natural labor and the liberty of body movement granted to the mother, and the intensity and caprices of her emotions in this stage, this office of the waters has an importance we can scarcely appreciate.

Second. They float the cord for this most protracted stage, and therefore preserve it from danger of compression between the womb-walls and the salient parts of the fœtus.

Third. They keep the uterine wall at the seat of placental connection outspread, and thereby defend the utero-placental circulation from a dangerous degree of constringing force and consequent curtailment of the utero-placental currents. Every pain interrupts more or less the in and out flow of these currents even with the waters intact; but when the uterus is emptied of its waters, the interruption is very decided, and in labors of protracted first stage, is the only rational explanation of the still-born births so common.

Fourth. They act through the bag of membranes, which they force down within and through the circle of the os, mechanically to assist the process of dilatation.

Fifth. They make possible and practicable and comparatively safe manual manipulation in utero.

On the completion of the first stage they begin their proper office in the second stage. Assuming their enclosed membranes become broken at this time, they subserve other and no less important purposes.

First. Trickling down in the intervals and spurting down during the pains, they cool and lubricate the soft parts, liable to become heated and dry and tender by the pressure and friction incident to the progress of this stage.

Second. Their gradual withdrawal thus from the cavity of the uterus give to its fibres increased power, and thereby shortening the duration of this stage.

Nature's ideal of the functions of the waters in labor is fully realized only when they remain intact until dilatation or dilatability has been fully attained, and when at the inception of the second stage their membranes break and they gradually draw away and become spent only with its close, signalized by the birth of a living, perfect child.

Their abuses also are various and entail on child or mother loss, injury and danger:

First. Breaking them anterior to full or near completion of the first stage. For except to correct presentation or position, or for artificial delivery, or except in the exceedingly rare cases of abnormal quantities of the waters, or of hemorrhages or convulsions, or intractable uterine inertia, or impending powerlessness, or for the induction of premature labor, this is unfortunate, and may prove calamitous. It is true they sometimes break spontaneously before this, as they sometimes do before labor is begun, from varied causes, from inherent weakness of membranes at some point, from unequal pressure, from irregular or violent uterine contractions, from faulty presentation or position, or faulty decubitus or violent co-operative, voluntary effort, some deflection from the normal relation of the axes of the womb in the axes of the superior strait. Yet, from whatever cause, occurring spontaneously, it is an accident and not a conservative expedient or alternative of nature.

Therefore, voluntarily to break them in the excercise of obstetric art, anterior to the near completion of the first stage, except in the exigencies mentioned, is an indisputable abuse for which the impatience or discouragement, or pleading for an aid on the part of the parturient woman or her friends, or hosts of business engagements on the part of the obstetrician, is and can be no satisfactory apology and expiation.

Second. In case of their breakage sooner than the near completion of the first stage, to grant to the patient such liberties of movement and position as will prematurely draw the waters away —as for example, promenading the floor, taking position on her knees, straining on the commode, or protractedly sitting or rocking in her easy chair. This is a very common and very reprehensible practice.

Third. Deferring their breakage until the second stage is far advanced or even completed. This is sometimes unavoidable from one not being in time; but it does sometimes occur in the presence of the obstetrician, from want of attention or misjudgment as to the rate of the progress of labor. As a result of obstetric negligence or misjudgment, it is an abuse full of peril both to child and mother; for, besides the loss to both of the great advantages of their breakage at the proper time, the sudden emptying thus of the womb of child and waters together subjects the mother to the risks of hemorrhage and shock, and the child to asphyxia.

Fourth. Though broken at the proper time, not securing their proper escape in the progress of delivery in sufficient quantity to cool and lubricate the parts, or materially lessen the distension of the womb, until it is emptied by the delivered child. It is by no means an unusual occurence for the circle of the cervix to so firmly grasp around the advancing part of the child, or the advancing part to be so firmly ensheathed in the soft parts within, and at the outlet of the pelvis, as to effectually bar the escape of the waters until simultaneously with the completed delivery of the child. Such a condition involves the dangers just named, and demands the interference of obstetric art, to the extent of gently pushing back the advancing part in the intervals of the pains, joined with such changes of the patient's decubitus as will facilitate this manipulation, and aid the accomplishment of the end to be attained. (J. C. Sanders, Proc. H. M. S., O., 1873, p. 89.)

Disease as Modifying Labor. By weakening the system, the pains though often distressing from the hyperæsthesia present are weak, and produce very slight contraction. This latter fact distinguishes this state from retarded labor caused by malpositions or deformity. Here ergot often fails. Another cause of delayed labor is protracted mental or bodily exertion. Ergot fails; rest is the remedy, secured by the appropriate medicines. Rigid

os is best treated with *Act. rac.*, *Gelsem.*, *Lobel.*, Barne's dilators and chloroform. (J. H. Marsden, Proc. H. M. S., Penna., 1873.)

Pathological Conditions and indications for treatment in cases of irregular actions of the uterus during labor. (W. Owens, M. A., p. 530.)

Cim. rac., will hasten parturition; cardiac neuralgia. (Kirkpatrick, H. M., April, 1873, p. 447.)

Secale in Labor. Wernich experimented with ergotin and found in all cases the bladder filled to the utmost. We must, therefore, examine the bladder before applying the forceps, and catheterizing after the use of *Secal.* is always a safe precautionary measure. (N. A. J. H., v. 22, p. 275.)

Placenta Prævia. When the os is dilated, force through the placenta, deliver with instruments. If the os is rigid, use the tampon until dilated, then deliver by version or instruments. (M. Friese, Proc. H. M. S., Penna., 1873.)

Hemorrhage, Abdominal in Complicated Labor. Mrs. ——, æt. 32, in primipara. Has enjoyed generally good health.

An examination per vaginum, after slight pains had existed for four or five hours, revealed the os uteri dilatable with reasonable prospect of a good labor. Palpation of abdomen revealed the coexistence of a large tumor, apparently attached to the uterus by a narrow pedicle two or three inches long. The tumor could easily be moved around in the abdomen, but could not enter the pelvis because the gravid uterus excluded it. The patient had supposed her's was a case of twin pregnancy.

At an examination two hours later the os uteri was found more soft and dilatable, some of the liquor amnii had passed away, the vertex presented in the first position (left occipito-iliac) and all was passing along harmoniously, except that there seemed to be but little expulsive power.

Two hours later her pains suddenly left her, and she became faint and very sick at her stomach. Her abdomen seemed bloated, her pulse feeble, quick, scarcely perceptible, a cold perspiration covered the skin, and she complained of general "distress," with ringing in the ears. From this state she did not rally, but continued to sink until within an hour and a half, from the time her labor pains first subsided life became extinct.

At the *post mortem*, as soon as an incision was made through the parietes of the abdomen, blood gushed out forcibly and in large quantities. Clots were also found in the abdominal cavity. A *fibroid*

tumor, with its long diameter from above downwards, revealed itself, attached to the right ovarian ligament by a small pedicle nearly three inches in length. Tumor weighed five pounds. The uterus was found intact, with no signs of rupture. (L. Pratt, U. S. M. and S. J., v. 8, p. 237.)

Metrorrhagia a quarter of an hour after delivery, the placenta still remaining. Blood in large clots; the womb dilated, soft. After the removal of the placenta, the flooding still continues; the woman has fainted away, is pale as death; pulseless, and extremities cold as ice. *Crocus*, twenty drops of the tincture in half a glassful of water; a tablespoonful in short intervals brought on contraction of the womb and cessation of hemorrhage. (Camillo Lederer, H. Kl., 1873, p. 97.)

Post-partum Secondary Hemorrhage, occurring not earlier than the third day after delivery. Dangers arise from the absence of premonitory symptoms, septicæmia from putrefying clots, metritis, etc. Causes are portions of retained placenta, preventing uniform uterine contraction, and hence that of the maternal vessels. I prefer not to remove the placenta if firmly adherent, thinking its retention the lesser evil. If hemorrhage is severe, inject solution of perchloride of iron. When coagula are the cause, *Pulsat.*, *Secal.*, etc., are generally preferable to manual operations. Emotions, derangement of innervation, disturbances in the equilibrium of the circulation are also potent causes. (J. H. Marsden, Proc. H. M. S., Penna., 1873.)

Ustil. maid. In several cases of menorrhagia, and in one case of abortion where the flowing had lasted several days, *Ustil. maid.* diminished the hemorrhage, which ceased in six hours. (H. K. Bennett, N. E. M. G., Sept., 1873, p. 413.)

Uterine Hemorrhage. Hot water, used as an injection, is particularly efficacious in preventing the flow. (F. H. Mann, A. J. H. M. M., v. 7, p. 130.)

Puerperal Fever. Cases illustrating the diseases as an epidemic in connection with erysipelas. (G. C. Pitzer, A. H. O., April, 1873, p. 205.)

Puerperal Convulsions. Remarks on sixteen cases. (J. Ellis, A. H. O., April, 1873, p. 211.)

Puerperal Melancholia. Case cured by *Ignat.* and *Cimic.* (A. F. Hobbs, A. H. O., April, 1873, p. 210.)

Puerperal Hysteria and Mania. Mrs. X., æt. 25, short and fleshy; a little while before had lost a child a few months old. Was

talking incoherently about things on which evidently she had been brooding; would speak to her dead child as though he were alive and present; would make gestures as though she were clasping him to her. She would scream and clutch her breast or some other part of her body as though in pain; again she would laugh sardonically, or would push her husband away with looks, gestures or words of disgust, or would toss about the bed so violently that she could hardly be held there. *Cimic.*, five drops in a half glass of water, a teaspoonful every fifteen minutes. In an hour the patient was asleep. The remedy was continued at longer intervals as improvement continued for two days, when she was well. (W. W. Tufts, M. I., v. 10, p. 294.)

Puerperal Convulsions. Mrs. A., primipara, æt. 25, nervo-sanguine temperament. Found her suffering from excessively keen preparatory labor pains, with nervous excitement. *Coffea*[6] quieted the pains from morning until 3 P. M. Pains returned with flashes of light before her eyes. Pains regular and sufficient, face flushed, pulse strong and somewhat quick. *Bellad.*[3] was given, labor progressing favorably until head reached perineum, when a violent convulsion ensued. Family became greatly alarmed, and the husband hastily brought two allopathic doctors.

Meantime the child was born, placenta removed during short intervals between three more quickly succeeding convulsions. The allopaths drew a half basin full of blood. Still the convulsions occurred regularly, and after a second bleeding they were as violent as before. Brain growing more and more congested, face livid, breathing heavy and no return of consciousness between paroxysms.

After two hours the allopaths left the woman to die. I took tincture of aconite root and dropped twenty-five drops over the scalp. Convulsions ceased, the natural color of face returned and consciousness was restored. Puerperal insanity succeeded for two weeks. In four weeks she was about the house. (H. Ring, M. A., July, 1873, p. 280.)

Puerperal Convulsions. A stout woman after cathartic pills had convulsions during labor. Skin moist and warm, rush of blood to face, vessels resembling cords, eyes rolled up and back, head and spine curved backward, pupils were much dilated, abdomen thrust forward and upward; trembling, shuddering, groaning, then contortions, jerkings of dreadful clonic spasm; thumb and wrist inverted; spasm lasted five minutes, followed by deep coma; no

spasm during expulsive efforts, but several minutes after, true labor-pain during free intervals. *Bellad.*[2c]. No spasm for an hour, pain increases; child born in two hours; only one more severe spasm. (O. P. Baer, Trans. A. I., 1872, p. 221.)

Puerperal Convulsions, before and after delivery with forceps, coming every ten minutes; unconscious during intervals, or delirious with swearing, obscene language; condition lasting for about seven days. Very gradually relieved by *Bellad.*[2]. (R. B. Bush, Trans. A. I., 1872, p. 208.)

Puerperal Convulsions. Spasms commenced with rigid contractions, mouth drawn downward to one side, head turned far back and to the right; later, jactitation of limbs and body; livid face and frothing at mouth; stertorous breathing, tongue swelled and bloody. *Opium* tinct. relieved; after *Bellad.*[30], *Opium*[2c], *Opium*[30]. M. S. Briry, N. E. M. G., Aug., 1873, p. 348.)

Puerperal Eclampsia. Mrs. T., æt. 29, after confinement has pain in left side of head and eye, then blindness and unconsciousness; later, anguish about the heart, face leaden in hue; thick saliva; peculiar sensation at the root of the tongue; paroxysm passed off with a sigh after several minutes; paroxysms became more frequent and lasted longer, coming during sleep or when awake. The "spells" cause mental terror at the time, is conscious during the paroxysm, but cannot move, eyes open and immovable. *Coccul.*[6], in water, three times a day for three days. In four months cured all but occasional reminder of old symptoms. (O. B. Gause, Trans. A. I., 1872, p. 1872.)

Puerperal Convulsions. Mrs. ——, æt. 28, sunstroke two years previous to confinement from which she had ever since been confined to her bed. Convulsions two hours after delivery. After twelve hours patient comatose, great heat in occipital and cervical regions; no moisture in mouth; pulseless. *Laches.* sol., 6th or 10th. Relief. (E. P. Colby, N. E. M. G., July, 1873, p. 315.)

Puerperal Convulsions. A woman, æt. 18, very stout, primipara, after cathartics, had puerperal convulsions not ceasing after child was born. Pulse 120, pallor, sunken eyes, pupils much dilated; muttering; borborygmus; comatose; spasm; throws legs and arms about; stretching legs and arms at right angles with body; trembling; pulse working rapidly; eyes turned inward and upward; head bent back over to left; left hand and foot turned to left side; tongue quivering, coated dirty yellow, unctuous; the spasm would scarcely relax, when it would run into another; more than thirty

having occurred, finally stopping very suddenly for ten minutes. *Opium* was given. Only three light spasms followed. (O. P. Baer, Trans. A. I., 1872, p. 225.)

Puerperal Convulsions. A woman, æt. 32, during fourth labor, was harshly manipulated in attempts to dilate os, became excited, scolded, struck, spat about her, cried and laughed, face flushed, pupils dilated, in great terror; then spasms as follows: writhing and floundering in manifold gyrations; every muscle in play, especially flexors and extensors. Pudendum swollen, tender; os uteri tilted back, dilatable. Child was born during the spasm. *Stramon.*[2o] was given; then three lighter spasms, and no more. (O. P. Baer, Trans. A. I., 1872, p, 226.)

Phlegmasia Dolens. Mrs. J., æt. 26. One week after confinement, pain and swelling in the left leg; limb pale white color, and considerably swollen below the knee; hard, knotty swelling, a little below the popliteal space, which was intensely painful when touched, or when the limb was moved. *Pulsat.*[3], fomentations and rest. Cured. (A. E. Hawkes, H. W., v. 8, p. 260.)

Non-ligation of the Funis. Of one hundred consecutive cases, in which I practiced non-ligation, ninety-one cases did well; hemorrhage inconsiderable and soon ceasing. In three cases, hemorrhage so copious in spite of "stripping" process, the ligature was immediately used. In three cases, hemorrhage from thirty minutes to two hours after birth. In three cases, copious and persistent oozing. In the last cases the ligature was finally applied. I see no advantage in the disuse of the ligature. Colic was as frequent and severe in the case of non-ligation as is the average for those treated in the usual manner. (J. H. Woodbury, N. E. M. G., Jan., 1873, p. 20.)

Asphyxia Neonatorum. *Acon.*, if the child is hot, purple, pulseless, breathless, as if apoplectic. *Bellad.*, *red* face, with congestive eyeballs; *Arnic.*, if the child appears bruised, or the mother has had a long, painful labor. After *Acon.*, *Opium* if the pulse remains imperceptible, face purple; *Tart. em.*, if pale and the pulse returns, but breath does not; *Lauroc.*, face *blue*, with gasping. *Laches.* after useless *Tart. em.* (E. A. Farrington, N. E. M. G., March, 1873, p. 111.)

Soap and Lard. *Their relative value in the toilet of the neonatus.* Reflecting on the purposes of the unctuous coating, called the caseosa, found on the skin of the child at birth and on the many ills peculiar to early infantile life, the question has often been

asked me whether or not the ordinary mode of washing the newborn child could not in some way be improved. After much discussion with mothers and nurses on this subject, I have come to the following conclusion: for eight, and even nine months in the year, in this cold climate of corresponding average temperature, lard, fresh and free from salt, is far better than soap for the general toilet of the first month. The reasons are obvious on a moments reflection. Soap removes from the skin all its protecting, oily secretion, and renders it more delicate and more sensitive to irritation and cold. Lard, on the other hand, while it removes from the skin all its caseosa, and therefore thoroughly cleanses it, substitutes an unctuous protection and renders the skin soft, warm, and therefore better protected, both against irritation of friction and its own discharges, and variations of temperature. Children thus treated, suffer less in their toilet, rarely take cold, rarely snuffle with catarrh, and rarely suffer from colic or cramp. Of course, the little faces of these little ones may be washed with soap, fragrant or otherwise that they may be the more presentable at the mother's first greeting and caressments. (J. C. Sanders, Proc. H. M. S., O., 1873, p. 91.)

On the Food of Infants. Enjoin upon mothers to eat, sleep and be merry; avoid over-work, over-heating, anger, sudden outbursts of passion of any kind, and strive to be orderly in all things.

A mother over-heated or angered should always milk out the first milk after such conditions, and persistently avoid nursing her babe until she has cooled off.

The infant, physically speaking, is every *whit* of the mother, bone of her bone, and flesh of her flesh; hence whether attached to the placenta, and consequently in her body, or applied to the breasts outside, the source and character of the nourishment is the same.

The proper food for infants, mother's milk not being obtainable is *cream*. I use it as follows: take newly-drawn cow's milk, put it in a shallow pan, let it stand two hours and no longer, then skim and mix with boiling rain water, in quantities in accordance with the age, strength and character of the ailment of the babe, one-third cream, sometimes but one-fourth, and when the babe is vigorous and well, half cream will often be demanded. Enough loaf sugar may be added to just give the mixture a taste of it. The cow's milk should be taken in the morning, after the animal has been quietly reposing all night.

In place of a nursing-bottle or spoon, I prefer a half pint mug with long lip. Rubber-nipples are to be rejected. If a spoon is used, use a silver one.

For wearing apparel take flannel next to the body from head to foot, with high neck and long sleeves, thick in winter and thin in summer.

A cool water bath may be given when needed, but in all infant bathing *never use soap*, egg water as simple pure water is all that is needed. (O. P. Baer, M. I., v. 5, p. 25.)

Profuse Secretion of Watery Milk which the child refuses to take. *Calc. carb.*[30], every four hours, corrected flow and nature of the milk in a short time. (Gounard, Bulletin de la Soc. M. H., 1872; J. Pr., 1873, p. 138.)

Spine.

Spinal Irritation. Excessive hyperæthesia; a slight touch along the spine provokes spasmodic pains in the chest, and indescribable distress in the cardiac region; at times the heart feels as if twisted over; an intense pricking headache, as from thousands of needles, the body burned all over, headache better by *rubbing it against the pillow;* she trembled so she could hardly talk. Cured by *Tarant.*[2c]. (E. A. Farrington.)

Spinal Affection. Mr. M., æt. 32, married, has hard, hoarse cough, with but little expectoration; pains nearly all over the front part of chest, worse from coughing and motion. For several years tenderness of lower cervical and upper dorsal spinous processes, with stiffness of neck; aggravation from every exertion or strain upon the spine; pressure upon the diseased portion of the spine produces pain there, as well as all through the chest, with irritation to cough. *Secal.* was given and removed all the chest symptoms in a few days. (M. I., v. 10, p. 633.)

Spinal Curvature. The spine from fifth to twelfth vertebra bent backwards, the lung dorsal muscles in this region atrophied. The patient, a boy, æt. 11, cannot stand erect, is bent forward, and supports his body by putting his hands upon his knees. On sitting upon a chair he supports himself by holding fast to the back of the chair, on sitting upon the floor his head sinks down upon his knees. His hair is thin, of slow growth; urethra reddened; belly enlarged (pot bellied); nose always stopped up. *Thuga*[3c], one

dose. A month after this much better; moves about more handily, and can sit erect in a chair for a short time, and then the improvement continued, but the restoration of the back to a normal state took about two years. (C. Kunkel, J. Pr., 1873, p. 169.)

Calc. phosph. Rhachitis and difficult dentition. (Schüssler, A. H. Z., v. 86, p. 82.)

Coccydynia. Burning, smarting, leucorrhœa, and painful uneasiness in the coccyx, relieved by standing, getting a great deal worse by the slightest movement, sitting or lying on the bed, or by the least pressure. Three doses of *Tarant.*[2c], every other day cured in three days. (A. A. Gonzales, Madrid.)

Motory Apparatus.

Rheumatic Fevers. In the last months of 1872, rheumatic fevers were prevalent, and were characterized by the following symptoms: drawing, tearing pains in the limbs; worse at night, with constant change of position, worse in lying on the back; lame feeling in lower extremities; frequent desire to urinate; fever worse at night; vertigo, occipital pain; tension in nape of neck and between the shoulders; diarrhœa; erysipelas bulbosum, etc. *Rhus tox.* In those cases in which the 30th potency cured, it resulted as quickly as the 3d potency. In some cases, however, only the 3d gave relief. (C. Kunkel, J. Pr., 1873, p. 237.)

Rheumatic Fever. Mr. ——, æt. 30. Two hundred and forty pounds; had quinsy first "from left to right tonsil." Cured with *Apis.* Within seven days has taken *Bryon.*, *Rhus tox.*, *Sulphur* and *Nitr. ac.*, each one dose. The profuse sweat of hippuric odor, which suggested *Nitr. ac.*, is now less, stiffness of limbs less, pulse soft, 120; much flatus, hard to expel; anus feels as if constricted; incarcerated flatulency below right side of diaphragm; respiration short and quick, worse from deep inspiration and talking, relieved by lying on affected spot, but pains compel him to lie on back; urine dark, cloudy sediment; from *cold water* stitching pains are worse in chest, even amounting to a kind of spasm; less when water is taken. (This symptom is an important indication to be found in Bönninghausen's small Repertory left out by Hempel.) Dr. Lippe prescribed *Thuya.*[2c]. (Reported by J. Heber Smith, N. E. M. G., Oct., 1873, p. 448.)

Rheumatic Fever complicated with Epilepsy. May 15th.

In place of a nursing-bottle or spoon, I prefer a half pint mug with long lip. Rubber-nipples are to be rejected. If a spoon is used, use a silver one.

For wearing apparel take flannel next to the body from head to foot, with high neck and long sleeves, thick in winter and thin in summer.

A cool water bath may be given when needed, but in all infant bathing *never use soap*, egg water as simple pure water is all that is needed. (O. P. Baer, M. I., v. 5, p. 25.)

Profuse Secretion of Watery Milk which the child refuses to take. *Calc. carb.*[30], every four hours, corrected flow and nature of the milk in a short time. (Gounard, Bulletin de la Soc. M. H., 1872; J. Pr., 1873, p. 138.)

Spine.

Spinal Irritation. Excessive hyperæthesia; a slight touch along the spine provokes spasmodic pains in the chest, and indescribable distress in the cardiac region; at times the heart feels as if twisted over; an intense pricking headache, as from thousands of needles, the body burned all over, headache better by *rubbing it against the pillow;* she trembled so she could hardly talk. Cured by *Tarant.*[2c]. (E. A. Farrington.)

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Rheumatic Fever complicated with Epilepsy. May 15th.

Miss H.; delirious all night; has severe headache; pain in neck and extremities; rheumatic fever; pulse 115; ℞. *Bellad.*[3], and *Rhus tox.*[3], every half hour.

May 16th. Better. Medicine continued. In the evening was called in haste; the heart had stopped beating; no pulse; unconscious; she soon rallied; since the A. M., the rheumatic pains had set in in the left foot, with erysipelatous redness on its dorsum, with great sensitiveness to touch; immediately before the "spell" the pain and redness in the foot disappeared, while the left hand and arm got numb; examination of the arm and hand showed real anæsthesia; ℞. *Laches.*[8], every half hour. In fifteen minutes after taking the medicine the anæsthesia left the hand and arm, the pain and redness returning to the left foot. The next night the patient had a similar attack. The case was now given into allopathic hands.

July 1st, P. M., was called to the same patient. Found her in a severe epileptic fit which had lasted about an hour. The fit had set in with a violent scream; body bent, as in "trismus," aching from the hips to the head, both legs being drawn up. Rheumatic pain in left knee; cannot straighten leg; knee joint painful on pressure; ℞. *Laches.*[8]. Next morning no change. The next night found the patient in an epileptic fit. During the day the rheumatic pains had shifted from the left to the right knee; pain in the left, slight in the right, oppressive; both legs are contracted; ℞. *Laches.*[2c] and *Pulsat.*[2c], in alternation. The next day found patient dressed and cured. (A. Putsch, H. M., Sept., 1873, p. 58.)

Bryon. Rheumatism with pain attended with numbness, ameliorated by lying on the affected part. (C. Preston, H. M., Jan., 1873, p. 296.)

Cim. rac. Muscular rheumatism, acute rheumatism with cardiac trouble; suits females better than males. Dysmenorrhœa, with nervous headache, great irritability, severe pain in back and *through the hips, which passes down back of thighs.* (*Pulsat.*, opposite). Chilliness precedes the discharge, and continues until it is well established; flow is scanty and slightly coagulated in persons who are disposed to rheumatism, or who are inclined to be irritable, peevish, and low spirited. Good in after pains, when there is too great sensitiveness to the pains. She complains of almost constant pain (*Bellad.*, pains intermit), restless, cannot sleep; dull pains in head, or *severe pains in right side of head, back of orbit;* suppression of lochia, or it is watery, mixed with *small* clots (*Bellad.*, large clots); she dislikes to be moved; least noise aggravates her sufferings; womb does not seem to contract properly; great tenderness on pressure. Has cured several cases of headache where there was pain in right side back of orbit; pain is intense, and may be described as *agonizing;* dark spots appear before eyes; there is often stiffness of neck with nervous irritability; cannot bear pain without moaning. (Hunt, H. M., April, 1873, p. 446.)

Actea as a Remedy for Rheumatism. The rheumatic pains simulated by the action of *Actea* upon the healthy subject are neuralgic rather than inflammatory in character. The pain comes on suddenly. Sensation of muscular cramp and of dull, heavy, aching pain, radiating from the lower dorsal vertebra outwards and downwards. It is in muscular rheumatism that *Actea* is *a priori*, a remedy in rheumatism; especially in persons whose nervous systems have been more or less wrought upon by mental anxiety or physical exertion is it most serviceable. Such persons are liable to suffer from neuralgia in any form, and when it assumes that of neuralgia (relieved by rest and increased by movement, we may resort to *Actea* with much confidence. (A. C. Pope, M. H. R., v. 17, p. 217.)

Rheumatism. Severe rheumatic pain in the left shoulder and right hip-joint. It seemed as though *it would be impossible to raise the arm* but the effort *increased the pain very little.* The pain in the hip seemed to be in the posterior part of the acetabulum. *Carb. ac.*, three drops of 1st dec. dil., cured in two days. (E. C. Price, A. H. O., Sept., 1873, p. 470.)

Rheumatism. Rheumatic pain in the right shoulder. It does not pain to move the arm. *Carb. ac.* cured.

A young lady had *omodynia* last spring, affecting both deltoid muscles, for which she had taken *Bryon.*, *Rhus tox.* and various remedies without effect. I prescribed a single dose of *Ferrum*[2c], which very soon entirely relieved the pain, and she felt no more of it until this fall, when there was a recurrence of the rheumatism, but this time only in the left deltoid. When moving the arm the pain was violent and lancinating, causing her to cry out. Two doses of the same remedy completely relieved the omodynia, and there has been no return for nearly three weeks. (V. Miller, Trans. N. Y. S., 1872, p. 610.)

Articular Rheumatism. Worse from slighest motion. *Ferr. phosph.*, 4th trit., every three hours. Well in a few days. (A. Plate, A. H. Z., v. 72, p. 159.)

Rheumatism. Lacerating, jerking pains in lower extremities that seize the patient as soon as he falls asleep; irregular action of the heart and valvular murmur from rheumatic metastasis, with deadly pallor in face. *Laches.* (J. Heber Smith, N. E. M. G., July, 1873, p. 313.)

Rhodod. Miss M. W., chronic sufferer from rheumatism was seized about 6 P. M., with tearing, cramp-like drawing in the forearms as if in the periosteum, during wet cold weather; violent tearing, boring pain in left shoulder joint, with prickling in fingers; *Rhodod.*[2c], relieved. (J. Heber Smith, N. E. M. G., May, 1873, p. 220.)

Rheumatism. Acute. A lady, æt. 30, had chilliness with aching in the bones, followed by headache and high fever. Her tongue showed the red stripe (Searle). *Ver. vir.* was given as above. Cured in a few hours. (J. T. Greenleaf, A. O., May, 1873, p. 258.)

Rheumatism. R. G., æt. 35, had acute inflammatory rheumatism, with painful swelling of the knees and ankles, and high fever. The tongue showed a red streak through the centre, with a coating upon either edge. *Ver. vir.*, cured in three days. (H. M. Dayfoot, A. H. O., Sept., 1873, p. 468.)

Lumbago. Mrs. T., pains shooting from loins into nates; pulse weak, soft. *Kali carb.*[2c], one dose. Cured in twenty-four hours. Mr. W., lumbago. Must rise every morning at 3 o'clock; *pains shoot down* back of thighs. *Kali carb.*[2c], one dose. Cured in two days. (E. A. Farrington, N. E. M. G., March, 1873, p. 112.)

Lumbago. Was caused in a man by lifting, and had lasted three weeks. Was worse on getting warm in bed and on beginning to move. Cured in two days by *Rhus tox.*[2c], two doses. (J. T. Greenleaf, A. H. O., May, 1873, p. 258.)

Punctured Wound. A man ran a stitching-awl two and a half inches into right wrist; immediately the second and third fingers became numb; felt jarred; the least motion of the hand caused intense pain, almost to fainting; some swelling at the wrist; coldness of the fingers. Soon the whole left side became numb; the speech slightly thick; he complained of feeling faint and nauseated. *Staphis.* was given with no result. *Ledum*[2x], two drops every hour, relieved after three doses had been given. Well in thirty-six hours. (J. G. Gilchrist, M. I., v. 10, p. 649.)

Inflammation of Joint. Second phalangeal articulation, second finger left hand, two months. Cured in five days. One dose *Silic.*[40m] (F.). (L. W. Whiting, N. E. M. G., Jan., 1872, p. 24.)

Whitlow. Right forefinger swollen, red, on its dorsum a large collection of pus beneath the skin; burning, itching, stinging, aching. R. *Silic.*[5m], cured in five days. (T. B. Stowe, H. M., March, 1873, p. 353.)

Finger-nail, Disease of. The whole nail was black and rough; the matrix inflamed with soreness, throbbing and numbness, but no suppuration. The difficulty was much aggravated by the application of water, and when the finger pained her most, she had headache also. Her disease had existed seven years. R. *Graphit.*[30m], one dose daily for one week, then omitted for a few days, brought great relief in six weeks. *Silic.*[30] was then given in the same way, and for one month. Afterward *Graphit.*[2c] removed the last vestige of the disease.

Rheumatism. Boy, æt. 5, was taken with acute rheumatism, affecting the knees, ankles, wrists and fingers. They were much swollen and very painful; some general fever. The tongue exhibited the central red stripe (Searle) with coated edges. R. *Ver. vir.*, gtt. vi., in ℥ ji. of water, a teaspoonful every two hours, was entirely cured in twenty-four hours. (E. Hasbrouck, A. M. O., May, 1873, p. 256.)

Psoas Abscess. S. Z., a boy, æt. 4, light hair and complexion, lymphatic temperament.

In December, 1872, patient's mother noticed an enlargement near the right inguinal region and below Poupart's ligament. Much medicine was taken by this patient, administered at the hands of an allopathic physician for a period of four months. The patient grew worse. The abscess was lanced and poulticed for a period of four months at varying intervals.

April 1st, 1874, I was summoned to the case, I observed the following: abdomen was large, weakness in the ankles, difficult stools, with no power to expel them, profuse sweat about the head. Gave *Silic.*[2c], one dose per diem, and *Sacc. lact.* every three hours during the day for one week.

After the second dose of the remedy mentioned the mother observed the child was better. In two weeks he could walk quite readily. At the expiration of the second week, a dose of *Silic.*[5m] was given. The abscess contracted, appetite returned, patient gained strength and has completely recovered. (J. Kimberling, O. M. and S. R., v. 7, No. 5.)

Apparent Shortening of Left Leg. Relief. *Caustic*[2c] and 20th. (C. Wesselhœft, N. E. M. G., April, 1873, p. 163.)

Acute Synovitis of the knees, without thirst. *Apis.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

Hydarthros Genu. A blacksmith complains since six months, of pain in the right knee. The pain is worse when straining the knee; there is often a cracking in the joint when stretching the limb. Examination of the knee reveals exudation in the joint. Change of weather, and especially rain or storm increases the pain; when at rest there is no pain. *Sulphur*, *Silic.*, and again *Sulphur* during about two months, altered the character of the complaint in this way, that the pain was worse when commencing to move after rest; continued motion gradually diminished the pain. *Rhus. tox.*[3], two drops four times a day. It soon commenced improving, and in a few weeks was entirely well. (L. Sulzer, A. H. Z., v. 87, p. 84.)

Abscess of Ankle and Foot with Caries. John D., æt. 34. Seven weeks previous, on a warm day, he sat with his feet in the water. The next day the glands of his neck became swollen and remained so but a few days. A large abscess then formed on the inside of right thigh, and at the same time the left ankle and foot swelled up with formation of pus.

Present condition: the abscess in the thigh is still discharging, and from five or six fistulous openings in the ankle and foot a large quantity of unhealthy pus is being discharged. The foot is enormously swollen and distorted. The general health is greatly impaired; hectic fever; pulse 130; appetite poor. The opinion was generally expressed that amputation would be the probable result.

The openings were enlarged by free incisions. The internal malleolus was found to be carious, and the tarsal bones were similarly affected.

℞. *Silic.*[2c], one dose a day, and apply warm poultices of linseed meal.

In two weeks there was marked improvement in the diseased member, and also in the general health. The abscess in the thigh had closed.

℞. *Silic.*[6m], one dose.

In four weeks more the swelling was almost gone and the discharge had ceased. There was, however, but slight motion in the ankle-joint. This was gradually improved, and when the man left the hospital several weeks later he could walk with a cane. It will probably be two or three months before he regains full use of the foot. (J. H. McClelland, H. M., March, 1873, p. 358.)

In-growing Toe-nail. Outer side of great toe, left foot. Cannot wear shoe nor use foot; outer side of toe inflamed so that nail is half hidden. A misstep followed by discharge of blood and pus. One drop *Magn. aust.*[1m], with placebo was given. In ten days toe looked better, less sensitive; patient could wear shoe, and swelling nearly gone. Three powders of *Magn. aust.*[1m], one to be taken each night, were given. In a few days that part of nail which had been buried under the flesh crumbled away, and the toe was perfectly well. No application was used, nor did the deformity return. (S. Swan, from Ballord, N. Y. J. H., June, 1873, p. 164.)

In-growing Toe-nails. Chappot applies *Plumb. nitr.* over the affected part. (N. A. J. H., v. 22, p. 137.)

In-growing Toe-Nail. Can be cured by slipping the end of a piece of thin silver plate under the edge of the nail, and bending the rest of the plate round the side and front of the toe; keep it in position with resin plaster. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 89.)

Gangrena Sicca of the toe. *Ant. crud.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

Sacc. lact.[2c] relieved a (gouty?) pain in right toe with sometimes slight pains upwards in the right limb. (Eggert, N. A. J. H., v. 22, p. 259.)

Nerves.

Amb. gris. (two doses dry). B. W., æt. 58, stout, florid, right side paralyzed for five years; walks with difficulty, dragging right foot; vertigo, *with feeling of great weight on vertex* for five years; worse after sleeping; sleepless after 1 A. M.; loss of memory; loss of sense of smell; numbness of right side; cold sweat on extremities, right foot colder than left; nausea in abdomen; has had much grief. *Ignat.*[2c], *Conium*[2c], *Veratr.*[2c]; little relief. *Ambra*[2c] removed pain in vertex, vertigo and nausea. (W. P. Wesselhœft, N. E. M. G., Feb., 1873, p. 54.)

Lady, æt. 58, suffered since many years with *rheumatic headache. Rhus tox.*, *Bryon.*, *Calc. carb.* did not relieve in any way. Since four years she cannot eat eggs or fish without painless diarrhœa setting in at once; she does not like cold water; is very sensitive to damp weather, and feels always chilly. Hydrogenoid constitution. *Chin. ars.*[2], one dose, given every two hours. Headache gone

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after six doses; perfectly well. (Bojanus, H. G., in St. Petersburg; H. Kl., 1873, p. 144.)

Chronic Headache. F. P., æt. 27, experienced for two years a continuous dull pain in his head, chest and stomach, attended by great uneasiness, depression of spirits, labored respiration, together with mental confusion, and inability to concentrate his thoughts. Was cured by *Dulcam.*, 3d cent., in water, twice a day for a week, after other remedies had failed. (A. E. Small, U. S. M. and S. J., v. 9, p. 111.)

Headache. Sharp, piercing pain in the left temple had afflicted a young lady daily for several months. *Glonoin.*[12], one dose, cured after a violent but momentary aggravation. (W. H. Willard, A. H. O., Sept., 1873, p. 477.)

Cephalalgia. Mr. A., æt. 48, sallow, choleric; ill several years. Attacks return every six weeks; pains in forehead and around the eyes; feels as if head would burst; has to lie down; worse from motion or in fresh air; not relieved by warmth or covering up; better from strong pressure; anorexia; bitter taste; eructations; water-brash; region of stomach and liver sensitive to pressure; liver hard and enlarged; cannot lie on right side; has stool only after injections; passes small yellowish-gray balls; bilious look to urine, with much mucus; tongue thick coated, tip and edges clear; great thirst; no fever. ℞. *Magn. mur.* Cured in three weeks. (Translated by S. Lilienthal, H. M., July, 1873, p. 553.)

Neuralgia. A feeble and nervous woman, æt. 32, had neuralgia for several years. The paroxysms were induced by overeating, but anything that overtaxed mind or body was sure to bring them on. The pain was located in the head, and sometimes preceded, and again was followed by nausea and vomiting. It was very severe in the left orbital region, and extended back to the occiput. Around the orbit it was an aching pain, increasing to throbbing, and thence it was drawing in its character to the back of the head. The matters vomited were watery, mucous, strongly acid or bilious. *Naj. trip.* relieved the headache and lengthened the intervals. For the vomiting *Nitrate of uranium* gave marked relief. (D. A. Colton, A. H. O., Nov., 1873, p. 574.)

Phosphorus in Neuralgia. Remarks of an allopath in favor of, with the cure of a case by. (Quoted by R. J. McClatchey, H. M., Sept., 1873, p. 91.)

Patient, male, had headache every week for two years. Pain commences in back of neck and head, passing from there to fore-

head; relief by sleep. *Sanguin.*[2o], one dose a week, cured in three weeks. (J. Emmons, M. I., v. 10, p. 37.)

Sick Headache relieved by *Lac vacc. deflor.* (Baylies, N. A. J. H., v. 22, p. 252.)

Sick Headache. Miss H. F., æt. 25, subject to sick headache from childhood; eyes weak and sore; photophobia, especially with headache; for the last six weeks headache every third day, commencing A. M.; pain extends from right eye through back part of head. She is in a darkened room and cannot bear the least light. If she is quiet all day is usually better in the evening. Nausea, but does not often vomit unless she goes into bright light, or moves about; catamenia every two weeks, dark and clotted; constipation; debility. *Sanguin.*[1m]. Cured by one dose. (C. M. Chamberlin, N. E. M. G., Nov., 1873, p. 495.)

Mrs. H., æt. 56, called in December, 1872. Had been subject to sick headaches for thirty years, increasing in frequency until for two months they occur every Tuesday. On the day before she has chills followed by a burning between the scapulæ. During the night a sensation as if ice or cold water were on the top of the head, and at 4 P. M. the pain begins (preceded by soreness of scalp), formerly in the right temporal region, but now in the top of the head, and thence extending down to, and locating itself in the right temple; at times a severe ache, at others a heavy dull feeling or pressure. Vomiting begins about 5 to 7 A. M.; sometimes of a sour mucus, followed by bile, and at others the bile first. Nausea constant through the day, with alternate chills and flashes of heat; hands and feet cold. All her symptoms aggravated by motion. Nausea and vomiting disappear about 7 to 8 P. M., but the pain continues some hours longer, and leaves by morning followed by an exhaustion which takes several days to overcome. Treatment. *Sanguin.*[2o], *Sepia*[2o], in alternation, night and morning for two weeks. No return to June 23d, 1873. (S. J. H., M. A., Sept., 1873, p. 400.)

Neuralgia. C. M., æt. 60. February 15th. For seven months past has had severe neuralgic pains in face and head. Sometimes the pain goes down into her sacrum and hips; looks weak and ill; pulse low; appetite poor; bowels regular. *Bellad.*[3], ter die. Cured. (Maffey, H. W., v. 8, p. 240.)

Cim. rac. Useful in intermediate facial neuralgia, coming on in P. M., getting worse toward evening, disappearing in the night.

Neuralgia of malar bone, pain going off at night, and appearing again next day. (D. E. Gardiner, H. M., April, 1873, p. 446.

Clemat.[cm]. Aching pain in right face, which is tender to touch, relieved by smoking; face worse on laying on painful side; shooting upwards on right face, eye, ear and temple; breath offensive to others; with the pain much saliva, especially if smoking. After a severe aggravation gradual amelioration. (E. W. Berridge, N. A. J. H., v. 22, p. 192.)

Neuralgia. Severe pain increasing for the past two years, in region of infra-orbital nerve. Aggravation from motion (eating, laughing or crying). A bony enlargement two years before disappeared under *Iodine*[3] and *Silic.*[3]. Relieved by *Gelsem.*[3]. (A. M. Cushing, N. E. M. G., July, 1873, p. 307.)

Prosopalgia cured by *Sac. lact.*[2c]. Darting and shooting pains about the middle of the right cheek, extending to the eye, ear and up to the right temple. (Eggert, N. A. J. H., v. 22, p. 254.)

Facial Neuralgia. A man had neuralgia of the right facial. Pain was distributed about the right orbit, within the same, and darted through from the frontal to the occipital region. He was relieved by *Cimic.*, but cured within an hour by *Spigel.*[3]. (J. F. Greenleaf, A. H. O., May, 1873, p. 257.)

Neuralgia of the Thorax. A lady of middle age complained during many months of a stitching pain from the left side of the sternum, opposite the nipple, passing around under the left mamma to the lower edge of the scapula, which latter point was very sensitive to touch. It was worse after lying down, especially upon the left side, and on awaking; better during the day; there was also pain down the left arm, dull while at rest, but darting when moving the arm; on deep inspiration pain would shoot from the left chest to the shoulder, and down the arm to the fingers. *Cimic.*, 5th to 6th trit., given four times daily, cured in two weeks. (R. C. Smedly, A. H. O., May, 1873, p. 272.)

Abdominal Neuralgia. *Kalm. lat.* Mrs. ——, æt. 25. Pain coming on suddenly in paroxysms, passing from lower border of liver across the abdomen above the umbilicus downward toward the left; after becoming located in the left, it ceased in the right; worse from motion; lying on either side; relief sitting up. Cured by *Kalm. lat.*[2]. Four other cases of neuralgia of the bowels in married ladies cured by *Kalmia.*

Miss A. S., sanguine lymphatic temperament, had frequent and severe suffering from pain in limbs, especially arms, so much so as

to confine her to her bed for three days at a time. Slight fever; the pains in arms were attended with cramping of the hands. Post-diphtheritic of six years' duration. When free from pain in limbs, she had pain and uneasiness in stomach, and pain in malar bones; the two were never simultaneous. Sore throat would begin with pain extending from the ears to the throat and neck. *Kali bichr.*[2c], in water was given, one teaspoonful every four hours, followed by relief in twenty-four hours, and by a cure in one week. No further trouble for four years. (H. Ring, M. A., June, 1873, p. 225.)

Sciatica. A case cured by *Coloc.*[6]. Symptoms: pain passing down outside of left leg, from the hip to the ankle; also at same time, pain from the back of left ear to eye and mouth on that side; pains came in paroxysms every quarter of an hour; parts very painful to touch; paroxysms worse at night; better from heat; movement at first increases pain, but after a little better; worse again from long continued motion; every two to three hours, four or five successive shocks of pain passing suddenly through affected parts; tenderness on pressure over sciatic nerve, and stiffness of knee-joint; pains better from rubbing; bowels regular, but griping, and flatulence after eating. After *Rhus tox.*[6] no improvement; times of aggravation between 1 and 2 A. M., and 4 P. M.; about a quarter of an hour after rising; about noon. After *Coloc.*[6], he broke out into a profuse perspiration, pain passed from left thigh to neck and back of head, and he gradually improved. (Deck, New Zealand Med. Gaz.; A. J. H. M. M., v. 6, p. 150.)

Sciatica. Pains dull or darting, or cutting from right hip-joint posteriorly downward to foot; worse on lying down, motion, stepping; better sitting in chair. After many remedies had been taken, *Gnaphal.*[2] relieved. Four days after, pains in back, nausea and faintness; in same case, a year after, similar pains left hip to foot. *Gnaphal.*[2] relieved; followed by pains in back; disappearing after *Bellad.*[2], *Rhus*[2], alternated. In two other cases of sciatica, *Gnaphal.* relieved. (S. M. Cate, N. E. M. G., Dec., 1837, p. 537.)

Cramps, *in the soles of the feet and toes, with painful contraction of the toes; cramps in the calves of the legs at night. Ferr. met.* It is sufficient in many cases, on going to bed, to lay an iron key under the bed-sheet at the foot of the bed. (Hirsch, J. Pr., 1873, p. 341.)

Spasmus Scriptorium. Is caused from overexertion of the muscles from continued writing. Sometimes produced by local affections. Has been cured by actual cautery; by changing the

form of writing, by galvanism. Dr. Runge. (Quoted by R. J. McClatchey, H. M., Oct., 1873, p. 123.)

Chorea. Miss C., æt. 15, June 23d. Had lived without good food and ventilation. Four weeks ago had slight twitching of facial muscles, jerking of right arm. Twitching began on right side, now affecting whole body; worse in arms and face. During worst paroxysms throwing head back, rolling it from side to side; face flushed; dizziness; sleeplessness; difficult articulation. R. *Bellad.*[2c].

June 27th. Restless night; screaming and crying; muscular twitching; thumps head and limbs on floor, hurting them; laid beds on floor, giving her room. R. *Hyosc.*[2c].

July 3d. No better. Had a few hours sleep; muscular twitching grows more violent; has *itching and burning all over body*, causing great distress; *great weight* in head in A. M.; ravenous appetite, but great difficulty in swallowing; profuse, colorless urine. R. *Agar.*[30], four hours.

July 26th. Cured. (W. F. Edmundson, H. M., May, 1873, p. 469.)

Chorea. A child, æt. 11, who had chorea so badly that she could not speak from having no control over the movements of the mouth or tongue; was cured by *Cicut.*, followed by *Cuprum.* (B. J. H., 1873, p. 748.)

Chorea. Lameness, dragging of left leg, twitching left arm; imperfect speech, tongue trembling; inability to grasp and hold anything. *Nux*, *Gelsem.* failed. *Cuprum*[4m], ten doses. Cured. (W. R. Childs, Proc. H. M. S., Penna., 1873.)

Chorea. Girl, æt. 6. Worse at night and in the morning; craving appetite; hair dry; soreness of the corners of the mouth; very ill humored and obstinate; laughs a great deal without cause. *Thuya*[3c], one dose. In two weeks much changed for the better, and well after a few weeks more, except the soreness of the corners of the mouth, which was cured by *Natr. mur.* (C. Kunkel, J. Pr., 1873, p. 533.)

Chorea. Miss O., clonic irregular movements of superior extremities, also the head; she was thrown with violence in different directions; contraction of the muscles of the face, and her legs were somewhat affected. *Tarant.*[1m], every night, cured (?) in six weeks. (Gandy, Brussels.)

Chorea. In a boy, the head, right arm and hands affected, the head drawn downward, involuntary micturition. *Tarant.*[30], cured in two months.(?)

Chorea. Involuntary muscular movements, disorderly and irregular; limited to the left arm and leg, or to one of these parts; very seldom the left arm and *right* leg with grimaces of the mouth. Cured by *Tarant.*[12] and 2c. (F. Firmat, Spain.)

Chorea. Inordinate, irregular movements of the hands and feet, which *subside almost entirely on hearing the notes of a hornpipe*, but reappeared after the sound could not be heard. *Tarant.*[6], cured in six days. (C. Valdez, Spain.)

Boy, æt. 9, strumous; tendency to skin disease. Was pushed against a lamp-post by a drunken man, bruising his cheek. Next day some nervous movements about the face. Three days after, perfect inability to remain still; muscles of face, arms and legs in constant agitation; face vacant, almost idiotic; tongue protruded with difficulty; speech inarticulate; unable to walk without assistance. Movements continued at night. *Bellad.*[1x]. Slight improvement in three days. *Hyosc.*, and afterwards *Stramon.*, with but little benefit. *Visc. alb.*, fifteen drops four times a day. Improvement at once, but after a week ulceration of the corners of the mouth and great soreness of the tongue. Five drops three times a day were then given, and a perfect cure was effected. (J. Wilde, M. H. R., v. 17, p. 221.)

Chorea from Fright. *Cured by Visc. alb.* (*tea*). (N. A. J. H., v. 22, p. 85.)

Tetany is a form of spasm in which single groups of muscles, for example, the elbow or knee-joints, or single joints of the fingers, or the lips become spartically contracted. Its ætiology and anatomical pathology is obscure. Menstruation, pregnancy, lying-in, diarrhœa, taking cold, are named as probable causes. The remedies according to their similarity are: *Bellad.*, *Calc. carb.*, *Ignat.*, *Cuprum*, *Silic.*, *Stramon.*, *Zincum.* Bromide of potash deserves consideration. (Payr, H. Kl., 1873, p. 99.)

Tetanus is the effect of an inadequate stimulus upon the central organ which presides over those nerves, by means of which voluntary action is produced. The eventual hyperæmia of the central organ is only a concomitant phenomenon. Irritamentum adtrahit. (H. G. Schneider, H. Kl., 1873, p. 25.)

Tetanus. A Hawaiian woman, working in the sun on a plantation, shortly after became unconscious, breathing heavily; friends said she, had never been sick before; jaws firmly fixed. I attempted unsuccessfully to pry the mouth open with an iron wedge. Pupil unaffected by changes of light; head hot; extremities cold; fumes

of tobacco had no effect. After three doses of *Bellad.*[3], a quarter of an hour apart, she spoke and ate. (C. F. Nichols, N. E. M. G., March, 1873, p. 110.)

Tetanus in a Child one week after frost-bitten toe which had ulcerated; rigors; shooting pains in back; opisthotonos, and in twenty-four hours trismus; remission midnight till noon; after midnight profuse sweat and agitated sleep; throat sensitive to contact, swallowing painful; after *Laches.* the time of aggravation occurred about an hour later each day, and less violent till cured. (J. Heber Smith, N. E. M. G., July, 1873, p. 311.)

Tetanic Symptoms. Mrs. T., æt. 40, in getting out of bed stepped upon a paper of pins lying on the floor, about one dozen pins penetrated the sole of the right foot quite deeply in a line from great toe backwards. They were promptly extracted. Soon after pain ran up the right limb through the spine to neck and face. Muscles of neck and jaw became very rigid, mostly on the right side; those of the abdomen and thorax became also rigid.

An allopathist was first summoned and gave hydrate of chloral; temporary relief and sleep followed. On following day symptoms all returned.

Homœopathy was now resorted to, and a week's treatment, during which time *Nux*[3] and 30th, *Ignat.* and *Bellad.* were given in succession, the paroxysms becoming gradually less severe, recurring, however, with more or less severity. *Hyp. perf.*[3] was administered, and to use patient's own words, went right to the spot. After the elapse of three weeks, patient was able to rest her weight on the attacked limb. (W. F. Hocking, O. M. and S. R., 1873, No. 3.)

The Epileptic Convulsion. The constant and essential manifestation of an epileptic fit are the loss of consciousness and the tonic and clonic convulsions. First. *a*) The spasm may be explained as follows:

When by reflex or otherwise motory nerves are steadily irritated, not directly, but through the mediation of ganglionic cells, we witness at a medium intensity of irritation a quickly passing tonus, followed by a continual clonus, or the latter alone; ganglionic cells of the central apparatus must therefore also be affected during the fit; and these ganglionic cells must be cerebral and the spasmodic muscular movements during the paroxysm emanate from the pons and medulla oblongata. The epileptic scream at the beginning of the fit is also a spasmodic phenomenon of respiration.

b) The unconsciousness can only be explained by a total stoppage of the functions of the hemispheres.

We consider it more than probable that there is during the epileptic fit a cerebral anæmia, caused by spasm of the arterial blood-vessels, and that the coma at the beginning of the fit depends on anæmia of the brain; such an anæmic state, especially of the pons, may also produce convulsions, though there are cases beginning with cyanosis of the face.

Stasia in the veins of the neck may produce cerebral epileptic form disturbances. If therefore the muscular contractions at the beginning of the fit cannot be deducted from the anæmia of the pons and medulla oblongata, we may suppose that the spasmodic centrum in the pons, the neuclei of motory cerebral nerves may not only be irritated indirectly by the anæmia, but that they may also be brought into action without such interference. The irritation of the vaso-motory center and of the motory central apparatus are co-ordinate factors, the former produces coma, the latter convulsions. Such an explanation is anatomically justified, as the pons and medulla oblongata, not only contain the motory central apparatus, but in all probability also the vaso-motory centrum, which may by reflex be put into action, the stimulus promoting the irritation of these central apparatuses is still perfectly unknown.

Second. Thus far the essential phenomena at the beginning of the fit; during its further course changes occur, though coma and convulsions continue, and instead of anæmia symptoms of strong venous hyperæmia are plainly discernable, coma and convulsions need then another explanation. Compression of the large veins carrying the blood from the brain also produce coma and convulsions; we may therefore conclude that during the further course of an epileptic paroxysm a venous stasis sets in, in the brain, which though not protrucing, yet continue coma and convulsions, and this so much easier as these central apparatuses are already in a state of increased irritability.

The activity of the hemispheres of the cerebrum depends upon the presence of blood containing a sufficient quantity of oxygen, and in either case, in arterial anæmia as well as in venous hyperæmia this essential condition is wanting; anything which prevents the blood flowing from the cranium must produce a pushing aside of the liquor cerebralis, and consequently, just like an arterial anæmia prevents the circulation of the arterial blood to the brain.

The conclusive effect remains, a want of oxygen; and inability of the hemispheres to perform their functions gives coma.

Third. More complicated is the question how the convulsions arise, but for the solution of it we may look to facts studied during normal and dyspnœic respiration. In animals bled to death, or in such where the return of the venous blood from the brain is prevented, dyspnœa and convulsions arise by the irritation put upon the center of respiration and the neighboring convulsory and vasomotory centre. This stimulus for the medulla oblongata is diminished quantity of oxygen as well as an increase of carbon. (Volkman, Klin. Vort.)

That there may be in some cases an arterial anæmia and in others a venous hyperæmia seems evident. The attacks that occur in the day are no doubt chiefly due to sudden anæmia, while those occurring in the night are due to venous stasis. Whatever may be the exciting cause of the attacks, the predisposing one seems to be a functional derangement of some organ.

In the treatment of these cases, great success would result if less attention was given to the head condition and the attack, and more to the general condition of system and time of attack. (S. Lilienthal, M. I., v. 10, p. 105.)

Epilepsy produced by Absinthe. Dr. Maynan has made a more extensive and more interesting series of experiments with Absinthe. By whatever means this substance was introduced into the organism, whether by the stomach, hypodermically, or by injection into the veins, the following phenomena were observed: If the dose were a small one, feeble, spasmodic twitchings set in, especially in the muscles of the neck, by which the head would be drawn upward and backward—a little later these twitchings would extend to the shoulders and back. Sometimes it was observed (chiefly in dogs) that the animal would soon become motionless, remain standing, half unconscious for from thirty seconds to two minutes, with head and tail lowered, and then would resume his ordinary attitude. This dizziness has some similarity to epileptic vertigo.

If the dose of Absinthe be increased, the above symptoms develope into violent attacks—the animal falls suddenly to the ground, is seized with trismus, and at times with tonic spasms of one side of the body, to which, after a few seconds, clonic spasms succeed; he froths at the mouth, and sometimes bites the tongue, breathing is rattling; urine and feces are passed, seminal ejaculations take place. After the attack has passed off, the animal remains

for some time in a state of stupor, which, however, soon yields to his ordinary condition. Only occasionally, and at intervals of from ten to twenty minutes, as the epileptic attacks recur. During the lucid intervals the animals are very often the subjects of real hallucinations, which are apparent in the manifestation of fear and horror.

The autopsies of animals poisoned by Absinthe showed, besides a penetrating odor of wormwood in various organs of the body, great congestion of the cerebro-spinal vessels of the meninges of the brain, and extreme hyperæmia of the medulla oblongata. The brain and spinal cord presented upon transverse section a uniform rosy coloring, with injection of the vessels; occasionally the stomach, more frequently the endocardium and pericardium, showed small ecchymoses.

In proof of the fact that the effect of Absinthe upon animals finds its analogue upon the working men in France (who habitually drink it). Dr. Maynan cites several cases of disease which prove that alcohol alone is not able to cause epileptic convulsions, and that these appear only in individuals who have been accustomed to the use of Absinthe. (S. A. Jones, A. H. O., June, 1873.)

Epilepsy. Two cases cured by *Art. vulg.* (E. W. Alabone, H. W., v. 8, p. 60.)

Epilepsy. Boy, æt. 12, affected since four years; cause unknown. The attacks come once a week, and are preceded by headache and throbbing in the temples. *Bellad.*[3], two drops night and morning. Well. (Bojanus, Hom. Gaz., in St. Petersburg, July, 1872; H. Kl., 1873, p. 24.)

Epilepsy. H. W., a boy, æt. 14, gray eyes, light hair and complexion; of nervo-lymphatic temperament.

Ten years prior had scarlet fever, resulting in renal dropsy; following this, epilepsy set in. Child had four paroxysms before medical aid was summoned, and, after brief treatment, patient improved so much as to be pronounced cured. After the lapse of four years the malady returned, induced this time by fright, caused by punishment at the hands of a school mistress—in fact, a paroxysm came on while the boy was undergoing punishment. He was then sent home, and shortly after his arrival there had another paroxysm, followed by successive daily attacks for a period of four weeks. Was called in March, 1873, to see the case, and observed the following symptoms: fulness and throbbing of the head, with twitching of the muscles (subsultus tendinum) particularly of the

face; pupils were dilated; sudden starting and jerking during sleep. *Bellad.*[2c], one dose per week, with *Sacc. lact.* during the interims, for a period of four weeks. Patient at first seemed to grow worse, the child's mother attributing the change to the medicine. The paroxysms, however, grew less in violence and shorter in duration. The *Bellad.* was ordered to be discontinued, and forthwith the child improved rapidly; up to the present time, Sept., 1873, there was no return. (J. Kimberling, O. M. and S. R., v. 7, No. 5.)

Epilepsy. Miss J., æt. 14, light complexion; tendency to obesity; intellect dull, memory weak, unable to make progress in her studies; very difficult to awake in the morning; appetite for sweets and pastry; face pale, upper lip swelled mornings; has epileptic spasms at night, during sleep since five years old; attacks several months apart; appears to be lapsing into complete imbecility. Abdomen bloated, menses irregular every five months since twelve years old. Took *Calc. carb.*[6] for a month, when she improved immediately, the second month no medicine, the third and fourth months *Calcar.*, same as before. Recovery was perfect. (W. D. Stillman, M. I., v. 10, p. 104.)

Epilepsy. Girl, æt. 10, since five years; cause unknown. Two or three attacks every week; the patient gets suddenly pale; loses consciousness; the muscles of face and limbs jerk; at last the whole body becomes stiff; she falls down sometimes. *Cupr. met.*[6], two drops night and morning. Cured. (Bojanus, Hom. Gaz., in St. Petersburg, July, 1872; H. Kl., 1873, p. 24.)

Epilepsy. Following suppression of goitre by *Iodine.* (C. H. Thompson, H. M., Feb., 1873, p. 342.)

Epilepsy. Miss C., rosy, buxom; suddenly fell down in a fit. Unconsciousness with tonic and clonic spams lasting for ten or fifteen minutes, followed by comatose sleep, lasting thirty hours; deep red face during sleep; headache and constipation for several days with normal appetite. Has attacks every three weeks. R. *Opium*[9], daily for two weeks. Had but one fit afterwards. Cured. (Translated by S. Lilienthal, H. M., July, 1873, p. 555.)

Epilepsy. Miss ——, æt. 15, on first falling asleep, day or night, fits. Waking with a sudden spring, foaming at mouth, and bleeding from bitten tongue; eyes dull and turned upward, lids half closed, head hot, severe opisthotonos; convulsion lasted from ten to thirty minutes; itching of skin without eruption; constipation; indifference; had taken *Coccul.*, *Bellad.*, *Ignat.*, *Nux vom.*, *Sepia*, *Zinc. met.* Relief (temporary) by *Opium*[6]. Later, *Cimic.*[1], *Opium*[6], *Opium*[1]. Cured by *Opium*[12]. (H. E. Spalding, N. E. M. G., May, 1873, p. 208.)

Sulphur[4c] cured epileptic fits in two scrofulous children. (Translated by S. Lilienthal, H. M., July, 1873, p. 555.)

Epilepsy. Mr. A., æt. 30, pale, thin; fell ten years ago, striking on occiput, was for ten hours unconscious; a sensation of dullness remained in his head. Three days later had an epileptic attack, which returned at different intervals; an exquisite aura extended from hands through arms to the head, lasting long enough for him to gain his bed, when unconsciousness occurred with clonic spasms beginning in the pale face, radiating over whole body; paroxysms occurred usually at 9 A.M., an hour or two after rising; in twenty minutes consciousness returned, patient slept till 4 P.M., waking with dull headache, sour taste; despairing mood; during the intervals between the attacks, has in A.M. hammering, pressing frontal headache; restless, broken sleep; twitchings in arm and mouth, in cold, windy weather, these cease on going in doors. Epilepsy in his family. R. *Sulphur*[30]. Cured. (Translated by S. Lilienthal, H. M., July, 1873, p. 554.)

Epilepsy and Hysteria. Falling down unconsciously without any forewarning, with general rigidity, grinding of the teeth, bites her tongue, squinting of the eyes which remain open during the attack, the fit lasting two or three minutes, followed by dejection and dizziness for twenty-four hours; the attacks occurring every eight, fifteen or twenty days. *Tarant.*[12], one dose every five days. Cured. (A. G. Lopez, Madrid.)

Convulsions. A boy, æt. 2½, fleshy, with light hair and complexion and blue eyes; when sleeping subject to scalp sweat, fretful, fever and hot head; was suddenly seized with convulsions with froth at the mouth, eyes rolled up, rolling the head from side to side, and increased heat of the whole head. After the convulsions I found the child screaming fearfully, with dilated pupils, great agitation, with convulsive motions of the limbs, head and trunk. The head was very hot, and the child would grasp at one's clothing in a frightened manner; pulse rapid. *Cicut.*[2c] soon relieved all the symptoms, and the child slept quietly. The remedy was repeated several times the next day until evening. Then the patient rested well until after midnight, when he awoke feverish with hot head, agitated, with trembling of the limbs and of the lower jaw. Another dose soon removed all these symptoms, and the patient again slept quietly. Once afterward, when similarly

threatened with convulsions, *Cicut.* proved an unfailing remedy. (V. Miller, Trans. N. Y. S., 1872, p. 609.)

Aetiology of Eclamptiform Paroxysms. It is well known, that during pregnancy eclamptiform convulsions may set in without any albuminuria. Schrœder reports fifty such cases in his work on midwifery. In two cases which came under my observation, albuminuria was also absent and the patients complained especially about a numb sensation, prickling, at times severe pains and paralytic weakness in the lower extremities. Most authors consider its cause a pressure on the plexus ischiadicus in the pelvis.

Brown-Sequard and *Westphal*, in their experiments on Guinea-pigs showed that epileptiform convulsions could be produced at any time on these animals. By dividing one-half of the spinal cord or one N. ischiaticus, and pinching the face on the same side (irritation of an epileptigonous zone) a paroxysm can be produced, which in all its points is very similar to an epileptic fit.

Other lesions of nerves produce the same effect, as Billroth and Brioud have shown, and we must therefore look out for such an epileptigonous zone. Westphal demonstrated that we must make our experiments for that purpose on different parts of the body. Here we have to inquire, if the sexual organs do not contain such peripheric nervous regions, by the irritation of which the vaso-motory and spasmodic centres, already morbidly affected, are put into action. Many accouchers report cases arising through exploration of the uterus. Hecker reports a case where eclampsia set in during scarification of the labia majora. I saw one case, where in a woman who never had an epileptic fit, a well characterized epileptic fit set in after an intra-uterine injection. (Compare also, Hall Davis, London Obst. Transact. XI., 274.) We see, therefore, no reason why we may not in some cases of ecclamptic fits consider such epileptogonous zones existing in the sexual organs, especially in all such cases where *no* albuminuria is present. (Berl. Clin. Wschft., 1872, p. 42; A. O., 1873, p. 202.)

Paralysis Agitans in consequence of Rheumatismus cured by Tarant. Mrs. K., æt. 61, of strong constitution. Menstruation ceased at the age of fifty-two. In 1863 she suffered from severe pains in the left arm, so that she could not put her hands to her head, which left some trembling of the hand, which became aggravated by every mental trouble.

In 1870, a fire broke out in her neighborhood, frightening her

dreadfully, and since then the trembling has increased, and affects now all her extremities. During the siege of Paris she was exposed to all the disagreeable situations incident to the war, and no wonder that her disease increased upon her. The pains became so intense that she could not rest during the night, and the itching and crawling on her left leg obliged her to rise and to walk about during the night. Simple baths aggravated the pains, and the only place where she felt somewhat comfortable was in the fresh air, even during the night. Hospital and private practice exhausted itself in vain to give her relief. Thus she came in my hands to try homœopathy as a last resource. We found intelligence and memory considerably diminished; trembling, pricking and much sensation in the phalanges of the hands and feet, so that she was unable to perform any fine work. Motibility and sensibility unaltered, neither paralysis, anæsthesia nor hyperæsthesia. The head trembled just as the left foot and arm, and a slight tremor could be perceived on the tongue when she opened her mouth. She could only sleep for a few minutes, as the pains woke her up in spite of her sleepiness, and this want of rest told fearfully on her. No appetite, chronic constipation, a stool could only be forced by enemata. Since her menopause she had acne in the face; the ophthalmoscope showed a slight hyperæmia of the retina, and an analysis of the urine only revealed an excess of uric acid, showing itself by rhomboidal crystals.

We gave her for some time *Bellad.*, *Nux vom.*, *Iodium*, *Secal.*, *Crotal.*, without any relief, when further studies led us to *Tarant.*, which we gave in the 12th dil., in water, a tablespoonful every three hours. Under its influence sleep returned to her, gradually the violent trembling diminished, and after a steady treatment for six months, with the same remedy, we could pronounce the patient perfectly cured. (Cramoisey, Bulletin de la Soc. H. M. de Paris.)

Facial Paralysis, following suppression of goitre, by *Iodine.* (D. J. Chaffee, H. M., Feb., 1873, p. 342.)

M. S., æt. 2. Nov. 13th. Convulsions. *Bellad.* Nov. 23d. No convulsions since, but patient unable to speak, although usually a very noisy child; mouth drawn to left side; cannot protrude her tongue in a straight line. *Glonoin.*[3], repeated doses. Dec. 3d. All paralytic symptoms have disappeared. (A. E. Hawkes, H. W., v. 8, p. 7.)

Paralysis. Cured by *Bellad.*[6]. A woman, æt. 32, had as a child

fever and ague, and while still perspiring ran into the street and fell into a puddle of water. Had spasms immediately since then, curvature of the spine and paralysis of extremities, with loss of memory. *Bellad.*[6], three doses at an interval of a week, improved her memory; and can walk about. Her child of six months had also its entire right side paralyzed, which was removed by one dose *Bellad.*[15]. (S. H. Higgins, N. A. J. H., v. 22, p. 56.)

Blood.

Latest on Septicæmia in the French Academy. (Eds., N. Y. J. H., Oct., 1873, pp. 403, 409.)

A Case of Septicæmia. (R. D. Hale, B. J. H., 1873, p. 700.)

Zymosis. The latest discoveries concerning fungi. (E. Cooleton, N. Y. J. H., July, 1873, p. 199.)

Purpura Hæmorrhagica. Two cases. Case first. *Arnic.* followed by *Phosphor.*[1]. Case second. *Acon.* and *Phosphor.* in alternation. Cured. (J. C. Burnett, H. W., v. 8, p. 39.)

Hæmophily. By Grandidier. (N. A. J. H., v. 21, p. 516.)

Hæmophily. The skin of the babe was of a darker color than usual, and the soles and palms of a deep copper-red. It cried a great deal; the navel looked raw, and bright-red blood was oozing from a fissure on its under side. There were several ecchymoses on the wrists and arms, also from the inner side of the right foot, where a bulla broke. The child gradually grew weaker and died. (S. Swan, N. A. J. H., v. 21, p. 407.)

Dropsy and its Treatment. Report of a discussion on, at Phila. Hom. Med. Soc., Nov., 1873. (R. J. McClatchey, H. M., Dec., 1873, p. 225.)

Scrofula. A child with large scrofulous abscess on each side of the neck, and a large patch of thickly-set pustular eruption extending about four inches in breadth from the hair of the forehead, down over the centre of the face to the chest; sore and painful. Desire to rub and scratch them, but pressure and friction made her cry. Abdomen enlarged, bowels regular, urine dark and copious, no appetite, breath offensive, with much rattling in chest. She was nearly two years old, but could not walk alone; had always been restless, fretful and irritable from birth; could not get to sleep until two o'clock in the morning, then would sleep until five; after a little soothing would sleep until nine. A cold, sticky,

perspiration came out over the whole body while sleeping, and the clothing as the mother described it, "smelt liked spoiled corned-beef." Feet cold and damp. Obscuration of lower part of cornea, so obstructing vison that she would hold her head down when directing her eyes to any object. Conjunctival inflammation and frequent styes; rolling and tossing about of the head. After the use of *Calc. carb.*, *Bellad.*, *Baryt. carb.* and *Ars. jod.*, in various potencies, *Calc. jod.*[6], a powder four times a day for a week was prescribed. Under this remedy there was shortly a marked improvement in the skin and general condition; the abscess discharged freely, the eruption died away, the eye became clear, the appetite increased, sleep was better and she began to walk alone, and all symptoms disappeared, except rattling in chest and fetor of breath. Gave nothing for a month when an eruption appearing behind ears, *Sepia*[6], every three hours was prescribed; which removed that, the rattling respiration, and improved the offensive breath. (R. C. Smedley, A. J. H. M. M., v. 6, p. 242, and v. 7, p. 89.)

Carcinosis. By Dr. W. H. Neftel. Malignant tumors are of a local origin. The organs primarily affected by carcinoma, are those exposed to constant mechanical and chemical irritations. The primary carcinoma may remain localized for a longer or shorter period, but afterwards it invariably becomes generalized through the lymphatics and bloodvessels, thus affecting various and distant organs. Heredity can not be denied, but its influence has been greatly exaggerated. As long as carcinoma remains in the stage of a local affection, electrolysis will cure it, but when deposits already exist in internal organs, the disease is incurable. Most carcinomatous patients do not exhibit a cachectic appearance during the earlier stages of the disease; cachectic phenomena develop themselves later, especially from absorption of the products of decomposition of the cancer cells, which, like other excrementitious matter, act deleteriously upon the system. (N. A. J. H., v. 22, p. 65.)

Canine Madness. Dr. E. P. Philpot furnishes the following differential diagnosis on true and spurious "dog madness" to the *British Medical Journal*, under date of March 8th, 1873.

Hydrophobia.	*Distemper.*
Definition. A fatal form of madness communicable from the lower order of animals to	A form of rabid madness, non-communicable to man; characterized by foaming at the mouth,

man, characterized (as the name denotes) by an intense dread of water.

Synonym. None.

Premonitory Symptoms.

Begin two days beforehand, loss of spirits, loss of appetite, general depression.

General appearance during an attack.

When let alone, the dog lies sullenly, as if "out of sorts," and depressed, notices little, but recognizes his master by wagging his tail. Violently insane only on the approximation of water.

Fits. Absent.

Foams at the lips. Absent.

Water. Sprinkled over or near him, causes violent convulsions.

Thirst. Absent.

Desire for water. Absent on account of dread.

Appearance of eyes. Dull or heavy.

Howling and barking. Absent.

Muscular affections of the throat, causing inability to swallow anything. Absent or not observable.

Causes. None.

impairment of deglutition and a desire to vomit.

Synonym. Rabies.

Premonitory Symptoms.

Loss of appetite and slight huskiness in the throat.

General appearance during an attack.

The dog bites at any of its fellows, gnaws at the bed or wall, eats straw and snaps at his attendant.

Fits. Present in a marked degree in most cases.

Foams at the lips. In most cases very much, and leaves it on the surface of the water, he vainly tries to drink (the foam is caused by vain and futile efforts to drink or swallow).

Water. Has no effect upon the animal.

Thirst. Intense, insatiable.

Desire for water. Very great.

Appearance of eyes. Dull and green in their reflection.

Howling and barking. Present.

Muscular affections of the throat, causing inability to swallow anything. Well marked.

Causes. Inflammatory action internally pervading the system.

Prognosis. Very bad, always fatal, no chance for recovery.

Termination. The symptoms do not vary to any great extent towards the termination.

Pathology. Intense inflammation of the brain, extending to the throat and lungs.

Prophylactic treatment. None.(?) (The interrogation is ours.)

Prognosis. Good or bad according to the severity of the fits.

Termination. A fit.

Pathology. Inflammation of the brain, often extending to the throat, the lungs and the intestines.

Prophylactic treatment. Vaccination is a certain preventive.

Signs of Madness in Dogs. A short time, sometimes two days, after madness has seized a dog, it creates symptoms in the animal which it is indispensable to recognize.

First. There is agitation and restlessness, and the dog turns himself continually in his kennel. If he be at liberty, he goes and comes, and seems to be seeking something; then he remains motionless, as if waiting; then starts, bites the air, as if he would catch a fly, and dashes himself howling and barking against the wall. The voice of his master dissipates these hallucinations; the dog obeys but slowly, with hesitation, as if with regret.

Second. He does not try to bite; he is gentle, even affectionate; and he even eats and drinks, but gnaws his litter, the ends of curtains, the padding of cushions, the coverlets of bed, carpets, etc.

Third. By the movement of his paws about the sides of his open mouth, one might think he was trying to free his throat of a bone.

Fourth. His voice undergoes such a change that it is impossible not to be struck by it.

Fifth. The dog begins to fight with other dogs; this is a decidedly characteristic sign, if the dog be generally peaceful.

Sixth. The three symptoms last mentioned indicate an advanced period of the disease, and that the dog may become dangerous at any moment if immediate measures are not taken. It is best to chain him up at once, or better still, to kill him. (Quoted by B. W. James, H. M., April, 1873, p. 436.)

Hydrophobia has a corresponding disease in men and women. In a man who shuts up the genital organs by over-excitement, imbecility follows, sometimes madness, cruelty or tyranny; he may launch out in the wildest extremes, wholly unlike himself, or se-

clude himself from all social life. At such times he approaches nearest to the canine condition, and if he were not of a higher order of beings, his bite would be equally dangerous. I believe the virus is the same, and that it was first introduced in form of disease by just such conditions, and contains even now the primates of the virus which the dog imparts to the circulation in the bite. Men of strong sexual desires have a malady which compares in every respect with hydrophobia, and such impart the disease to pure women, or rather manufacture the disease when both were free from it.

In women we have nymphomania traced to the same cause. The virus passes into the clitoris, and an irritation commences which produces intense desire. (Kirby, M. I., v. 10, p. 292.)

Laches. cured rabies in a day. (C. E. Toothaker, H. M., April, 1873. p. 439.)

Stramon. A drop of the tincture cured a case of hydrophobia. (J. C. Morgan, April, 1873, p. 438.)

Fever.

The Febrile State and its homœopathic treatment. (Bayes, B. J. H., 1873, p. 508.)

Pyrexia. Definition—elevated temperature. *Acon.* and *Aconitine* cause diminution of the temperature. *Nitrite of amyl* lowers the temperature. *Bellad.* and *Atrop.*, small doses, increase, and large ones diminish the temperature. *Calcar.* elevates the temperature. *Carbonate of ammonia* diminishes it. *Calabar bean* slightly raises it. *Camphor.* raises it. *Chloral* depresses it in health, but in cases of fever the effect is variable. *Coffee* elevates the temperature. *Gelsem.* reduces it. *Datura* and *Hyosc.*, in small doses, increase, and in large doses decrease the temperature. *Ipec.* diminishes it. *Morphia* hypodermically, lowers the temperature at first, but raises it afterwards. *Phosphor.*, at first a slight rise, then a depression, then a rise followed by depression. *Ver. vir.*, no effect on temperature. *Woorara*, decrease of temperature. Curare, *Moschus*, *Strychnine* and *Bromin.* raise the temperature. *Picrotoxine* and *Nicotine* cause a primary elevation, followed by a depression of temperature. The only treatment of service in a case of hyperpyrexia is hydropathic. Galvanism may be required in the treatment of hyperpyrexia. (J. G. Blake, M. H. R., v. 17, p. 664.)

C. Hering, in his great article "how to treat prevailing diseases," speaking of intermittents, remarks: Homœopathy in treating intermittents, considers in the selection of the remedy all *essential* and especially the *characteristic* symptoms, and unites them into *one picture of the disease*, as it also does in every other disease. The periods of chill, heat and sweat will hardly ever lead us to the selection of the remedy, we must look for the far more important concomitants. Where *sufficient symptoms* are sought to indicate *with certainty* the remedy covering every symptom, there also a certain cure of the fever with all the adnexa of all other ailments is sure to follow. The *only real difficulty* in the homœopathic treatment of intermittents lies only in the search for a perfect, sufficiently individualizing picture of the disease and the remedy corresponding to it, for every solitary patient the remedy must be separately searched for and found *de novo*. (N. A. J. H., v. 20, p. 307.)

Intermittent Fever. *Nux vom.* Vomiting of greenish matter or undigested food, inclination to vomit accompanied by retching, with or without colic, bitter taste, headache accompanied by a feeling of suffusion or fullness in the eyes, abnormal condition of urinary organs, pains in all the joints of the body, feels as if the back was broken, exceedingly bad humor.

Ipec. Vomiting of a dark-colored liquid with or without traces of blood, colliquative diarrhœa of dark-colored stools or of greenish and dark-colored matter, with particles having the appearance of coagula, stools of light yellow color or like fermented matter; tenesmus, impatience, fretfulness, lancinating pains in the head, difficult respiration, pains in the left hypochondrium, pains and tired sensation in the joints.

Plant. maj. Fever which has run its course for many weeks and months, intractable to quinine and other febrifuges. Recurring during the day-time and a relaxation of the sphincter vesicæ.

Cact. grand. Flushes of heat in the face, suffocation, fever brought on by exposure to the sun's rays, eyes blood-shot, cerebral congestion even to coma, suppresison of urine and pains in the bladder during febrile access, lancinating pains in the heart, violent vomiting not controlled by *Nux* or *Ipec.* Where perspiration fails to show itself *Cact. grand.*[30] will always cause a much more profuse perspiration.

Arsen. Cadaveric hue of countenance, unabated and excessive thirst, burning in the stomach, restlessness and anxiety, sensation of something heavy lying on the stomach, tongue dark-colored or indented by irregular fissures, marked periodical recurrence, dropsical effusions.

Ant. crud. Slight perspiration, which suddenly disappears and then reappears, rheumatic pains in joints of upper extremities, copious micturition, tongue covered with a chalky-white coat, except in small round maculæ.

Bry. alb. Fever caused by getting wet, occipital headache, more in the cerebellum or when preceded by rheumatic pains in the muscles of the whole body, pains in the right hypochondrium, hunger quickly appeased, rumbling in the bowels, rotatory vertigo, then pains in the head and chills with ague fits, redness of the face and thirst.

Chin. sulph. Affections of the spleen, severe headache with vertigo, burning in the ears, in cachectic persons weakened by loss of blood or from continued and long prostration.

Acon. shortens and controls violent or continuous febrile paroxysms, in twenty-four hours another set of symptoms will show itself. Cured by *Nux vom.*, *Ipec.*, *Plant. maj.*, *Cact. grand.*, etc.

In very persistent cases, where the periodicity of the return of of the access is distinctly marked, and *Arsen.* or *Ipec.* do no good, give some remedy in repeated doses, *till its type changes;* that is, if the accesses are diurnal, give *Ipec.* till they are repeated every third day twice, then look close to the symptoms in their totality and give the corresponding remedy.

In malignant fevers the paroxysm is invariably continuous and there supervenes at once sudden and general collapse of the whole system, making the type more unmistakable in the bloody, putrid evacuations, which are soon present. *Fel. vip. acuat car.* relieves this symptom and then fall back to the indicated remedy. (S. B. Higgins, N. A. J. H., v. 22, p. 180.)

Apis mel. cured intermittent fever, the patient sleeping during the fever, being its characteristic indication. (C. Preston, H. M., Jan., 1873, p. 296.)

Intermittent Fever. Mr. M., æt. 35. Has had a chill every other day for last three weeks; chill very violent with little heat, but profuse cold, exhausting sweat; chill preceded by headache, yawning and stretching; very thirsty, drinks often but little at a time. *Arsen.*^{2c}, one powder every six hours. Cured in ten days. (W. F. Edmundson, H. M., May, 1873, p. 470.)

Mr. C., æt. 38. June 11th. Has taken quinine. Chill every other day, followed by fever and sweat; sleeplessness, with very profuse perspiration at night. Chill comes on between 1 and 2 P.M. No appetite, has to force himself to eat; oppressive feeling in chest, with a burning sensation in the same; extreme restlessness; better from warmth. ℞. *Arsen.*^{2c}. June 13th. Better. ℞. *Sacc. lact.* June 17th. Worse. ℞. *Arsen.*^{2c}. June 19th. Chill changed, very violent, fever very light, followed by headache, nausea, vomiting. ℞. *Ipec.*^{2c}. No more chills. Cured. (W. F. Edmundson, H. M., May, 1873, p. 468.)

Mr. B., æt. 27, was attacked by intermittent fever of the tertian type; the chills were slight, fever intense, and perspiration moderate; severe frontal headache; pains in all parts of the system, particularly in back and legs; aversion to food, with bitter taste in the mouth; pulse during the intensity of the fever varying from 140 to 160, during the apyrexia slow, with marked physical prostration. Gave *China*, *Chin. sulph.* and *Chinoid.* respectively, without effect. Arriving one morning, just as the chill—the most severe of all since the attack—set in, I resolved to try electro-magnetism. Seating my patient on the positive electrode, secondary current, strong power, I applied the negative sponge electrode to the entire body, especially over the spine. In three minutes the chill was relieved, followed by slight reaction; no recurrence since; a period of six weeks. (Lounsbury, M. A., Nov., 1873, p. 513.)

Intermittents and Natr. mur. Had it for two years in Texas; now treated for three months at home without relief by old school. Severe chill between 9 and 11 A. M., followed by dry heat and great thirst; perspiration; every paroxysm terminated with great lassitude, preceded by headache, as if the head would burst; *continual stitches in hepatic region during apyrexia;* urine red and muddy, with sandy sediment after standing. *Natr. mur.*^{30} cured the case gradually, but permanently. (Dechére, N. A. J. H., v. 22, p. 76.)

A child of Mr. W., æt. 6, had a hard chill every morning at eleven o'clock, with great thirst, lasting through the subsequent stages of fever and sweat; emaciation, particularly about the neck; loss of appetite; countenance sallow; great weakness and general malaise. Sulphate of quinine had been given for several days without any amelioration. *Natr. mur.*^{2c} cured the disease in three days. Has had two paroxysms; now complains of pains round the loins, at

times extending up the back and across the abdomen; tongue flabby; appetite lost; general malaise; urine reddish, either profuse or scanty; feels as if another attack were impending. *Natr. mur.*[2c]. Three days later, slight pain down right side and across loins; no shiverings; no thirst; urine clear; no return of the attack. Repeat *Natr. mur.*[2c], four times a day. Two days after complains of rheumatic pains. *Bryon.*[2c], four times a day. Soon well. (Morrisson, M. H. R., v. 17, p. 239.)

Man, æt. 21. Quotidian four months. Chill begins in knees and back; *nails blue*; thirst before and during chill; cold stage lasts from one to two hours; hot stage an hour long; no thirst; profuse epistaxis from right nostril; no sweat. Has been allopathically treated without effect. *Nux vom.*[1m], a powder night and morning. Had a slight paroxysm the day after taking the first powder, but no more since.

Boy, æt. 17. Chill, followed by a dumb ague, with partial paralysis of the legs. *Nux vom.*[1m] changed this into a tertian without a chill (some the first paroxysm). *Nux vom.*[94m] completed the cure.

Boy, æt. 13. Was cured two years ago of ague by *Sepia*[5c]. Chill at 11 A. M., lasting one hour; *nails blue*. *Nux vom.*[1m], night and morning was given. In four days reported one paroxysm since, and an eruption conspicuous upon and about the lips. *Nux vom.*[1m], a powder each night was given, and he had one paroxysm and was cured.

Woman, æt. 30. Two months, tertian chill at 7 A. M., lasting twenty minutes; *nails blue*. Hot stage lasts ten minutes; sweat nearly all day; violent headache; she has to lie down. *Nux vom.*[1m], a powder night and morning was given, and she did not have another paroxysm.

Man, æt. 21. Chill every A. M., with neuralgia, commencing in temples, and extending down ramus of inf. max., and posteriorly to occiput, with epistaxis for two months. Cured by *Nux vom.*[1m]. (H. P. Partridge, N. Y. J. H., Oct., 1873, p. 375.)

Child, æt. 3, since three weeks treated as a case of hydrocephalus acutus by four old school physicians, and given up as incurable. Child is perfectly conscious; great headache; great thirst; pulse accelerated, soft; emaciation; every evening restless and headache, sometimes delirium, followed by sleep, great heat and then perspiration. Through the day chilly; no appetite; constipation. Swelling of left lobe of liver and of spleen; stool hard and white like chalk; urine scanty, dark, without bile in the night;

through the day normal. *Nux vom.*[3] and *Arsen.*[3], alternately every hour. In four days the paroxysms ceased. On the twenty-first day another paroxysm; no headache, but a troublesome dry cough. *Nux vom.*[3] and *Ipec.*[3], alternately, every hour. Cured entirely. (Bojanus, Hom. Gaz., in St. Petersburg; H. Kl., 1873, p. 144.)

Berb. vulg. This drug has been recommended by Pierry for fever and ague with enlarged spleen. Whenever he found the spleen enlarged in a patient suffering from ague, intermittent or hectic, he gave *Berb. vulg.* instead of quinine, and the fever abated in a few hours. (B. J. H., 1873, p. 190.)

Intermittent Fever with Choreic Convulsions, both occurring every day in P. M. Cured by *Tarant.*[3c]. (Firmat.)

Remittent Fever occuring every autumn, through winter; tongue dark-brown coat, sordes; sharp pain in right hypochondrium, painful swelling in left ovary; fetid leucorrhœa; breath and stools fetid. Relieved by *Carb. ac.*[2c]. (J. H. Jones, N. E. M. G., p. 158.)

Relapsing Fever. In an article on an epidemic of relapsing fever in Aberdeen, Dr. D. Dyce Brown, writes as follows, concerning the treatment: In the earlier cases, when the watery diarrhœa and vomiting were present, I gave *Arsen.*, and found that it signally met these symptoms. When these symptoms were not so severe, and there was simply gastric disturbance, with some diarrhœa along with the fever, I prescribed *Baptis.*, every two hours, as the state of the patient, during the attack at least, more resembled typhoid than any other fever. *Acon.* certainly was not of the slightest use. My impression and belief is decidedly to the effect that *Baptis.* will, if administered sufficiently early, lessen the duration of the paroxysm and relapse, and conduct the patient safely and mildly through it. It will not prevent the relapse. *Hyposulphite of soda*, five grains, three times a day, prevented the relapse in one case. The experiment was tried in others, and the conclusion drawn was, that although not infallible in preventing the relapse, it yet did so in a sufficient number of cases to make it a most valuable acquisition to our armamentarium. (B. J. H., 1873, p. 355.)

Fever—Continuous—Remittent. Occurring autumn and winter; rigors of various intensity, preceding the heat, chills remittent, the whole period may last only half an hour, or appearing in paroxysms the whole day, accompanied by thirst; the more severe the chills, so much more intense the paroxysm of heat;

during heat, pulse 160 in young patients, 130 in adults; most intense, evening; sweat after midnight with relief; thirst, dryness of the mouth; relief from small quantities of water often; at night, headache, prostration in proportion to quickness of pulse. The frequent pulse characteristic of *Sulphur*. Frequently delirium; yellow skin; dry tongue, with or without yellowish-brown coating in middle; craving for acids. The above indications derived especially from seven cases, all successfully treated with *Sulphur*. Case of L. H., boy, æt. 10, has been sick nineteen days; disease commencing with diarrhœa; unconscious the last five days; pulse 135–40, small, hard; no eruption. Febrile aggravations very indistinct, recognizable only by periods of restlessness and screaming of the patient, who is appeased by a little water; the mouth closed and jaw rigid; sordes on teeth and tongue; stiffness of the jaw is apparently caused by inflammation, and gangrenous sloughing of buccal mucous membrane. Offensive bloody ichor runs from lower corner of mouth. *Phosph. ac.*, no relief; *Sulphur*, curative. (C. Wesselhœft, N. E. M. G., March, 1873, p. 117; see also p. 217.)

Typhoid Fever. Review of a report on, made to the American Institute of Homœopathy, in 1872. (H. V. Miller, H. M., June, 1873, p. 509.)

Typhoid Fever. A clinical report of cases by A. E. Small. (U. S. M. and S. J., v. 8, p. 167.)

Differential Diagnosis of Typhus and Typhoid Fevers. A paper on. (Hawley, H. M., Aug., 1873, p. 41.)

Differential Diagnosis of Typhus and Typhoid Fevers. (H. V. Miller, H. M., Aug., 1873, p. 42.)

Characteristic indications for *Arum triph.*, in typhoid as well as other fevers, are: picking the ends of the fingers with the nails; picking the dry lips till they bleed; great restlessness, the patient tosses over the bed, wants to escape while perfectly unconscious of what he is doing, or what is said to him; urinary secretions generally suppressed. (A. Lippe, M. I., v. 10, p. 436.)

Arum triph. Typhoid fever, with lips and corners of the mouth sore and cracked; excessive salivation; saliva acrid; breath very fetid; picking of the lips; boring of the nose. (T. D. Stow, H. M., Dec., 1873, p. 205.)

Bapt. tinct. Threatened typhoid fever, is in bed; face flushed and wearing a besotted look; eyes injected; pulse high; great prostration; listlessness; *falls sound asleep* while talking with him,

in the midst of his attempted answers; heavy sleep till again aroused by shaking or calling sharply by name; *then awakes only to again fall asleep in the middle of a sentence, which he in vain tries to finish.* The remedy will produce sweating and permanent relief. Typhoid fever originating from confinement on shipboard without good care and food. Yellow or *yellowish-brown* coating along centre of tongue, with *bitter* or *flat taste* in mouth, sometimes *putrid*.

The tongue is covered with reddish papillæ; it is *swollen* and *thick*, so that the patient talks with difficulty. There is another symptom exactly similar to *Arnic.*, viz.: "The patient changes his position frequently, because the bed becomes *too hard;* he feels as if he was *lying on a board*. This feeling is especially complained of as being in the region of the *sacrum*."

Face and *whole head* feel *numb*. Abdominal muscles *sore* on pressure; acute pain, intermitting. Patient tosses about the bed in order to get her *body together*, thinking herself in *pieces*.

A somewhat analogous symptom occurs under *Opium*. The patient feels as if her lower limbs were *severed* from her body, and they belonged to some one else. This latter symptom has been observed by myself in opium-poisoning, and has never appeared in print. (C. C. Smith, H. M., June, 1873, p. 505.)

A man coming on shore from a long voyage with improper food and water, had *delirium*, falling asleep in the midst of a sentence while answering any questions; snoring respiration; face flushed, dusky; tongue thick; pulse 110. ℞. *Bapt. tinct.*, followed by perspiration and abortment of the threatened fever. (C. C. Smith, H. M., June, 1873, p. 507.)

Baptis. removed sensation as though there was a second self outside of the patient in typhoid fever. (Korndœrfer, H. M., Jan., 1873, p. 293.)

Case of typhoid fever accompanied by constant rolling of the head day and night; moaning; tongue dry and red; previously black; pulse 130; temperature 106. *Helleb.* Cured. (Strong, M. I., v. 10, p. 211.)

A patient had been ill two weeks; had a diarrhœic attack, dark and fetid, running into hemorrhagic discharges, large, of black, grumous, fetid blood, under which the patient sank rapidly; was pale and excited; slightly delirious; fearful of death. ℞. *Rhus. tox.*^{6}, without benefit. Then ℞. *Hamam.*^{3}, in solution, two hours, and by injection. After second injection no operation for six days; rapid recovery. (Seward, H. M., April, 1873, p. 419.)

Typhus. Ninth day. Patient lying on back, eyes wide open, staring and immovable; is unconscious; face red, lips black, tongue dry and black, lower jaw hangs down; urine involuntary, it leaves large streaks of red sand on the sheet; skin dry; pulse over 200. Dr. Hering was called in consultation; both he and Dr. Lippe feared paralysis of the brain. Before Dr. Lippe found the red sand he was deliberating between *Opium* and *Hyosc.*, the sand pointed to *Hyosc.* *Opium* has the symptom more often in a state of *snoring* with the eyes half closed (*Lycop.* has red crystals in urine and falling of lower jaw; increase of urine only at night). *Hyosc.*[2c], one drop in a half tumblerful of water; several spoonfuls were given, and in six hours the patient perspired, the jaw closed, and he was out of danger. (Reported by J. Heber Smith, N. E. M. G., Oct., 1873, p. 449.)

Laches. cured tpyhoid fever with delirium; tongue dry, black, cracked; throat dry and cracked; unable to put tongue out third week. (Boyce, H. M., June, 1873, p. 541.)

Typhoid Fever. Child, æt. 3; muttering delirium; *yellowish-red, dry, tremulous* tongue; moderate thirst; pulse 70; rational for a little time when awake, then subsides into delirium; paralysis of motory nerves of left limbs. R. *Laches.*, cured in six days. (Brewster, H. M., June, 1873, p. 541.)

Mr. M., exposed all day to cold, wet weather. At night he retired and was found comatose; high fever; tongue dry, red at tip, soon becoming brown in centre; pupils at first contracted, then dilated; vomiting of greenish water; at times very restless from colic, requiring three attendants to keep him on the bed; continually throws off the bed-covers; unconscious of external impressions; pulse about 120, four to one respiration; involuntary stools and micturition; the fever-thermometer was not used. On the second day the patient, *after sleeping a short time, invariably awoke throwing off the bed-covers with terrible restlessness and tossing.* *Laches.*[2c]. An occasional dose was within one hour followed by a marked abatement in the symptoms; patient became perfectly quiescent; the pulse was less frequent; the tongue improved in appearance. He became conscious on the fifth day. In about nine days from its incipiency every trace of the fever, except debility, was removed. Afterwards a severe headache supervening, with aching and lancinating pains *extending from left occipital region through the head to forehead and eyeballs.* *Gelsem.*[30], occasionally repeated, soon relieved the headache,

and on the twelfth day my patient was discharged, cured. (H. V. Miller, H. M., June, 1873, p. 543.)

Laches. Bad sores in typhoid fever; ulcers, red and inflamed, with black edges. (Strong, H. M., June, 1873, p. 541.)

Milk in Diarrhœa and Typhoid Fever. Considerable has been lately said in medical journals concerning the value of milk as a remedial agent in certain diseases. The *Milk Journal* states on the authority of Benjamin Clarke that in the East Indies warm milk is used to a great extent as a specific for diarrhœa. A pint every four hours will check the most violent diarrhœa, stomach-ache, incipient cholera and dysentery. The milk should never be boiled, but only heated sufficiently to be agreeably warm, not too hot to drink. Milk which has been boiled is unfit for use. This writer gives several instances to show the value of this simple substance in arresting this disease, among which the following is to be noted: "It has never failed in curing in six or twelve hours, and I have tried it, I should think, fifty times. I have also given it to a dying man who had been subject to dysentery for eight months, latterly accompanied by one continual diarrhœa, and it acted on him like a charm. In two days his diarrhœa was gone, in three weeks he became a hale, fat man, and now nothing that will hereafter occur will ever shake his faith in hot milk." A writer also communicates to the *Medical Times and Gazette* a statement of the value of milk in twenty-six cases of typhoid fever, in every one of which its great value was apparent. It checks diarrhœa, and nourishes and cools the body. People suffering from disease require food quite as much as those in health, and much more so in certain diseases where there is rapid waste of the system. Frequently all ordinary food in certain diseases is rejected by the stomach, and even loathed by the patient; but nature, ever beneficent, has furnished a food that in all diseases is beneficial—in some directly curative. Such a food is milk. The writer in the journal last quoted, Dr. Alexander Yale, after giving particular observations upon the points above mentioned, viz.: its action in checking diarrhœa, its nourishing properties, and its action in cooling the blood, says, "we believe that milk nourishes in fever, promotes sleep, wards off delirium, soothes the intestines, and, in fine, is the *sine qua non* in typhoid fever." We have also lately tested the value of milk in scarlet fever, and learn that it is now recommended by the medical faculty in all cases of this often very distressing children's disease. Give all the milk the patient will

take, even during the period of greatest fever; it keeps up the strength of the patient, acts well upon the stomach, and is every way a blessed thing in this sickness.

Exanthemata.

Malignant Scarlatina. Child, æt. 6, violent vomiting; fever high; restlessness with somnolence; pulse 140; tongue dry; throat sore; tonsils swollen; breath fetid. *Bellad.*[2m] solution, three days. *Amm. carb.*[2c] solution, one day, without apparent effect. Fifth day the parotid and sub-maxillary glands much swollen, especially right; swallowing difficult and painful; could scarcely open mouth; respirations snoring or rattling whether asleep or awake, as in diphtheria; breath very offensive; deafness; dirty, putrid sanies from mouth and nose; pulse 150; rash fading; wild mania with terror, imagined he was to be killed, but struck friends who came to help him, desire to leave bed, imagined he was driving a horse, feigned he would take medicine, then suddenly seized goblet and poured it out, picked hands, fingers and bed. *Stramon.*[2c] solution, two doses. Relief. (N. E. M. G., Jan., 1872, p. 1.)

Post-scarlatinal Albuminuria. Girl, æt. 9, scarlatina had been mild; became languid; vomiting yellow mucus; tongue coated white; not relieved by *Ant. crud.*[2c]; attack of lancinating pain in head, would cry out suddenly; relieved by holding head firmly; face and abdomen swollen; feet not swollen; urine scanty, turbid, dark; albumen abundant. *Bryon.*[2c] solution. No improvement after twelve hours. *Tereb.*[2c] solution. Cured. Albumen diminished third day, disappeared sixth. (J. B. Bell, N. E. M. G., Jan., 1872, p. 4)

Convulsions in consequence of albuminuria in the fifth week of an attack of scarlet fever. *Moschus*[1] relieved in a short time, after *Bellad.*, *Hyosc.* and various derivantia had been of no avail. (Dittrich, H. Kl., 1873, p. 21; N. A. J. H., v. 11, p. 78.)

Convulsions after scarlet fever; great dilatation of the pupils; inability to sleep. *Ver. vir.* (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

On Vaccination. At a meeting of homœopathic physicians, the following was the result of their deliberations: first, that vaccination from arm to arm, or with cow-pox virus, cannot be considered as a sure preventive against small-pox, as, according to statistics, the majority of persons attacked were such as had been vaccinated. Second, that by vaccination scabies, tetter, scrofula and syphilis may be carried over to other organisms; that *Sulphur*, in a homœopathic dose, may lessen the bad effects of ordinary vaccination; that homœopathic vaccination, by means of potentized *Vaccin.* internally after *Sulphur*, is the best preventive against small-pox.

Further experiences have shown me that the *Var. hum.* is still better than the *Vaccin.* The proceeding of a homœopathic vaccination consits in the following: I administer for three days, night and morning, *Sulphur*[x], and give it time to unfold its action for from four to six weeks. If, during this time, no eruption or glandular swelling appear, I then give *Variol.*[6], for three days, night and morning one dose. On the seventh or eighth day, usually some febrile symptoms appear, which are speedily subdued by a few doses of *Acon.* There appear now, or a few days later, red, itching spots under the epidermis, which grow paler on the following days, and on the eighteenth or twentieth day the epidermis peels off. It is well now to rub the entire surface with warm olive oil; a few days later the patient may receive a lukewarm bath of wheat bran, and the homœopathic vaccination is completed.

In cases of variola I first give *Apis*[x] and *Merc. sol.*[x] in water, alternately, a teaspoonful every two hours through the day. At night, only in case of great fever-heat, *Acon.*[x]. This for three to five days. Then follows *Variol.*[6], in torpid cases *Variol.*[3]. In a short time the pustules commence to dry, leaving no scars. (Von Kaczkowski, J. Pr., 1873, p. 37, etc.)

Testimony in Favor of Internal Vaccination by Vaccin. Of all the small-pox epidemics in a period of forty-three years, that which prevailed during 1872–3 was the most malignant. During this epidemic I have come to the following conclusions: first, there is no better preventive against this scourge known to me than internal vaccination. Second, I prefer it decidedly to any other kind of vaccination. Third, I consider it truly homœopathic; and, fourth, it is not only the best preventive, but also the best curative agent. The uncertainty of the usual way of vaccination is a matter of experience and facts. The statistical summaries on small-pox I have little faith in; they appear to me like incorrect calculations in which inadequate quantities have been added together to bring out a result favorable to vaccination. How can you arrive at a true result if you count the young, strong and healthy

man in military service in one class with the frail, poor and wretched infants of one year? This whole way of statistical reasoning is an entirely illogical procedure. (C. Müller, in Brüx, J. Pr., 1873, p. 592.)

On Vaccination. According to my opinion vaccination must be placed among the greatest errors and illusions of medical science. The dogmatical reasons upon which these illusions still continue to enact a wide-spread influence are the following:

First. Vaccination causes a decrease of small-pox epidemics in regard to their number as well as their intensity and extensiveness, and mortality.

Second. Those vaccinated are not subject to true variola, but only to varioloid; the attack is much milder, and the mortality much less, than in cases of those who have not been vaccinated.

Third. Vaccination protects for life-time.

Fourth. Proof of all this is found in the statistics of all countries, and at all times.

To this the following remarks:

Ad. 1. One instance for many. In the year 1801, before any vaccination had been practiced, there died in Sweden among one million of inhabitants, 600 with small-pox; in the year 1802–3, when vaccination had begun, the number of death-rate amounted to 990; in 1804, to 450; in 1805, to 600; in 1806, notwithstanding the greater extension of vaccination, to 870; in 1807, to 780; and 1808, to 1,000. Later the number of deaths fell down to 350; but in the year 1786, when vaccination did not exist, the number of deaths had not amounted to any more.

Thus varies in all ages and countries the number of deaths from small-pox each year; at one time the epidemics are severer, at another time milder. But even taking for granted, that in general there were of late a decrease of the disease, would it be logical to attribute this to vaccination? Has the further advance in culture, in hygiene, in medical science nothing to do with it?

Ad. 2. Who ever has observed epidemics and sporadic cases will know that those who have been vaccinated, are not seldom attacked with the confluent form, while such as are not vaccinated escape frequently with a mild form. The mortality, if all circumstances are carefully weighed, shows no difference between vaccinated and not-vaccinated persons. And if in some epidemics among the not-vaccinated children, a greater number of deaths should statistically be proved, we may easily find the reason in

this, that only the stronger and healthier ones were deemed fit for vaccination; while the weaker and sicklier ones were left alone. Would it not be wrong to expect from this class of children a smaller contingent to the number of death-rate, than from the stronger and healthier class?

Ad. 3. This is an obvious illusion of the 1,337 cases of small-pox in Berlin, in 1870, 1064 had been vaccinated once, and 127 twice; only 237 had not been vaccinated. Of the 6,213 small-pox cases which were treated in the general hospital at Vienna, in the years 1836–56, there were 5,217 who had been vaccinated; among the 1,330 cases treated from August, 1858, till the close of 1864, there were only twenty who had not been vaccinated. In England the statistics show that within the years 1842–65, there died with small-pox 104,213 persons, of whom at least eighty-four per cent. had been vaccinated.

The faith in the protection of vaccination, for life has grown shaky even with its advocates; for re-vaccination is now everywhere recommended every ten, and even every six years. If this fading of faith should continue in an arithmetic progression, even the strongest faith would soon arrive at the point, null and void.

Fourth. Statistics are elastic, serviceable for any purpose. The diminution in the severity of small-pox epidemics has much more its cause in the rational dietetics than in vaccination and re-vaccination, otherwise those who caught the disease could not have belonged to the vaccinated portion of the community. (J. Hermann, Allg. Wien. Med. Ztg., 1871; J. Pr., 1873, p. 146.)

Observations on Vaccination, lues gonorrhoica, sycosis. (C. Kunkel, J. Pr., 1873, p. 584.)

Atrophy of the Right Arm after Re-vaccination. Allopathic treatment failed; electricity had no influence. Heavy sleep; feels badly in the morning, can't scarcely get "agoing;" stool extremely hard; bleeding after stool; urine scanty. Especially prominent is the atrophy of the adduct. pollicis; flexion of thumb and forefinger impossible; the function of biceps wanting; extension tolerable normal; the lower arm always "icy cold." *Thuya*[30], one dose. In about a month stool normal. Three months later general health all right and flexion of thumb and forefinger possible again; the function of biceps had not returned a month later. (C. Kunkel, J. Pr., 1873, p. 166.)

Baptis. in Small-pox. During April, May, June and July of the year, nearly three hundred cases of variola came under my

care in a large institution in this city; the earlier cases were treated some with *Tart. em.*[3x] and higher, others with *Vaccin.*, and some with *Thuya;* these earlier cases would bear a fair comparison with the usual average of recoveries; out of two hundred and ten cases nineteen died, or nine per cent. The remaining cases, about ninety in number, were treated with *Baptis.* only, 1st dec., one drop dose, every two to four, six or eight hours, according to the severity of the case. These cases were not selected, but comprised every case occurring in one department, irrespective of age or severity. Ages varied from three to eighteen years.

In the cases in which *Baptis.* was used, the result was even beyond my expectation. In several confluent cases, which threatened to prove speedily fatal, the effect of the remedy was very marked, inducing a speedy development of the eruption, with corresponding diminution of the constitutional disturbance. Nor was this all, the appetite improved, the patients were able to, and did take abundant nourishment, and continued to do this throughout the attack. In many of these the secondary fever was entirely absent; in other cases the disease appeared to be suddenly arrested, but in all the effect was very speedy in improving the general symptoms. In these that were thus cut short the vesicles seemed to dry up instead of becoming pustular, and there was an entire cessation of all symptoms of illness within a few days after taking the *Baptis.* Many of the patients recovered their usual spirits and tone, and the symptoms were so mild as not to prevent them moving about; one can only assume that the *Baptis.* must be credited with the great modification of the disease.

Of those patients who succumbed to the disease in the earlier part of the epidemic, the majority died on or about the sixth day of illness, and this was preceded by flattening of the vesicles and a very feeble circulation, but in those cases treated by *Baptis.* there was no evidence of the failure of vital power. I believe too that the decomposition of the skin and mucous membrane was much prevented by the use of this drug; at any rate the usual offensive effluvium was almost entirely absent.

In three cases hemorrhage took place, and bleeding at the nose, and in two the catamenia appeared out of due time and excessive in quantity; these recovered without an untoward symptom; in the earlier cases when this symptom showed itself, death followed. In some cases that I had under treatment in private practice, the effect was equally encouraging. (E. Williams, B. J. H., 1873, p. 344.)

Skin.

Ephelides, when they are of a light *yellow* color, are easily removed by the external application of *Chlorine* in solution, with two parts of distilled water, night and morning, for eight to fourteen days. The *brown* ephelides required a solution of *chloride of lime*, in the proportion of 1: 10–15–20 of diluted water, applied with a camel-brush to the parts, or the *tincture of sulphur.* (Hirsch, H. Kl., 1873, p. 30; N. A. J. H., v. 22, p. 102.)

For the removal of *warts*, Dr. Hirsch recommends the local application of a saturated solution of *Kali caust.*, and where a whole crop appears in children, the frequent use of a concentrated solution of marine salt will remove them. (N. A. J. H., v. 22, p. 132.)

Warts. Very numerous on hands of a girl, æt. 12. *Thuya* topically applied. Cured. (J. C. Burnett, H. W., v. 8, p. 38.)

Erysipelas. Disease contracted by a physician while dissecting. Has been sick a week; face swollen, bluish-red, or leaden hue; tongue dry, glossy, tremulous; aggravation from weight of clothes, from noon until midnight. *Laches.*[2c], dry, every three hours. Relief. (J. Heber Smith, N. E. M. G., March, 1873, p. 116.)

Herpes and Graphit. By Dr. Goullon. Herpes may be divided into herpes gastricus, hystericus, plethoricus (from venous stasis), herpes cacochymicus. To one and all of them *Graphit.* is more or less related. *Graphit.* in its relation to different constitutional anomalies, finds induration in chlorosis, scrofulosis, hydrops, arthritis and rheumatism. (N. A. J. H., v. 22, p. 201.)

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Urticaria. Mrs. B., æt. 62, great restlessness of the extremities; violent itching; sleeplessness; urine scanty, full of sediment, burning in urethra during its passage. *Copaiv.*[6] cured her in forty-eight hours.

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by purgatives, and though the rash disappeared in four days, a long train of gastric ailments followed. A new attack, with sleeplessness, anorexia and violent pruritus. *Copaiv.*[6] cured in two days, the rash and the gastric troubles.

M. K., æt. 12. April 14th. Had a severe chill, headache and such malaise that he had to lie down. In the morning flushed face, interspersed with rose spots; urticaria over the whole body, with dry, hot and biting skin (calor mordax), especially disagreeable to the touch. Excessive agitation during the night, great thirst, delirium, intense headache, drowsiness, embarrassed speech, urine scanty, dark-colored and brick-dust sediment. He came from the country, where he was much exposed to the sun. R. *Copaiv.*[6], a drop in 150 grmm. of distilled water, a tablespoonful every two hours.

April 16th. Patient slept; no delirium, and no severe itching. Pulse under 100; face looks pale and natural; still great thirst. *Copaiv.*[12], every three hours.

April 17th. Skin had temperature normal; patient wants some food.

M. S., æt. 25, teacher; delicate health and frequently suffering from throat affections, neuralgic toothache, gastralgia, with constipation. All her ailments are more on the right side.

June 27th, 1870. Urticaria, with fever, insomnia and nocturnal agitation; patient wants continually to scratch; great thirst, with a white coated tongue. R. *Crot. tigl.*[50] in water. Rapid amelioration followed, but she kept on suffering from hepatic gastralgia.

July 12th, 1871. A new attack of urticaria, with aggravation of all her former symptoms. *Copaiv.*[12] in water, soon diminished the fever and burning sensation, and the rash disappeared in a few days.

Aug. 11th. Reappearance of the tenacious eruption, but quickly relieved by a few doses of *Copaiv.*[30]. (Weil, translated by S. Lilienthal, H. M., Feb., 1873, p. 328.)

Eczema Simplex. *Seventy-five per cent.* of all the cases of eczema simplex in the Half-orphan Asylum, have been cured by the internal administration of *Rhus tox.* or *rad.*, from 1st dec. to 30th cent. dilutions. (S. P. Hedges, U. S. M. and S. J., v. 8, p. 441.)

Eczema, *Rhus vern.* (Cretin, Bulletin de la Soc. Hom., 1872; J. Pr., 1873, p. 137.)

Graphit.[1c]. Two doses cured a severe case of *eczema impetiginoides.* It began at first as a moisture behind the left ear, and spread over the left cheeks and neck. The child moved continually on account of the severe itching. (Hirsch, N. A. J. H., v. 22, p. 242.)

Eruption *of itching pustules*, which cease to itch after scabbing over. Painfully sensitive to touch. Aggravated by washing. *Dulcam.*[2c] cured in a few days. (J. Nottingham, N. Y. J. H., June, 1873, p. 162.)

Eczema Chron. On the dorsal regions of both forearms and hands, and on the bends of the knees, and calves of the legs, in a young man of twenty years of age. This eruption is composed partly of thick crusts, and partly of a raw surface, with deep rhagades, constantly secreting an eczematous fluid. It is intolerably itching, decidedly worse during the night in the warmth of the bed. Lips chapped, fingers full of rhagades; face pale, bloated, bowels torpid, constipated. All aggravated by damp and wet. Feb. 4th, 1870, 3d trit. of *Graphit.* Feb. 18th, external application of an ointment of *Graphit.* March 4th, *Graphit.*[30], five glob., every morning. Cured. (H. Goullon, Jr., A. H. Z., v. 86, p. 14.)

Eczema. Behind the left ear spreading under allopathic mercurial treatment over the whole left cheek and down the neck; itching, and secreting moisture continually. *Hepar.* did not improve. *Graphit.*[1c], one dose, improved much in six days. Two or three more doses cured in the course of five weeks. (Hirsch, J. Pr., 1873, p. 343.)

Chronic Eruption. A little girl, æt. 4, health generally good, during three months has had an eruption over the nates and posterior part of the thighs. No diffused redness, but numerous small brown scabs, with slight moisture. Occasional paroxysms of itching, so troublesome at night as to disturb greatly the rest of parents and child. Some small, red, itching spots had recently appeared on the arms. *Graphit.*[6m], one dose cured the case in ten days. (H. Ring, M. A., June, 1873, p. 223.)

Chronic Impetigo Figurata. A boy was brought to Dr. Lacuzon in the following state: face swollen and covered with a thick crust, formed by a purulo sanguinolent exudation, and of the color of chocolate. Only the eyes, tip of the nose and the lips escaped the affection. Ordered *Dulcam.*[9], *Lycop.*[15], *Rhus tox.*[6], *Hydroc.*[6], three doses of each according to their order; one dose of eight glob., dissolved in six tablespoonfuls of water, three spoonfuls daily, then three days rest, again a powder dissolved to be taken every two days with the same intervals. Between the

remedies an interval of five days. Two such courses cured the patient. (N. A. J. H., v. 22, p. 79.)

Furunculi. *Arct. lap.* Burdock has a great reputation with many who have tried it empirically, as a remedy for boils. It is taken in the form of an infusion. (H. V. Miller, H. M., Feb., 1873, p. 344.)

Malignant Pustule. By G. W. Peir. Sore on thumb poisoned while skinning a cow dead from murrain. On the dorsal surface there was a purple spot, indurated and containing in its centre a small vesicle filled with a yellowish-green fluid; the hand considerably swollen as high as the wrist, but not discolored. In spite of exstirpation of the diseased part the arm swelled enormously and became almost of a purple hue. *Laches.*[2c], one powder and a poultice of yeast and powdered charcoal dispelled the dark coloration, but the swelling spread over the pectoral region as far as the median line of the sternum with enlargement and tenderness of the axillary glands. *Arsen*[6] and *Rhus tox.*[3] to be taken in alternation every two hours; gradually brought improvement and finally a cure. (N. A. J. H., v. 22, p. 357.)

Psoriasis. M. B., æt. 10, was cured of psoriasis of over a year's standing, in five weeks by *Carb. ac.*[6], after *Rhus*, *Sulphur*, *Merc. sol.*, *Arsen.* and *Hepar* had been given, without effect. (R. K. Payne, U. S. M. and S. J., v. 8, p. 451.)

Scaly Tetter, backs of hands; worse in cold weather. *Sepia*[30]. (W. M. Williamson, Proc. H. M. S., Penna., 1873.)

Acute Swellings of the Axillary, and Inguinal Glands, and sometimes of the sub-maxillary glands, which threaten to suppurate. *Ars. jod.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

Fatty Tumors. I have uniformly used *Baryta*[2c], in fatty tumors, and have not yet failed to cure a single case. (T. S. Hoyne, U. S. M. and S. J., v. 8, p. 425.)

Chronic Ulcer of the Leg. A case of the above, with sharp stinging pains at night, was cured in three weeks by *Amm. mur.* (M. Preston, M. I., v. 10, p. 145.)

Indolent Ulcers upon the tibia, with bloody, ichorous discharge, corrosive burning, reddish-brown appearance far around, *Arsen.* (H. N. Martin, Proc. H. M. S., Penna., 1873.)

Indolent Ulcer. Mrs. B., æt. 65. Ulcer of four years standing, on inside of left leg. Its larger diameter was four inches; edges irregular, elevated and quite irritable; about half an inch deep in the centre and discharging an ichorous pus. The limb was swollen to the knee, discolored and painful.

She suffered much from heat and an almost intolerable itching, so much so as to frequently deprive her of sleep.

Two years before had used *Sulphur*[2c], *Silic.*[2c], *Arsen.*[2c], *Calc. carb.*[2c], etc., internally, without benefit. Cleansed ulcer with warm water and castile soap, dried it carefully, with a camel's hair brush painted it with *muriated tincture of iron.* Put a soft compress on ulcer, and tightly bandaged the limb from the toes to the knee, repeating dressing every twenty-four hours. The ulcer healed slowly. Cured. (Palmer, H. M., Dec., 1873, p. 198.)

Chronic Indolent Ulcers of the Legs, flat with purple skin; many small sores around the main ulcer which has an uneven bottom, burning and bleeding, even when lightly touched. Ichorous offensive discharge. *Laches.* effectual in two cases. (J. Heber Smith, N. E. M. G., July, 1873, p. 313.)

Laches. cured an indolent ulcer, with a *blue color.* (Gwynn, H. M., Dec., 1873, p. 199.)

Leprosy in Sandwich Islands. Extracts from an article in *Boston Medical and Surgical Reporter*, by S. Kneeland. (Quoted by B. W. James, H. M., May, 1873, p. 492.)

Leprosy. Native woman, æt. 40, pronounced leprous by government physician two years ago; has had an eruption which has disappeared; the skin very dry; painless ulceration of toes; purulent discharge from ears; the eyeballs protrude as if pressed outward by a foreign growth; loss of eyelashes; menstruation absent three years; loss of sensation in thighs. Dec. 20th, *Ars. jod.*[2]; Dec. 28th, *Ars. jod.*[30]. Jan. 6th, anxiety at night, emaciation, sweats; eruption on lips, like herpes; the skin is thin and bleeds from a slight injury; she is sleepy, vomits; more sensation in thighs. *Natr. carb.*[2c], three times dry. Jan. 23d, *Lycop.*[2c], dry; Jan. 30th, *Natr. carb.*[2c], dry; much better in March.

Native woman; sensation absent in left arm; toes fall off; left side of pharynx sore, with suppurating ulcers; menstruation alternately profuse and absent. Oct. 3d, *Laches.*[2c] sol.; sensation returned, and other symptoms were much relieved. Dec. 20th. Reports of late some loss of sensation. *Laches.*[8c], dry.

Native man, æt. 18; little sensation in feet, left knee, left thigh; pain in left ear and throat, left side of throat sensitive externally; no sleep, fever at night; dry cough; skin dry, except at night, when he has hot sweat; itching abdomen. Sept. 4th, *Natr. carb.*[2c]; Sept.,

Laches.[2c]; Oct. 10th, *Laches.*[8c]; Nov. 5th, in good flesh; sensation restored; throat sometimes sore.

Native man, æt. 65; fine papular eruption between shoulder-blades; on chest pink blotches with natural centre; tumor or enlarged gland on neck; nasal passages obstructed with offensive mucus; pains in lumbar region, legs and head; has taken mercury. *Ars. jod.*[2], *Kali jod.*[2], *Carb. veg.*[30], *China* tinct, from March 8th to April 1st. May 3d, eruption better. Pain chiefly in nose and head; coryza offensive, but small quantity. *Aurum*[6]. May 23d, pain in hands. *Calc. carb.*[2c]. Jan., seemed well.

In other cases. Useful: *Ars. alb.*[3] and 30th, *Ars. jod.*[2], *Hydroc.*[1], 5th, 6th, *Pulsat.*[3] and 30th.

Useless: *Alum.*, *Ars. alb.*[3] and 30th, *Ars. jod.*[2], *Caustic.*[30], *Mercur.*[1], *Merc. prot.*[2], *Silic.*[5], *Sulphur*[5] and 200th. (C. F. Nichols, N. E. M. G., April, 1873, p. 152.)

Burns. *Carb. ac.* in oil, externally. (G. Oehme, A. H. Z., v. 87, p. 133; H. M., Sept., 1873, p. 79.)

Carb. ac. in Burns. It prevents by its antiseptic properties the transformation of lymph into pus, and as a consequence also its further effects, secondary fever, headache, drowsiness, etc., and by its paralyzing influence on the ends of the nerves; it deadens all the itching, burning and other painful sensations in the skin. Dr. Oehme uses for that purpose one part of *Carb. ac.* (crystals) to twenty parts of sweet oil, applied as needed every two to four hours. He advises to put the injured part immediately in cold water and let it remain till the patient had recovered from the first shock, remove then (under water) all blistered skin with scissors, apply the carbolized oil and renew the application as often as the pains return. All dried lymph and scabs should be removed and not allowed to accumulate. (We prefer to put the injured part in hot water, and follow hereby Hebra's advice. S. L.) (N. A. J. H., v. 21, p. 415.)

Scald. From hot tea; head, face and neck of a child. *Arsen.*; externally, *Cosmol.* Relief. (J. K. Warren, N. E. M. G., June, 1873, p. 260.)

Fetid Perspiration. *Lycop.*[30] to 200th, has been most serviceable in the treatment of fetid perspiration in the axillæ and of the feet, accompanied with burning in the soles, in women suffering from chronic endo-metritis and disordered vaginal discharges.

In fetid perspiration of the feet in men of a rheumatic tendency, much exposed to the weather, and devoted to hard manual labor,

Rhus tox. possesses a range of remedial virtues not excelled by any in the homœopathic materia medica.

In perspiration of the hands and feet, disconnected from odors of a morbid character, which afflict womankind so largely, *Sepia* is frequently of great service.

The sweat of *Conium* is frequently acrid and irritating to the skin, as well as having a strong fetid scent. Moreover, the peculiar odor is sometimes present without sensible perspiration, and has been known to yield wholly or in part to the employment of this drug.

Dulcam.[6] may be used with advantage when the fetid perspiration is associated with obvious disease of the skin of an herpetic nature. A leading symptom for its use is the aggravation of the skin affection by the application of water.

Graphit. should be considered in this connection.

Staphis. may be used in cases of offensive, strong-smelling perspiration in women afflicted with a yellowish excoriating leucorrhœa, with a predisposition to *cellular polypi* of the womb.

Nitr. ac. in appreciable doses, is of great benefit in foul-smelling perspiration of the feet, in both sexes, when there is an impoverished state of the blood, with weakness of the vital powers. (D. A. Gorton, U. S. M. and S. J., v. 9, p. 13.)

SURGERY.

Naso-pharyngeal Fibroid Tumor. Chas. L. G., æt. 14, first noticed a year ago a tumor growing in the naso-pharyngeal cavity, which gradually increased in size, so that at the time of operating it was about as large as an orange, and seriously interfered with both deglutition and respiration. After etherization, the obstruction was removed by pulling the soft palate forward with a blunt hook, and tearing away the tumor with forceps and fingers. Nose was syringed with a solution of the persulphate of iron, and a sponge saturated with the same introduced into the posterior nares; mouth was afterwards washed out with calendula water, and patient put to bed. Returned to his home in four days; in thirty he was substantially well and no tumor visible. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 347.)

Trephining. A stout young man received a fracture of the skull, right side, temporal region. The outer table of the skull was depressed a distance of an inch and a half, the edges of the fracture comminunted; some pieces of bone were removed and the wound dressed. After consciousness returned it was observed that motion in the left arm was entirely lost, partially so the left leg. Sensation also somewhat impaired; the right side of the face drawn to the left, tongue when protruded also curved to the left; occasional strabismus, dilated pupil and deafness on the right side. Seven weeks afterwards he came again under treatment for epileptic convulsions, which were evidently on the increase. He was trephined and the depressed bone raised. After the operation he made a good recovery, having but one more epileptic seizure. (S. B. Parsons, M. L., v. 10, p. 350.)

Staphylorrhaphy. A young girl, æt. 19, congenital cleft of hard and soft palate. Greatest width half an inch, narrowing gradually and extending to the incisors. Using Whitehead's gag, seizing the uvula and putting the parts greatly on the stretch, the palato pharyngeus, a muscle most concerned in drawing the velum, was horizontally severed at the tonsil by stout scissors. The palato glossus was divided by transfixion. Placing a narrow double edged bistoury, curved in the flat, against the back of the velum, the levator palati was divided by cutting downward and outwards toward the internal pterygoid plate. The tensor palati was severed by transfixing the soft palate internal to the hamular process, and cutting from me, having the double object of relieving muscular action and making an opening to allow the parts to be brought together without much strain. The cleft was pared and four sutures introduced, the needles passing well back from the sides of the cleft, using small half curved needles, silver wire and the ordinary lever holder. The wire was compressed and flaps brought together by an adjuster, and secured by perforated shot. Neither ice water nor styptics were used, as detrimental to union; the line of union was kept clean of pus and blood by a small wet sponge probing. The wires were cut and withdrawn on the seventh day, union being firm, complete, and success perfect. A month later, in order to close the hard palate, incisions parallel to the cleft, and nearly opposite the alveolar process were made, and by a blunt raspatory motion from the incision, raised the covering from the hard palate on either side, and joined the flaps in the median line. Sloughing in the sutures took place, and this was not an entire success. An opening yet remains five lines in length near the incisions. (M. Macfarlan, A. J. H. M. M., v. 6, p. 425.)

Myeloid Tumor of the Gum, of two years growth, issuing from the mouth; greatest measurement from the border of the upper lip around the tumor, lengthwise to the lower lip, being eleven and three-quarter inches. Smallest circumference near the lips, eight inches. Externally it was twisted and bent upon itself, with the apex turned towards the right. The jaws were separated to their utmost, and the tumor as it grew displaced forwards and thrust out the front teeth. The growth looked like the end of a large elongated potato held in the mouth of slightly lobulated, but smooth surface, dark red color, yielding or elastic on pressure; there was but trifling pain. On account of its vascularity the whole mass was removed by the ecraseur, piece by piece, until the

bone was reached. The body of the inferior maxillary was found greatly expanded, consisting of merely a thin shell from within, which in the cancellated structure the tumor had originated, and as it enlarged burst its bony covering. The remaining particles of fibro-plastic and osseous matter were gouged out, leaving the right ramus in position. The cleaned cavity was crowded with styptic cotton, which stopped the free oozing of blood. No return of growth. (M. Macfarlan, A. J. H. M. M., v. 7, p. 479.)

An Epithelioma on the left side of the bridge of the nose, growing rapidly and threatening to encroach on the inner canthus of the eye, was promptly and perfectly cured by cauterization. Liquid carbolic acid was applied several times at one sitting, letting it dry between times; the operation was repeated every two or three days. The hard, dry, dead substance was removed partly by forceps, partly by poultice; the suspicious border was removed in the dry way. (J. C. Morgan, M. I., v. 10, p. 296.)

Denuded Cranium, from a fall. Removed every hair before closing; kept scalp in apposition with the cranium by sutures and bandages. Erysipelas controlled by *Acon.*[30], *Bellad.*[30], *Silic.*[2c], *Arnic.*, externally. (G. T. Charlton, Proc. H. M. S., Penna., 1873.)

Epithelioma. Operated on two old people, successfully excising V-shaped pieces from the lips. In one case ulceration was considerable, discharge profuse, thin, without lymphatic enlargement; used wire sutures, they being less irritating than silk. This affection is almost exclusively confined to the lower lip, and with few exceptions peculiar to men, oftener seen on the left side, generally beginning like a wart or discolored dry scale, terminating in an ulcer having everted edges, with a reddish, concave or bleeding base, discharging freely thin, corrosive ichor. There is little use of operative interferences when the poison has been absorbed by the lymphatics.

Medicines are useless. (M. Macfarlan, H. M., May, 1873, p. 476.)

Partial Excision of the Inferior Maxillary Bone after Gunshot Fracture. (H. W. Fulton, Proc. H. M. S., Penna., 1873.)

Convergent Strabismus. Anna R., æt. 6, convergent strabismus of left eye, variation of three lines from normal vertical meridian; result of convulsions; no refractive medial defect. Performed tenotomy and divided conjunctiva to bring eye into proper position. Cured. (M. Macfarlan, H. M., April, 1873, p. 425.)

Double Divergent Strabismus. Mr. W., æt. 18, has had marked divergent squint since early childhood, both eyes being

greatly turned in; cause congenital. Some months ago had an operation which left his eyes turned outward, causing double vision and subjecting him to remark. Vision is normal. On looking at a gas flame six feet away, with a blue glass held before the right eye, he sees the blue flame to his left hand, ten inches from the white light and two inches below a horizontal; the distance between the flames increasing as he recedes from the light, and *vice versa*. With a colored glass held before the left eye he sees the opposite condition of things. A plane prism of four degrees with its base inclined inwards and downwards thirty degrees from the horizontal meridian corrected the inversion of the right eye; a prism of seven degrees with its base directly inwards suited the left eye. A pair of glasses thus made corrected the diplopia. (M. Macfarlan, H. M., Nov., 1873, p. 156.)

Operation for an Artificial Pupil, Coremorphosis. (Payr, J. Pr., 1873, p. 397.)

Enucleation of the Eyeball. L. H., German, æt. 19, employed in a foundry, received a blow on the right eye, which in twenty-four hours destroyed the eye. Subsequently the ball was enucleated. Gave *Acon.*[10], afterwards gave instead, *Bellad.*[30]. Case progressed rapidly toward recovery, notwithstanding at one time there was threatened meningitis and inflammation of the orbital tissues. (W. L. Breyfogle, M. A., p. 168.)

Cataract Operation, by Gräfe's modified linear method. In twenty-four hours inflammation set in, for which *Acon.* was given without effect. Then gave *Rhus*[20c], with rapid effect, and patient was able to leave her bed the fifth day. (W. L. Breyfogle, M. A., p. 168.)

Serious Injury of the Eyes. In a patient seriously wounded in other portions of the body, by the premature explosion of dualin, the eyes were as follows: both lids cut and torn in every conceivable direction; the left eye badly burned, and filled with pulverized stone; the right eye was found to have a splinter of about three-fourths of an inch long, and a line and a half in breadth driven through the upper lid, and penetrating the ball at the upper and outer edge of the iris. The cornea and iris were completely cut through; the crystalline lens dislocated, the upper edge being dropped downwards and backwards, while the outer edge was presenting anteriorly. Through the opening thus made, the aqueous and vitreous humors had both partly exuded, and the ball was collapsed.

Notwithstanding the collapsed condition of the right eye, it was deemed advisable to save it. With a silver probe the dislocation of the lens was reduced, the edges of the wounded iris brought together, and the lids brought down over the ball, and confined by the free use of collodion painted on.

A light compress, moistened with calendula water, was kept upon the face for a few days. When after a few days, the lids were carefully opened a little ways, the right eye was found to be healing, by first intention; a second examination a few days later, showed the wounds closed, and the ball apparently refilling with humors. This eye continued to improve; it regained its natural size and shape, and the sight became as good as ever. The left eye did not recover as well, an opacity of the cornea undoubtedly an incipient traumatic cataract being the result. (G. M. Pease, M. I., v. 10, p. 284.)

Senile Cataract. Mrs. S., æt. 78, cataract of seven years' duration, in right eye; slight perception of light and shade, showing retina to be good; other eye affected; extraction by linear method gave in a fortnight vision equal to one half. The lens became displaced upwards and backwards during laceration of the capsule, and the vitreous escaped. Fished out the lens. ℞. *Mezer.* for ciliary pain. Cured. (M. Macfarlan, H. M., April, 1873, p. 424.)

Opacity of Cornea—Canthoplasty. H. A., æt. 21. Eight years ago a cloudiness of the right cornea was first discovered by a friend, gradually increasing without assignable cause. After several years the opacity appeared like three irregular milk-white clouds in the middle layers of the cornea. Conjunctival layer not affected; vision much impaired. Use of eyes produced pain in right eye. A scratching feeling about the centre of the upper lid was the most prominent symptom. Close observation would detect no cause except a slight projection of the affected eye-ball, over which the upper eyelid was drawn unduly tight. The outer canthus was slit and stitched in the usual manner, thereby relieving the tension. Forty-eight hours afterward seventy-five per cent. of the opacity was gone; in two weeks the cloudiness could not be seen except upon close inspection. *Calc. carb.*[30], two doses a day for one month completed the cure. The same remedy was given before the operation without effect. (T. P. Wilson, M. A., Sept., 1873, p. 403.)

Traumatic Cataract. Boy, æt. 14, cataract of right eye caused by a blow from a stone. Opaque lens; cannot count fingers six inches distant from the eye, but clearly distinguishes light and

shade when objects are passed before him. Fully dilating the pupil, I incised the capsule with a knife-needle, and by operations performed once a week forced and coaxed portions of the lens into the anterior chamber. When absorption took place in five weeks without suppurative or injurious iritis, the vitreous and aqueous were freely commingled, the iris kept well dilated during the treatment, and *Bellad.*[2c] given. The boy with a seven inch convex glass can read Snellen No. 1½ ten inches off. Measured with larger type his vision equals two-thirds. (M. Macfarlan, H. M., June, 1873, p. 523.)

Caries of Femur. Frank M., for a long time has had offensive discharge from fistulæ on inside of thigh. The probe showed caries. ℞. *Silic.*[2c], one dose per diem, for a week. Then an incision six inches long was made down to the carious bone. The carious surface extended nearly around the bone and for several inches along the shaft. Scraped and chiselled it off thoroughly, and closed the wound. ℞. *Arnic.*, and then *Silic.*[2c], two doses daily. Healed in four weeks. (J. H. McClelland, H. M., March, 1873, p. 357.)

Encephaloid of the Thigh. Mr. E., æt. 62, tumor extends externally from great trochanter to below middle third of left thigh; two years old; two attempts at extirpation. The parts, six inches in width and double that in length, were in a state of open ulceration, surrounded by a wall of whitish cauliflower or fungous ridges; the centre of this enormous deep sore had an irregular rugged appearance, the interspaces filled up with blood-clots and purulent matter, free bleeding occasionally taking place. The discharge was ichorous, profuse, and so offensive as to pollute the whole house. Examination of the groin showed little glandular enlargement, the fungus to touch was soft, vascular, attended with slight pain. Aware of the threatened danger from hemorrhage, and that the operation was only palliative. Chloroformed patient, dissected out the cancerous substance down to healthy muscle exposing the bone; checked hemorrhage by the actual cautery, and ligating. In the removal of fungous cancerous growths, with persistent, and, if not checked, fatal oozing, thorough use of the hot iron is the best hæmostatic; and from trial in many cases, either *Zincum* and *Arsen.* as internal remedies. Patients are benefited by the constant application of a large fermenting poultice. (M. Macfarlan, H. M., May, 1873, p. 475.)

Vicious Cicatrix. Child, æt. 3, had been badly burnt some months before on one hand; the fingers were joined or fused

throughout, contracted on palm, partly imbedded in the hand. Chloroformed, stretched the parts, divided with a tenotom the tissue at its most resisting points, also the deeper contracted aponeurosis, making large unavoidable gaps which were allowed to heal by granulation. The tendons were not divided. When hemorrhage had ceased, the individual fingers and other portions were separately and loosely enveloped by small strips of linen dipped in olive oil, and thin splints applied to the palmar surface to maintain extreme extension, changing the dressings every two days. In a short time passive motion was resorted to, and the result was entirely satisfactory; no water was used. (M. Macfarlan, H. M., May, 1873, p. 477.)

Anchylosis of Right Ankle-joint. Miss B., æt. 27, fell, spraining her ankle, causing immobility of joint. Three months later at first visit broke up the adhesions by forced movements, keeping thumb pressed on "painful spot," which was in front, and to the inside of the joint. She before was unable to bear her weight on the foot, but now walked about the room without crutch or support. Passive movement a few days resulted in a cure. (M. Macfarlan, H. M., June, 1873, p. 522.)

Ganglion at both wrists, causing weakness of the parts was cured by elastic pressure from a thin, pure India rubber bracelet, fitting tightly and covering the enlargement. *Silic.*^{2c}, a few doses were given at the same time. (J. C. Morgan, M. I., v. 10, p. 295.)

Bony Anchylosis of the hip-joint of fourteen years' duration. Formation of false joint. A detailed description of the above case, together with the treatment adopted is reported at length, by A. G. Beebe. (M. I., v. 10, p. 43.)

Ulcerative Absorption of Bone, etc. (W. Owens, M. A., pp. 47, 151, 416.)

Displacement of the Long Head of the Biceps. (J. B. Bell, N. E. M. G., Aug., 1873, p. 360.)

Necrosis of Femur. Large pieces of bone have been removed; discharge fetid and ichorous; skin glazed, œdematous, purplish-red, tender to touch, pain deep seated, throbbing at night, tongue coated brown, with red tip and edges; pulse bounding, 120; metallic taste; constipation; emaciation. Relief from *Merc. viv.*^{2c}. Later *Silic.*^{2m} and 6^{m}. Cured. (C. M. Chamberlin, N. E. M. G., Nov., 1873, p. 490.)

Aneurism of the Superficial Femoral Artery, cured by Compression. Signoronis improved horse-shoe tourniquet was applied on cardiac side of tumor, directly over the artery, and as far above tumor as possible. Sufficient pressure to retard, but not entirely stop the flow of blood into the sac was then made, and so continued for seventeen days and nights with the effect of gradually reducing the size of tumor. After compression an eczema appeared in the inner side of leg, and continued for some months. A cold taken, superinduced a phlegmonous inflammation of the sac, causing it to swell, and under the use of poultices suppurated and discharged a quantity of thick pus. In a year's time the leg was entirely well. The medicines occasionally used during the compression, were *Morphia* to induce sleep, and *Acon.* and *Digit.*, 1st atten., alternately every two hours, followed by *Ver. vir.*, 1st atten., every two hours, until the pulse became reduced in frequency and force. For the eczema, gave *Hepar s. c.*, 3d trit. The diet for the first four weeks was light, but after that he ate the most nourishing food. (Louis de V. Wilder, A. J. H. M. M., v. 6, p. 263.)

Neuroma of the Stump. (M. Macfarlan, H. M., July, 1873, p. 564.)

Congenital Nævus of the Leg. Geo. W., æt. 10, was operated upon for a congenital nævus extending from the dorsum of the foot, nearly up to the knee, and about an inch in thickness, by cutting off the super-abundant growth down to a level with the skin, and cauterizing the diseased surface with the hot iron.

The hemorrhage although severe, was rapidly controlled with the cautery. Cosmoline cerate used for dressing. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M, and S. J., v. 8, p. 456.)

Secondary Amputation of Thigh. Mr. B., æt. 30, Dec. 12th, 1872. On Oct. 2d, 1871 he fell into an ash-pit of a blast furnace, with the right lower limb resting on red hot cinders, and burnt it badly. Now the outer side of the limb from the lower third of leg to three inches above the knee, and from the middle antero-posterior diameter of the leg to the crest of the tibia (say fully three inches in width), secreting large quantities of offensive pus, requiring frequent dressing and the use of disinfectants to render the odor tolerable. Several spiculæ of bone have been detached and thrown off from tibia, one three inches long, and two-thirds of the patella gone; partial anchylosis of the knee and ankle-joints, the foot and toes drawn downwards, forming a semi-circle. The limb is painful and for the purpose of locomotion useless.

The general health is much impaired and the mind greatly depressed.

Dec. 19th. Amputated by the antero-posterior flap method at the lower third of thigh. Used carbolized silk ligatures; joined the flaps with silver wire sutures; used a maltese cross of two thicknesses of old muslin saturated with carbolized linseed oil, for dressing the stump. ℞. *China*[3], two hours. Used *Acon.*[6], *Staphis.*[6], redressed stump, etc., till Dec. 31st, when medicine was stopped. (J. C. Burgher, H. M., March, 1873, p. 363.)

Re-amputation of the Arm. Miss M., æt. 20, a year ago was thrown from a buggy, striking on her elbow, causing dislocation with injury to soft parts. An allopath needlessly amputated at lower third of humerus. Has had pains ever since in stump with discharge of pus. Sensory hallucinating pains in ulna nerve which was very sensitive to pressure. Made an incision four inches long in the course of the nerve to the stump-point. The end of the nerve was imbedded in connective tissue with a neuromatous formation as large as a chestnut, the nerve was double its normal size and sclerosed from sub-acute neuritis. Excised one and a quarter inches. The wound healed but without relief from the pain. More soreness at end of bone, pains and soreness continuing in stump. Opened up the whole extremity of the stump, found and excised another bulbous nerve. Sawed off three-fourths of an inch of bone, removed the old cicatricial tissue and closed the wound. Pains and soreness gone, general health better. (J. H. McClelland, H. M., March, 1873, p. 358.)

Amputation of the Leg. Henry M., æt. 10, when three years old broke left leg at middle third. Bony union failed, the lower portion was fixed at right ankles with the upper. Amputated at middle third by antero-posterior oval skin flaps and circular muscular division. Excised tibial spine and secured vessels. No bleeding, dressed stump. Soon after bleeding occurred, blood dripping from the entire cut surface. Used ligature, styptics, position, plugging, actual cautery, etc., with little effect; hemorrhagic diathesis; bleeding ceased P. M. of second day. ℞. *China* and *Ferrum*. After bleeding ceased the case did well. (M. Macfarlan, H. M., April, 1873, p. 422.)

Amputation of Frozen Toes. J. H., had all his toes frozen while teaming, and has had all sorts of applications made. Amputated close to tarso-metatarsal joint. Healed slowly, but their loss did not effect his gait. (S. W. Jones, H. M., Dec., 1873, p. 195.)

Luxation of Hip. Mr. M., æt. 32. Dislocation occurred two days ago from being thrown from a wall, ten feet to the ground; allopaths tried with ropes and pulleys to reduce it, without success. Luxation of left hip upwards and backwards upon dorsum ilii; limb shortened one and a half inches; thigh rotated inwards, adducted, partly flexed on pelvis, knee resting on right thigh, toes pointing to right instep. Anæsthesized. The ankle of the dislocated limb was grasped with the right, and the knee with the left hand, the leg flexed on the thigh and the thigh on the abdomen in the direction it inclined to take, the thigh gently rotated outwards by inclining the foot downwards and the knee outwards, and at the same time abducting the thigh; then the thigh was well flexed upon the pelvis by raising the knee upwards toward the face of the patient, and with a quick, gentle motion, increasing the abduction of the limb, the head of the femur slipped into its socket. A spica bandage was now applied around the thigh and pelvis, and rest in the recumbent position enjoined. ℞. *Arnic.*[3] every four hours.

The patient recovered the use of his limb rapidly, and left the hospital the seventh day after his admission, loud in his praise of the institution and the skill of its surgeons. (J. C. Burgher, H. M., March, 1873, p. 362.)

Inward Tibio-tarsal Luxation. G. W., æt. 40, fell on sidewalk, dislocating lower end of right tibia inwards, rupturing the internal lateral ligament. P. M. of same day considerable pain, ankle much swollen and discolored. Reduced dislocation, bathed parts in arnica, applied firm roller from toes to upper third of leg. Rapid cure. (J. C. Burgher, H. M., May, 1873, p. 465.)

Sprains. My treatment of sprains consists simply in strapping the affected part thoroughly, smoothly, and as tightly as possible with adhesive plaster. The English plaster spread on Sevan's down is the best.

The worst forms of sprains may be controlled by this means in from five to seven days. (A. G. Beebe, U. S. M. and S. J., v. 9, p. 43.)

Ancient Dislocation of the Shoulder into the Axilla. Caspar B., æt. 37, German, weighing 160 pounds, of muscular habit, sustained a sub-glenoid dislocation of the humerus from a fall of about twelve feet, from a pile of lumber, six weeks ago. His physician treated him for a sprain, carefully bandaging his arm, and applying liniments, etc. After waiting a sufficient time for

him to recover from his sprain, the bandages were removed only to find that there was a dislocation.

The patient being etherized an attempt was made to wind up the humerus on the coraco-humeral ligament, but without success. Both arms were then put upon the stretch, three assistants pulling upon each, and with the knee in the axilla it was endeavored to tilt up the humerus, while crowding down upon the scapula, but without accomplishing anything, after a protracted trial of ten minutes. The arm was then elevated above the head, and with the bootless foot upon the scapula, extension made, but all to no purpose. Winding up was again tried without avail.

Both arms were again extended as before, three assistants pulling on each, and chloroform poured freely over the shoulder to relax the muscles, when by a powerful effort the head of the humerus was lifted into the glenoid fossa, and the deed was done. The arm was then flexed and bandaged to his side for a few days, after which he was allowed to slowly recover the use of it. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 9, p. 56.)

Miss S., æt. 19, ran a tack into knee, causing a *fracture of ligamentum patellæ*. Limb was bandaged and put in straight pasteboard splints, with an aperture for application of *Arnic.* (M. Macfarlan and M. M. Walker, Proc. H. M. S., Penna., 1873.)

Fracture of Tibia. Mr. M., æt. 27. Nov. 1st, while wrestling, sustained an oblique fracture of tibia, lower third; leg much swollen; reduced fracture; applied extension; bathed with solution of *Arnica;* placed sand bags at the sides. Afterwards used Day's ankle splints. ℞. *Calc. phosph.*^{2c}, one dose. Dec. 16th. Limb sound and straight. (J. C. Burgher, H. M., March, 1873, p. 360.)

Fracture of Patella. Mr. C., æt. 45. Patella had been twice broken before in the same place, across the upper third, with cartilaginous union. Approximated fragments with adhesive strips and straight splint. ℞. *Calc. phosph.*^{2c}. (J. H. McClelland, H. M., March, 1873, p. 357.)

Fracture of Tibia and Fibula. Mr. D., æt. 30, comminuted fracture of tibia and fibula, lower third. The leg had been in binder's board splints, and was doing well, but to allow the man to rise, a plaster dressing was used. An ordinary roller was applied, then a bandage into which the plaster was well rubbed; it was moistened with water, and a second bandage applied in the same way. The man was able to get on crutches at once. (J. H. McClelland, H. M., March, 1873, p. 357.)

Fractures of the Leg and Spinal Injury. J. S., æt. 29, crushed by a fall of rock. Four hours afterwards found patient suffering intense pain; etherized and undressed him. Found double fracture of left tibia, lower and middle thirds; fracture of left fibula, upper third. Reduced fractures, applied plaster of Paris splint. Examined back which was much bruised, with partial dislocation of last dorsal vertebra. Applied *Arnica* and arnica cerate. Patient was placed on his back. Lower limbs were powerless, with undiminished sensation. Incontinence of *urine.* For several days restlessness with pain in back and well leg. At sixth day there appeared a sacral slough about the size of the hand. Placed patient on his side, and filled ulcer with raw cotton saturated with a solution of chloride of zinc (one part chloride to twenty of water). Renewed this daily till healthy granulation occured; then used *Calend.* Removed splint on twenty-third day; could feel callus; bathed leg in *Calend.;* re-adjusted splints; allowed patient to sit up; used passive motion of legs five minutes, three times a day. Applied a padded spinal support. Used *Arnic.*, *Hyper.*, *Nux vom.*, *Rhus tox.*, internally; urine, etc. under control; can turn in bed; free from pain; fractures healed; has some control over legs; sits up an hour at a time. (J. C. Burgher, H. M., May, 1873, p. 465.)

Tibial Fracture. Mr. E., æt. 30, by falling on pavement, produced a transverse fracture of lower third of right tibia. The fracture was reduced and Day's ankle splints applied. Saw patient two days later, when he, having cut the roller about foot and ankle, had a blister below internal malleolus with extensive ecchymosis of foot. Removed dressings, applied arnica solution, arnica cerate, and the Bavarian splint. Removed splint on sixth day, sponged in a weak solution of *Calend.*, padded and replaced splint, allowing him to sit up or walk on crutches. Rapid convalescence. (J. C. Burgher, H. M., May, 1873, p. 467.)

Sprains of the Joints. (Wrist, knee, ankle and shoulder.) May be uniformily cured in one week's time or less, by means of adhesive strapping. (A. G. Beebe, M. I., v. 10, p. 443.)

Munger's Improved Splint for Fractures of the Femur. *Description.* Take an ordinary straight splint (as described in Liston's or Ericksen's surgery) and fit it to the limb as if for application. Saw it asunder opposite the seat of fracture, and remove an

inch or an inch and a half from each section of the splint where sawn through. To the outer edge of the upper portion screw two iron rods, each three-eighths of an inch in diameter and twelve to sixteen inches in length. These rods slide into grooves in the outer edges of the lower section, which are covered with tin. At the upper end of the lower segment is attached an iron bracket, its head rising an inch and a half above the splint. (In severe compound fractures it should be elevated still more for convenience in dressing the wound.) Through the head of this bracket runs a screw ten or twelve inches long, the end of which fits into a depression in a second bracket corresponding to the first, and attached to the upper segment. Turning the screw forces the two sections of the splint apart, obtaining and maintaining extension to any degree. There should be from three to five inches space between the sections where the splint is applied and extension made, to facilitate examinations and dressing of the injury. Each section, made according to the foregoing directions, should be well padded. The whole is then applied in the same manner as an ordinary Liston's splint. (S. H. Talcott, N. Y. J. H., March, 1873, pp. 24, 28.)

Willow-twig Fracture. Six months. Treated by J. B. Bell. (N. E. M. G., Aug., 1873, p. 353.)

Treatment of Fractures. By W. Tod Helmuth. (Trans. N. Y. H. S., 1872, p. 139.)

Fracture of Internal Malleolus. A young girl was thrown from a carriage, the whole internal malleolus of right ankle broken off, with slight displacement of the fragment downward. Had been treated with rest and cold applications nineteen days. The fracture was reduced under ether, and the foot kept in flexion four weeks by means of bandages. At the end of this time passive motion and hot water showering were used. Well. (J. B. Bell, N. E. M. G., April, 1873, p. 165.)

Compound Fracture of Leg. Use of sand in fracture-box advocated instead of bran, for the reason that it is cooler, a better disinfectant, will when wet, stay where you pack it, and will hold fracture in place better than splint and water dressings, will readily pass off without any detriment to limb or clothing. (G. W. Williams, A. J. H. M. M., v. 6, p. 185.)

Complicated Injury of the Left Leg, caused by jumping from a wagon, whereby the left leg was caught between the spokes of the wheel. On the inner side of the shin-bone was a wound five inches in length, from which the lower portion of the tibia protruded, denuded from all soft parts. Tendons and muscles were torn, the foot dislocated outward, the fibula broken; the outer part of the foot was turned upward; the malleolus internus protruded downward almost to the sole of the foot; the tendo achillis was injured and swollen. The loss of blood had been very great. After great exertions the doctor succeeded in bringing the parts into proper position. The wound was now dressed with a compress saturated with a solution of *Arnic.*, 1: 10, and the whole secured by two splints, cotton and bandage. Internally the patient received *Arnic.*[3] and *China*[6], alternately. Within three weeks great improvement; the wound being clean, suppurating very little. Interfering friends called in a quack, who by salves and hard bandaging soon succeeded in setting the whole limb on fire. The doctor being recalled applied his former dressing and gave internally *Bellad.*[3] and *Laches.*[3], alternately. Six weeks after the aggravation, the patient was able to walk with crutches. Although there remained an anchylosis of the ankle-joint, yet the patient is able to walk a little limping. (Uljanitzky, Hom. Gaz., in St. Petersburg; H. Kl., 1873, p. 40.)

Fracture of Internal Condyle of Humerus. Miss C., æt. 26, was thrown from a carriage, fracturing the left humerus through its trochlearic extremity. Found arm half flexed and pronated, the ulna dislocated backward; partial immobility; arm much tumefied and tender. Chloroformed patient; reduced dislocation and fracture; placed the arm in a straight splint well padded, keeping it there until the acute inflammation and swelling had subsided. Now removed the straight splint, applying a circular bandage to include and gently compress the internal condyle against its fellow; applied a flexible splint to the anterior face of the arm, and made daily flexions of the fore upon the upper arm. Continued this four weeks and removed the splint. Daily flexion and extension were made for four weeks. Has nearly the full use of the joint. (T. D. Stowe, H. M., Dec., 1873, p. 206.)

Abscess of Abdominal Pareties. Mrs. W., æt. 18. Nov. 5th. Six weeks ago had dull pain in left hypochondriac region, extending toward back, with swelling and tenderness. Was treated allopathically. Pain and swelling continue; has to lie on her back with thigh and leg flexed; sacral bed sore; dry, hacking cough; thirst; slight chills; perspiration; anorexia; diarrhœa; sleeplessness; pulse 90, feeble. Dressed bed sore with simple cerate; applied a warm linseed meal poultice to swelling. ℞. *Hepar s. c.*[30],

four hours. Nov. 9th. Constant improvement; opened abscess by a free incision along outer border of latissimus dorsi, two inches above iliac crest, from which three pints of pus were discharged, giving great relief. ℞. *Hepar s. c.*[30]. Nov. 17th. Convalescent. (J. C. Burgher, H. M., March, 1873, p. 360.)

Femoral Hernia. Radical cure of. Mrs. R., strangulated, old, femoral hernia, right side. Strangulation of one and a half day's duration; divided stricture; replaced gut; found the opened sac thickened, unyielding when forcibly drawn upon. Trimmed sac close to its attachments, applied interrupted sutures, leaving the ends out at the wound to be drawn upon. Cured without need of a truss. (M. Macfarlan, H. M., May, 1873, p. 176.)

Three Cases of Ventral Hernia during Pregnancy. (B. F. Joslin, N. Y. J. H., Feb., 1874, pp. 526, 534.)

Hysterotomy. Congenital (?) closure of os-uteri, except opening sufficiently large only to admit fine wire probe, and this further obstructed before entering internal os. Hysterotomy by Sims's method, two lateral incisions, extending through internal os. For three days sea-tangle tents in cervix, and dressing of carbolic acid and glycerine; relief of previous dysmenorrhœa and pruritus. (Mary J. Safford, N. E. M. G., May, 1873, p. 223.)

Are Abdominal Wounds Fatal?—*A Parallel to the Fisk Case.* G. R. DeM., pistol-shot in abdomen, bullet remaining in intestine: *Acon.* tinct., half an hour after; wound not probed; no stimulant given; *Calend.* sol.; compress upon the wound and abdomen; milk and iced tea third day; face sunken; temperature of body and extremities cold; pulse low; eyes glassy; mind wandering, but answered questions when aroused; abdomen tympanitic, painful to touch; *Arsen.* Recovery. (M. Bryant, N. E. M. G., Aug., 1872, p. 293.)

Herniotomy. Several cases of operation with excision of portions of the omentum. (M. Macfarlan, A. J. H. M. M., v. 6, p. 305.)

Gun-shot Wound of Abdomen. By Melville Bryant. (Trans. N. Y. H. S., 1872, p. 168.)

Oblique Inguinal Hernia Operation for the Radical Cure. Adda T., æt. 17, ruptured for the past six years; has tried several trusses to no good effect.

Patient etherized, the operation for the closure of the hernial sac was performed, as suggested by Dr. Wood of London.

No considerable pain or inflammation followed. The stitches were removed on the tenth day, and a firm plug remained with every assurance of a radical cure. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 458.)

A very simple method of operating for radical cure of oblique inguinal hernia is to place the patient in a recumbent posture with the legs semi-flexed and the hernia returned. A long shanked awl (a little larger than a knitting needle) is then introduced, and worked so as to scarify the inguinal canal and pillars of the ring; after which a firm compress is applied, retained three or four days, and a truss worn for thirty days. (W. Danforth, U. S. M. and S. J., v. 8, p. 459.)

Scirrhus of Right Breast. Mrs. G., æt. 45. It had first appeared some six months previously, with characteristic, irregular, rigid, cartilaginous enlargement, retracted nipple, and lancinating, sharp, uncertain pains; ulceration eventually took place, and about the excavation large medullary or fungous growths were formed with neighboring glandular enlargement. When called to operate the patient had been unconscious for a day or so from the atrocious pains, and was thought to be dying.

Removed the breast with the greater part of both pectoral muscles, the lymphatics being followed up from the wound into the axilla and enucleated. Section of the deeper tissues showed them to be pearly-white, with radiating stroma, containing cancer elements, displacing normal structure. ℞. *Arsen.*[2c], in water, with complete relief for several months. (M. Macfarlan, H. M., June, 1873, p. 523.)

Multilocular Ovarian Tumor. (M. Macfarlan, H. M., July, 1873, p. 565.)

Ovariotomy. Mrs. G., æt. 29, had been tapped a few days before, emptying one cyst of the tumor, before this had been assured that she was pregnant; general health bad; so weak as to be confined to her room. She was chloroformed and an exploratory incision of two and a half inches made in the linea alba between the umbilicus and pubes, dividing the layers separately until the peritoneum was reached and slit up to the extent of the wound. Introduced hand examining for adhesions, etc. The incision was enlarged to eight inches, the mass transfixed, drawn upon and punctured, the abdominal wall being compressed on either side. Emptied the cysts outside the abdomen. Fluids of diverse colors were noticed. The tumor was largely adherent, matter locular, weighed forty-three pounds, the solid portion weighing eight and a

half pounds, the liquid thirty-four and a half pounds. The adhesions were torn away, the bleeding vessels ligated or twisted, the pedicle on the left side was secured when it joined the tumor, by saddler's silk with the cobbler's stitch and the attachment cut loose above the ligature. Cleansed abdomen by sponges wrung out in tepid water; closed opening with wire sutures; transfixed the pedicle by two long probes placed crosswise, to relieve the great tension at the margins of the incision, and as a support. Applied clamp above ligature, taking care to have equally distributed pressure on the pedicle to prevent the thinner portion slipping. Charpie to the wound and a roller bandage for the abdomen completed the operation. Placed patient on her back, head depressed. Bilious vomiting was very severe for some days. ℞. *Arsen.*[2e] in water with warm clothes to the abdomen. Diarrhœa occurred at the end of second week. Removed clamp on eighth day. Cured. (M. Macfarlan, H. M., Sept., 1873, p. 82.)

Ovarian Hernia. Out of thirty-eight recorded cases, twenty-seven were herniæ inguinales, nine herniæ crurales, one each through the foramen ischiaticum and obturatorium.

In a third of the inguinal herniæ the affection was on both sides. Half of the cases were adnatæ. All seventeen adnatæ herniæ ovariorum were inguinal herniæ, and on both sides; from which we may conclude that the innate ovarian herniæ owe their origin to an abnormal descent, finding its perfect analogy in the normal descent in the male. Ovarian hernia is also frequently combined with anomalies of formation in the female sexual organs. For ovarian herniæ appearing at a later time, we must accept a certain disposition, consisting in too great a length of the ligamentum ovarii, declination of the uterus, or of the pelvis, etc.

In the hernia adnata we mostly find ovary and tube; whereas, in the acquired, the ovary alone passes out at a given cause. The uterine end of the prolapsed tube was in most cases obliterated.

The prolapsed ovary was in fifteen cases normal; in seventeen, inflamed; in five, like a cyst; and in one, cancerous. With the ovary, intestine and omentum were prolapsed in five cases.

Herniæ are divided into hernia ovaria simplex, libera inflammata, incarcerata, hernia ovarii complicata. Ovarian herniæ are mostly pyriform, the part near the abdominal opening is very thin. The disproportion between the contents and neck of the sac shows plainer during ovarian degeneration. The normal ovary is

always sensitive. Neither form nor consistence give diagnostic signs but menstrual symptoms are important.

Inflammation of the prolapsed ovary sets in during the menses, or from traumatic causes; also, in omental and intestinal herniæ, the time of incarceration frequently coincides with the menstruation, for the congestion during the menses radiates to the peritoneum, and may, in suitable cases, produce all the manifestations of incarceration.

When a cystic degenerated ovary mortifies, it may be mistaken for a gangrenous intestine. The vomiting, which frequently accompanies the inflammation of a prolapsed ovary, may be laid to a sympathetic affection of the intestinal tube; although Mulert thinks that it may be caused by the pressure of an overlying intestine on the tense edge of the ligamentum latum.

In inflammation of the ovary the abdomen is less bloated, and the features less sunken in than in intestinal incarceration.

An abscess of the prolapsed ovary rarely opens into the abdominal cavity. If, with the ovary, some intestine becomes incarcerated, the symptoms are far worse. The symptoms of constipation may give some clue, but the diagnosis will be difficult.

Of twenty cases with systoms of incarceration, only seven were accurately diagnose; in all others, only after opening the hernial sac was the ovarium recognized. Prognosis is favorable *quoad vitam*, but unfavorable for the function of the organ, and reposition must therefore be tried with the same rules as for other herniæ. If irreducible, a hollow truss may be recommended. When the swelling is very painful, extirpation of the ovary is indicated. In traumatic inflammation, cloths wrung out of cold water, and rest, are indicated; menstrual inflammation needs moist heat rest. Where an abscess forms, it must be opened with a large incision.

Half of the patients succumbed to sub-peritoneal suppuration where the irreducible ovary was extirpated. (J. English, translated by S. Lilienthal, H. M., March, 1873, p. 354.)

Multilocular Ovarian Tumor. Mrs. M., æt. 42, growth a year old, has been several times tapped; opened abdomen in median line by an eleven inch incision. The tumor enucleated about the sides of the opening, and the rounded cysts made prominent were punctured and evacuated. Every character of fluid was present, in some of the cysts, like black coffee, others blood, thick mucilage and pus, as well as serum. A portion of the omentum was cut away with the emptied cysts, because separation was

impossible. The cobbler's stitch was used to prevent hemorrhage. Ligatures were freely applied within the abdomen, and the emptied mass turned out. The tumor came from the right ovary, which was secured by a long Wells clamp. Wire sutures were used to close the abdomen. Knowing how they die, with symptoms similar to arsenical provings, I gave her that medicine, and although she was very low for some days, she made eventually a fine recovery. The clamp was removed on the eighth day. This was all the medicine I gave her. Diet consisted mostly of light broths; local treatment was flannels wrung out of very hot water, applied to the abdomen. (M. Macfarlan, H. M., April, 1873, p. 423.)

Ovarian Tumors. Dr. W. Danforth reported a cure of ovarian tumor by galvanism. Four gold needles were thrust into the tumor, and connected with the negative pole of a twenty-four all battery (zinc-carbon), while the positive pole was applied in the immediate neighborhood of the tumor. All cases of stricture the doctor also treats with galvanism through a catheter made especially for the purpose. (M. I., v. 10, p. 427.)

Ovariotomy.—I. *Prophylaxis.* First. The patient be informed of the graveness of the operation which she is to undergo, and ought never to be persuaded into it. On the day before the operation, it is well to take a warm bath.

Second. During forty-eight hours before the operation, it is advisable to use the mother tincture of the *calabar bean* every three hours, on the first day one drop, on the second two drops, and on the day of operation three drops per dose.

Third. The room must be light, airy and disinfected. Its temperature must be at least 19° R. Hot and cold water in open vessels must prevent too great dryness of the air.

Fourth. The patient must be protected against taking cold, and getting wet from the contents of the cyst by a gum cloth spread over her. This cloth has a sufficient opening for operating purposes, the edges of which are fastened by adhesive plaster to the abdomen. The legs are to be covered with warm blankets.

Fifth. The operator and assistants must be free from any septic or putrid matter, and have to wash their hands thoroughly in a weak solution of carbolic acid. Long nails or finger rings with sharp edges must be disposed of.

Sixth. The necessary sponges must be entirely new, soft, and free from calcareous substances. Before their use, they have to be

boiled in water with two per cent. carbolic acid; they have to be counted before and after the operation.

Seventh. All necessary instruments must be thoroughly disinfected.

Eighth. During the first part of the operation, the patient is to be brought under the full influence of chloroform. The nourishment two hours before the operation, must consist of only a soup of broth with barley or sago and the like. The narcosis has to be watched by an assistant expressly for this purpose; as the operation progresses, the narcosis must be made lighter and lighter.

II. *The Operation.*

First. The incision through the abdominal wall must at first be made only through the skin and the areolar tissue underneath to the tendon of the obliquus ext. in the linea alba and at once long enough for the operation. I commence the incision above the umbilicus, pass by the umbilicus towards the left, and continue in the linea alba down to about one inch and a half above the symphysis pubis. All bloodvessels must at once be secured by ligatures.

Second. Midway between umbilicus and symphysis I deepen the cut for about one inch long to the peritoneum. If it adheres to the wall of the cyst, I gradually and carefully cut still deeper until the appearance of some fluid proves that the wall of the cyst has been opened. There is now no doubt that the peritoneum forms the outside layer of the cyst, which must be separated by the finger along the incision, in order to open under the guidance of the finger the abdominal wall to the necessary extent.

Third. All adhesions existing between the wall of the cyst and the wall of the abdomen should first be separated by the finger before the cyst is emptied. If they are so strong that they do not yield without violence, the cyst must first be emptied, when the wall of the cyst is cut off around the adhesion by the scissors, and the adhering portion left remaining, after thoroughly cleansing its inner surface and subduing all hemorrhage. The same proceeding is to be observed where strong adhesions exist between the morbid growth and intestines.

Fourth. After separating the adhesions the cyst is to be emptied by a large hose trocar. During this procedure the cyst must be drawn up into the abdominal opening to prevent any fluid entering the abdominal cavity. Afterwards the opening of the cyst must be closed by sutures.

Fifth. The ends of any ligature which has to be applied within the abdominal cavity must be cut off as short as possible; the ends cut off must be carefully removed. As material for ligation, strong, well-twisted silk may be used.

Sixth. After the cyst has been thoroughly separated it is drawn out through the abdominal opening. At this moment the assistants have to carefully prevent any protrusion of the intestines.

Seventh. If the pedicle of the cyst is long enough, is is well to fasten it outside of the abdominal cavity by a clamp after the model of Spencer Wells. After this the pedicle is cut through, and its stump is burnt by red hot iron down to the clamp to form an eschar. When, however, the pedicle is too short to allow an external fastening, I apply two or three strong ligatures, one end of each is cut off short to the knot, while the others are tight and twisted together, and brought outside in the lower corner of the abdominal wall. The pedicle is then separated near the ligatures and its stump also carefully as in the first case. I am decidedly against the use of the écraseur, because in the first place it prolongs the time of operation, and secondly, it is no sufficient safeguard against hemorrhage, of which I have seen instances myself.

Eighth. The abdominal cavity must be cleansed in the most careful manner. The operator and assistants once more wash their hands in carbolic acid water, and then examined once more thoroughly all folds and places, whether there is any stain of blood or fluid, which, when found, is to be removed by sponges saturated in a solution of one per cent. of carbolic acid.

Ninth. In cases where there were little or no adhesions, and where the pedicle can be fastened outside, I close the abdominal wound entirely by main sutures of one inch distance, inserted one and a half centimetres from the edge of the wound, and piercing through the abdominal wall and the peritoneum. The pedicle is fastened between two such main sutures. The interspaces between these main sutures are secured by skin-deep sutures of one centimetre distance. In cases, however, where there existed strong adhesions, where a great number of internal ligatures had to be applied, or when the pedicle had to remain inside, I allow one to one and a half inch of the lower part of the wound to remain open, and keep it open by inserting a piece of fine linen, saturated with a solution of carbolic acid (1: 99).

Tenth. Before the wound is perfectly closed, it is a matter of great importance that the patient, who at this time has regained

sufficient consciousness, is caused to cough a few times in order to drive the air out of the abdominal cavity.

Eleventh. The closed wound is covered by linen folded four to six times, and saturated with a carbolic acid solution. Upon it follows a layer of raw cotton all over the abdomen, which at last is tightly bandaged.

Twelfth. Now the patient is placed in bed, in a well ventilated warm (17° R.) room. If much exhausted, she receives a wineglassful of good champagne.

III.—*Treatment after the Operation.*

First. *Calabar bean* every three to four hours, at most, three drops a dose. If in the next hours after the operation there is a rise in the temperature of the patient, I administer *Acon.*[2] or 3d, alternately, with the tincture of calabar bean. If within the first sixteen to eighteen hours there is no rise in the temperature, I discontinue the calabar bean, and substitute *Arnic.* and *Acon.*, alternately every two hours. Should there be the slightest pain, I at once give *Morphium* 0.03 in 90 of water every fifteen minutes, a teaspoonful until the pain is gone. *Morphium* is also the best remedy against constant nausea and vomiting. In such cases, the abdomen must be very tightly bandaged. Thirst is best allayed by ice pills. Tenesmus of the bladder must be relieved by the introduction of the catheter. After urination the parts ought to be washed with carbolic acid solution.

The diet consists at first in light soups; if she has good appetite, she may have some beef-broth, with farina or fine noodles and milk. I caution against the use of much wheat bread (Semmel). If the patient is very weak, she may take towards noon some red wine with water (1: 4). When after seventy-two hours there is no increase of temperature, I allow from the fourth day beef tea, chicken, pigeon or partridge, etc., and dried fruit. After the sixth day, if everything is going on normally, the patient may have roasted beef, chopped ham, sardelles, soft, boiled eggs, light farinaceous food, fruit. From the ninth, latest, from the twelfth day the patient may be considered out of danger.

Peritonitis, which sets in within the first twelve to eighteen hours, with a rise of temperature to 38° C. and higher, with frequent green vomiting and feeling of great anxiety, usually terminates fatally within two or three days.

From the fourth day I commenced with removing the main

sutures. In place of them, I put adhesive strips, one inch wide across and crosswise over the entire abdomen. The skin sutures can stay seven to ten days without causing suppuration. The clamp I prefer to remain until it falls off spontaneously. In case of suppuration, I apply a safety ligature before I remove the clamp. There is also a frequent cleansing of the part, with carbolic acid solution necessary. From the eighth day care should be taken that the bowels are moved. If injections are not sufficient, a weak rhubarb infusion should be administered. (A. Mayländer, A. H. Z., v. 86, p. 74.)

Ovariotomy. Patient, a widow, æt. 53. S. R. Beckwith, after tapping (removed about thirty pounds of fluid from cyst), *Arsen.*, *Apis* and *Podoph.* having been ineffectual in resolving the tumor, extracted a cystic tumor enclosing several fibrous masses. The adhesions were near the right ovary and walls of the abdomen; these were broken up with the fingers, the mass lifted out, the pedicle (about eight inches square) was tied and cut, and Atlee's clamp applied; the wound was closed by silver sutures and adhesive straps; a dressing of carbolic acid and oil was applied. The whole tumor weighed twenty-six pounds. *Acon.* and *Arnic.* were given in alternation. Recovery. (Reported by W. C. Dake, N. E. M. G., July, 1872, p. 240.)

Ovariotomy. Performed in a lady, æt. 42. Incision in median line eleven inches in length. The thoroughly emptied solid mass weighed eight pounds. Numerous cysts contained forty-six pints of fluid. Wells' clamp was applied, and silver sutures closed the abdominal opening. Clamp was removed on eighth day. Operation successful. (M. Macfarlan, A. J. H. M. M., v. 7, p. 260.)

Ovariotomy. Lady, æt. 37. Cysto-sarcoma of right ovary. Operation by long abdominal median incision; fluid weighed forty-four pounds, solid mass twelve pounds. The broad clamp was applied and removed in a week. Operation successful. (M. Macfarlan, A. J. H. M. M., v. 6, p. 271.)

Uterine Fibroid Polypus. Erasement. (J. C. Morgan, A. J. H. M. M., v. 6, p. 343.)

Ovariotomy. Case first. The patient was a feeble young lady, æt. 19. I was assisted in the operation by several competent surgeons of both schools, and all agreed that on account of the dissections necessary to removal, the patient would die from inflammation should she withstand the shock of the operation. I not only fully concurred in this opinion, but regretted that the operation had been performed, as I had never seen a case recover where

there were so great adhesions, and I could not conceive it possible that she could recover under any treatment that I had given after the operation of ovariotomy. At that time I had removed numerous ovarian tumors, with no more than the average success of other operators.

The recollection of violent peritonitis, with rapid prostration and death, that have so often followed the operation where I had given small doses of morphine until the acute pain was relieved, followed by low potencies of *Acon.*, *Arnic.* and *Bellad.*, was too vivid in my mind to expect a favorable result here.

After the completion of the operation and the patient was placed in bed, I prepared a dose of morphine to give the patient to relieve her severe suffering, when the attending physician forbade its use, with the remark: "I only employed you to operate, not to treat my patient. She shall have nothing but *Acon.*[30] and *Arnic.*[30] at present." I assured him that the pain would be so severe that it would be almost inhuman not to give some form of an anodyne. His only reply was: "It will endanger her life."

I am very free to confess that I left the patient with not a very high estimation of the good sense of "My High Dilutionist."

This case was reported daily by telegraph and letter, and each report stating, "patient doing well, no inflammation." The tenth day I was anxious to see a case of the kind described, and so I visited the patient, when I found the wound nearly healed, and the patient having a good appetite and rapidly convalescing. I was informed that no untoward symptoms had arisen. In a few weeks the patient, with an attending friend, entered my office. I was again assured by her and by the physician that he had given only *Acon.* and *Arnic.*, both 30th.

Case Second. This was the removal of a multilocular ovarian tumor weighing twenty-four pounds, from a patient, æt. 44. The tumor was partially encysted, and she had been tapped several times. After making the incision, it was found that the anterior saculated portion of the tumor was adhered to the peritoneum over a very large surface, requiring an extensive dissection to separate the sac. Numerous vessels required torsion. After the completion of the operation, I asked a competent surgeon (of the old school) what he would think of remedies that would prevent or control severe inflammation in the case. He replied: "God never made the remedies that would prevent acute peritonitis in

any case where the peritoneum had been injured as much as in the case of our patient."

I never before had made such extensive dissections in ovariotomy, and I was doubtful of the result. Tepid water was applied to the abdomen, *Acon.*[30] and *Arnic.*[30] given every three hours. This case was reported to me in the same manner as the former, by telegraph the first few days and then by letter, each report giving encouraging news from the patient. At the end of two weeks my friend of the old school adds his report to that of the attending physician in a few but expressive words: "God has made the remedies."

Four weeks after the operation I received a letter from the patient, in which she says: "After you left here I continued steadily to improve. I had no fever whatever during the whole time, and little pain."

Facts are stubborn things, and when observed and admitted by our opponents and the laity, in regard to cures by high potencies, what homœopathic physician dare deny? (S. R. Beckwith, M. A., p. 86.)

Ovariotomy. Report of a case. Drain tube used. Recovery. (R. Ludlam, U. S. M. and S. J., v. 8, p. 353.)

Ovarian Tumor.—*Galvano-puncture.* Mrs. B., æt. 29. Ovarian cyst of the right side, size of a child's head. Patient being etherized and the abdominal walls rendered tense by an assistant, three gold needles were plunged into the most prominent part of the enlargement, fully three inches deep, and the positive (sponge) electrode of a twenty-four cell zinc and carbon battery charged with a solution of sulphuric acid and bichromate of potash, placed upon the left thigh, while the negative pole was in contact with the needles. The current was continued for half an hour. Patient was then put to bed. Severe abdominal pains with vomiting and great distress in the cardiac region were experienced on recovering from the anæsthesia. Two hours after the needles were removed tumor had entirely disappeared, the fluid contents having undoubtedly escaped into the abdominal cavity, which presented the usual appearance of ascites. She remained in the hospital seven days. Two months afterwards she reported herself as feeling quite well, with no pain or abdominal enlargement whatever. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 194.)

Hemorrhoids. Mr. B., æt. 48, of sanguine-bilious temperament has been troubled with piles for twenty years. Examination revealed an immense cluster of hemorrhoids almost or quite as large as a fist, completely encircling the anus. Patient being fully anæsthetized, an operation for their removal was commenced by forcibly dilating the sphincter. Sim's speculum was then introduced to retract the bowel, after which the tumors were seized (one at a time) with Dr. Nott's rectilinear ecraseur, and completely crushed through the base, thus entirely obliterating the vessel. To prevent possibility of hemorrhage a silk ligature was passed around the shred like remains at the root of each tumor. The after-treatment consisted of enemata of *Calend.* water, every four hours. One week after the operation the patient was dismissed, and has had no return of the trouble. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 340.)

Varicocele. *Cure by Improved Method.* (M. Macfarlan, H. M., July, 1873, p. 562.)

Lithotomy. John J. Detwiller performs lithotomy with a long-handled, probe-pointed knife, having a tapering blade with cutting edge, less than a quarter of an inch in width; with this knife he divides the membraneous portion of the urethra, passes the knife through the prostate gland and enters the bladder, making ample room. In this way large stones may be extracted with less danger than with the straight English bistoury. (Trans. A. I., 1872, p. 373.)

Varicocele and Hydrocele. Cured by cutting down upon the bundle of veins and ligating them above and behind. The *tunica vaginalis* was freely incised, the veins returned to their place and usual dressing applied. (M. Macfarlan, A. J. H. M. M., v. 6, p. 164.)

Lithotomy. Removal of a stone weighing one hundred and eighty-six grains, and measuring three and seven-eighths inches on its greatest circumference in a child of three years and nine months, by the left lateral method, with entire recovery in ten days. Speedy recovery believed to be due to non-interference by drugs and bougies. The bowels being allowed to move naturally, and no catheter being introduced. (M. Macfarlan, A. J. H. M. M., v. 6, p. 184.)

Hydrocele. The radical cure of. Patient being etherized, the operation was performed after the method of Dr. Hamilton, by making an incision through the scrotum anteriorily three or four inches in length. The sac being evacuated and the hemorrhage stopped, a piece of lint moistened with carbolized water was introduced between the lips of the wound, and the whole cov-

ered with a slippery elm poultice, to be renewed every four hours. Gave *Acon.*[3], in alternation with *Merc. sol.*[3].

On the fifth day the lint was removed, followed by the escape of half a teacupful of serum. Wound was then bathed daily with carbolized water, and the poultices continued until the twelfth day, after which calend. cerate was used.

On the fifteenth day he wore a supporter for the scrotum, and was able to go to his business. (C. N. Dorion, U. S. M. and S. J., v. 9, p. 109.)

Varicocele. Passed a double ligature between veins and vas deferens, brought it out through the scrotum behind; re-entering, the needle was brought out on the *outer* side of veins at the point of entrance. Tying it tightly the *knot was slipped into the scrotum, leaving the ends out.* Acts quicker and safer than the button, etc. (M. Macfarlan, Proc. H. M. S., Penna., 1873.)

External Perineal Urethrotomy. Mr. D., æt. 54, had been under treatment for several months for urinary fistulæ, of which there were three on left side; the urine trickled through these and did not pass by the penis. Cause, gonorrhœa contracted thirty years ago. Had been treated by injections, and when stricture was developed, bougies, etc., used with force, ruptured the urethra, caused perineal abscess, extravasation of urine, etc. A small bougie reached no further than the bulb; the stricture was impervious, the urethral fever violent.

Chloroformed him; introduced a No. 12 sound down to the seat of stricture, anterior to the bulb, depressing the handle towards the abdomen to make its extremity prominent; made a straight incision of one and a quarter inches from the point of instrument towards the anus, dividing the skin and fascia; opened urethra just in front of the instrument, but could find no route to the bladder. With the left forefinger in the rectum touching the apex of the prostate, made an opening into the bladder, one inch long, on a line between the perineal incision and the point of my finger in the rectum. My finger now freely explored the bladder. Introduced a No. 18 metal sound *via* the penis, no catheter was retained. Incised fistulous tracks. Placed him in bed with legs flexed, wrapped in blankets. R. *Arsen.*[2c], in water. After reaction had violent chills and fever, which did not recur. For a week his urine was caught in a folded linen sheet, it dribbling through the cut. After third week introduced a large instrument to prevent urethra from closing near the cut. The fistulæ are healed. About one-half urine passes by the penis. (M. Macfarlan, H. M., Nov., 1873, p. 158.)

Fifty Caces of Cancer. Statistics of treatment. (W. Tod Helmuth, N. Y. J. H., June, 1873, p. 145.)

New Surgical Apparatus. A new surgical device for the purpose of applying compression, heat or cold to joints, or other parts, consisting of a hollow cylindrical rubber bag, so arranged as to envelop the affected part and capable of being inflated with air, or hot or cold water, has beeen brought out by A. G. Beebe. (M. I., v. 10, p. 443.)

Hemorrhage. Operations on unsound tissue often cause serious hemorrhage. Cobweb is the remedy. (J. C. Morgan, M. I., v. 10, p. 295.)

Electrolysis for the removal of malignant tumors. It changes the protoplasma of the cells; and they lose thus their vital quality. Every malignant tumor before general infection takes place, may be radically destroyed, and the general infection prevented. The whole method consists in sticking needle-electrodes in different parts of the tumors, which may be done at different sittings; afterwards and for some time weak currents must be carried with flat electrodes through the tumor. (Neftel, N. A. J. H., v. 22, p. 273.)

Convenient Substitute for Gooch's Canula. Cut off the rounded tip of a silver catheter. Fasten the lower end with brass-wire to the upper end of a shade cord tighten and solder fast. Double a clock cord and pass through the catheter leaving a loop at the upper end. Fasten one end to the screw knob leaving the other loose for application to the knob, after the growth had been caught in the nooze. Tighten the cord, and fasten, then by moving the screw-button down the growth is strangulated. (H. J. Sartain, quoted by B. W. James, H. M., Jan., 1873, p. 293.)

Skin Grafting. By W. Tod. Helmuth, Trans. N. Y. H. S., 1872, p. 165.)

Tuberculosis of the Sacrum. Report of a case of. With treatment and operation. (T. D. Stow, Dec., 1873, p. 207.)

Paracentesis Thoracis. Four cases recovered within two years after tapping; the air was allowed free access to the pleura through the tube. (W. B. Chamberlain, Hitchcock and Whittier, N. E. M. G., Feb., 1873, p. 66.)

Cancer. The medical and surgical treatment of. In the use of remedies, the old anti-psorics, *Sulphur* and *Calc. carb.* are almost

indispensably necessary. For the immediate symptoms, *Arnic.*, *Arsen.*, *Bellad.*, *Conium* and *Iodine* perhaps hold the first rank. *Hydr. can.*, *Phytol.*, *Trif. ast.*, *Lycop.*, *Acet. ac.*, *Citr. ac Heu. amer.*, electricity, *Xanthox.* and *Condur.* have been used empirically with a certain degree of success.

Carbol. ac., *Kreosot.* and *Acet. ac.* have been employed anti-pathically in large and repeated doses, internally and externally, with good results in preventing the further growth of cancer cells.

Of the two *surgical methods* of treatment, excision and enucleation, the latter is much to be preferred, for the reason that it is slower, and gives the constitutional medication a better opportunity to act in concert with the local treatment.

For the local destruction of cancerous growths by enucleation and otherwise, the following variety of caustic and other destructive agents have been employed. The actual cautery, the galvanic cautery, freezing compression, ligation of the nutrient arteries, friction, chlorides of lime, zinc, gold and bromium, the sulphate of zinc, arsenious acid, strong nitric, sulphuric and muriatic acids, the acid nitrate of mercury, concentrated alkalies, Vienna paste, corrosive sublimate, iodine, the iodides of potassium, mercury, lead and arsenic, sanguinaria canadenis, leeches, blisters, setons and syphilization, acetic, citric and chromic acids, perchloride of iron, and the persulphate of iron.

Those which I have found most useful are the chlorides, bromides and iodides of the metallic bases. They operate slowly without irritation or any special aggravation of the morbid growth. They cause the death of the morbid mass up to the healthy tissues, when a wall of pus is thrown across the line of march, and the diseased mass falls out, leaving a healthy looking sore.

A very good vehicle for the enucleating substance is a paste composed of pulverized hydrastis and water of the consistency of thick cream. The active element can then be added to make it of any desired strength. With the chloride of zinc, this preparation will remain moist for months. (E. J. Fraser, U. S. M. and S. J., v. 8, p. 324.)

Carbuncle. Luther B., æt. 47, has been troubled with a carbuncle on the nape of the neck for three weeks. It had been poulticed all the time, and yet showed no signs of suppuration.

As between the two methods of surgical treatment, the cart-wheel incision and the caustic insertion, the latter was adopted because of its power to induce early active suppuration.

An incision was made in the centre of the swelling, and a bit of caustic potash, the size of a large pea, was placed to the depth of an inch and a half, and a bread and milk poultice applied.

Arsen., 3d dec., was given every two hours. In twenty-four hours the carbuncle was suppurating freely, and it gradually collapsed, so that at the end of a week it was substantially removed. (W. Danforth, Surg. Clin. Hahn. Med. Coll. and Hosp.; U. S. M. and S. J., v. 8, p. 58.)

Notes on the Galvanic Cautery in Uterine Surgery. (J. Bryne, A. H. O., Feb., March, April and May, 1873, p. 67.)

Carbol. ac. in surgery does not prevent complications, nor constitutional disturbances, nor does it prevent coughing. It retards the process of healing and destroys granulations; wounds dressed with it leave unsightly scars. (Dr. F. Hiller. All this is true, if used too strong. Prof. Helmuth uses it in the proportion of one to one hundred, and finds it acting well. S. L.) (N. A. J. H., v. 22, p. 200.)

Kali caust. Of all the remedies recommended in surgical cases, after suppuration ensued, *Caust. pot.* takes the first rank. By its application the formation of pus is greatly diminished; it produces a healthy granulation, it cleanses the wound and favors the discharge of pus; it keeps the neighboring parts in a healthy condition. In more extensive traumatic injuries it prevents inflammation and swelling, and where it already exists it readily reduces it. As a dressing it suppresses foul odors and thus purifies the air. (F. Hiller, N. A. J. H. v. 22, p. 199.)

A New Instrument, to be used instead of the ordinary tracheotomy tube, consists of two wire retractors, covered similar to the ordinary tracheatomy tube, sliding upon a wire bridge to the second at any desired distance apart by a binding screw in each retractor. Brought together for use, the retractors present a thin rounded surface the thickness of two wires. When introduced the wires are passed down till the bend of the wire (corresponding to the shoulder of the common tube) comes in contact with the skin. The wires are then separated and secured by the binding screws. The instrument is kept in place by a tape around the neck. (J. C. Minor, N. Y. J. H., July, 1873, p. 189.)

THEORY.

Logical Operations of the Mind: Syllogisms, Induction, Analogy. (J. I. Hoppe, J. Pr., 1873, p. 305.)

Matter, Life and Living Matter. "The properties of a compound," says Herbert Spencer, are *resultants* of the properties of its components.

Taking into account the properties of the constituents of protoplasm (C. H. O. N.), their mobility, activity or inertia; their allotropism, isomerism, and the catalytic action to which they are individually liable in a nascent state, we see what wonderful molecular mobility must result in a mass of colloids, and with what facility a re-distribution of matter and motion may occur. * * *

The transition from non-living to living matter is not abrupt, but is the result of progressive changes wrought upon one original substance.

That this substance is originally and essentially the same, is shown from the fact, that interchange in either direction takes place, and if there be any limit to this interchange it is not known.

The transition from non-living to living matter is constantly occurring, and it is only by virtue of this transition that organic structures are maintained.

When colloidal matter is concerned in the functional activity of an organism, it reaches the ultimatum of a re-distribution of motion of a higher order, and a retrograde metamorphosis at once begins. The elementary constituents of the colloids are then in a nascent state, their potential energy has given rise to functional activity, and binary compounds of a lower order are formed, viz.: Carbonic acid, water and ammonia.

These binary compounds will not answer the nutritive requirements of the organism of animals, although sufficient for the nourishment of plants, and they are therefore expelled from the body. This continual death or disorganization of living matter occurring wherever functional activity occurs, exhausts the organism, and necessitates the supply of new material, which will answer the requirements of the body, and which is capable of undergoing metamorphosis of an ascending grade, and this matter may be derived from either plants or animals.

In animals, when life has become suddenly extinct, and decomposition has been arrested, the potential energy of the colloids being still intact, not having been converted into functional energy, there is a store of material which may be transferred to other organisms.

Whatever transformation may occur in the matter of life within the organism, animal bodies do not manufacture protoplasm.

The "construction chemistry" of animals begins where that of plants leaves off. The limit of power being, as Prof. Huxley says, the conversion of dead protoplasm into living protoplasm (through re-arrangement of molecules, and re-distribution of molecular motion).

Living matter thus arises. First. Binary compounds furnish food for plants. Second. Plants manufacture protoplasm. Third. Animals convert this protoplasm into living matter, and from this living matter binary compounds again arise. (J. D. Buck, M. A., p. 229.)

Epidemic Remedies. The schools of Rademacher and Hahnemann complement each other. Neither treat pathologico-anatomical forms or disease products.

Both are opposed to the more recent pathologico-anatomical tendency, and to the physiologico-anatomico-homœopathic excrescences of a still later date.

Both authors uphold the doctrine that the last final cause and essence proper of disease (the first link of disease produced by the reciprocal action between morbific cause and organism) are not perceptible, that only the later links of the pathological motions within the body, when such come to our observation as disease phenomena, can become the object of treatment. Thus Rademacher and Hahnemann consider diseases already located and physically demonstrable as consecutive conditions, *i. e.*, as preceding pathological products. Neither allow therapeutics to be annihilated by

pathological anatomy. Both are free from the shackles of special pathology and therapy, considering the disease process in its individuality, in its genesis, in its subjective and objective phenomenal totality. Rademacher seeks pathological blood troubles, grouping his remedies accordingly, but paying due regard to single special disease phenomena. There is but a small step from Rademacher to homœopathy, and it is certain that the younger thinking physician, who has turned to Rademacher, will ere long find himself in the camp of homœopathy.

Rademacher, according to his experiences, accepts *stationary* and *intercurrent* diseases. A *stationary* disease exists not only amid the so-called epidemic diseases affecting many persons at the same time, but even when but few are laid up by sickness, or the number of cases does not exceed that usual.

Intercurrent diseases are such as appear separately during the reign and duration of a stationary disease, and spread over a portion of the country. They exhibit not only a form different from the stationary disease, but also affect another organ, and present either a mixture between organ disease and blood disease, or are merely blood diseases. As forms, dysentery, rheumatism, inflammation of the sub-maxillary and sub-lingual gland, parotitis, angina, scarlatina, measles, variola and its modifications, febris intermittens, whooping cough and cholera have been observed.

Intercurrent diseases do not spread so far as stationary, and but rarely combine with them.

Rademacher gained the result that, at certain times, disease forms the most various are cured in a disproportionally short time by one and the same remedy, and without any crisis whatsoever.

If we cannot deny to Rademacher and his disciples the merit of having directed attention to the more extensive use of epidemic remedies the honor of having furnished, by the elaboration of a physiological materia medica, ways and means for the discovery of remedies, temporarily epidemic, nevertheless belongs to Hahnemann and his followers.

It is easy for homœopaths to find the right remedy, temporarily epidemic; we must adhere to drug provings and our law: "S. S. C." First find the epidemic collective picture. Only a large number of persons affected at the same time can furnish material for the epidemic collective picture.

The utilization of the three fundamental characters of general tissue and blood qualities, as taught by Grauvogl, very much

facilitates the discovery of the epidemic remedy. We soon become convinced, on studying the epidemic, that each stationary disease-character attacks certain individuals of a certain disease-character.

In one epidemic those persons are affected especially whose blood distinguishes itself by an over-amount of water, individuals of the so-called *hydrogenoid* constitution. With this constitution the remedies are given at the same time. The most prominent of them are: *Natr. nitr.*, *Natr. sulph.*, *Calcar.*, *Magnes.*, *Iodium*, *Bromium*, *Chlorium*, *Natr. mur.*, *Arsen.* and *animal food.*

On the other hand, if the stationary disease-character appears among individuals who possess an over-amount of *carbon* and *nitrogen*, we must turn to the remedies of the *carbo-nitrogenous* disease-character; hence to those drugs which expel carbon and nitrogen, excite the oxygen, or have a chemical affinity to it. Here belong above all, *Ozone*, *Cuprum*, *Sulphur*, *Phosphor.*, *Mercur.*, *Argent.*, *Platin.*, *Camphor.*, *Ol. ter.*, etc.

The third group of disease-characters which may present itself in the study of the stationary disease-constitutions, is the one we find in persons who show an increased capacity of oxidation of the organic constituents, persons of the so-called *oxygenoid* disease-constitution. Here belong especially the remedies from the *carbon series*, and those substances which prevent or regulate the influence of the oxygen. Aside from *iron*, and the principal remedy, *Kali hydr.*, which, as is well known, very readily absorbs ozone are *China* and *Chinin.*, *Nitr. ac.* We must also consider the *ozone*. There are two kinds of rainy weather, one of which is connected with the presence of a large amount of ozone. After such a rain the tops of the mountains and forests never smoke. The practicing physician, who knows how to read nature, sees in this the indication for the *iron group*. If you observe rain with mist on the mountain tops, it is a sure sign that not *iron* but *copper* and its *analogues* are indicated. The electricity of the fog, without exception, is *positive*-electric, while ozone is *negative*-electric.

By Epidemic Remedies. First. Acute diseases are cured quickly, within a few days, without any crisis whatsoever. Only he who has seen this frequently will comprehend why in the whole work of Rademacher the term *typhus* is not mentioned. At the time of a prevailing typhus-epidemic, so-called, those recently affected are cured within a few days by the influence of the epidemic remedy, since the disease does not progress to the group of nervous phenomena, to pathologico-anatomical products.

Second. The epidemic remedy may be used as a prophylactic by the single individual as well as by a whole population; and here the application of the remedy in epizootics should not be forgotten. I cannot leave this point without directing the attention of my colleagues to an experience I made in May, 1853. The governmental veterinary surgeon of my district complained to me, at an official meeting, of the frequent and fatal paralysis of fillies. I recommended the remedies, epidemic then, *Cuprum* and *Chelid.*, and after its application he did not lose a single animal. This veterinary surgeon, educated to the idea of the specific remedy in the sense of the old school, was not a little surprised on no longer seeing any curative effect of this remedy at the time of another epidemic paralysis among young colts which made its appearance two years later.

Third. The formation of pathological products, and thus many chronic diseases are prevented.

Fourth. By attentively operating with the epidemic remedy we are brought to a more thorough study of the physiological materia medica, and to a more precise grouping of our remedies according to their local-specific directions.

Fifth. By the therapeutic utilization of the epidemic disease-character we would obtain in the future a therapeutic epidemiology which, in case of new epidemics, or a recurrence of the old, certainly shall be of greater significance to our descendants than the mere enumeration of pathologico-anatomical forms. (Prof. Rapp, translated by E. Tietze, H. M., Jan., 1873, p. 276.)

Genius Epidemicus Morbi. Sydenham assumes a "*morbus stationarius* and *morbi intercurrentes.*" Rademacher assumes the same and styles certain epidemics with prevailing liver symptoms, *Chelid.*, *Nux* or *Cuprum* epidemics respectively, during which he professes to have treated each case successfully with the medicine named. In the recent catarrhal epidemic (resembling the epizootic), while the cause often seems obscure, the symptoms indicated *Acon.*, *Pulsat.*, and later, *Arsen.* For a peculiar obstinate supervening hemicrania, soreness of eyelids and scalp, ozæna, and especially for a titillating suffocative cough, attended with enuresis in the latter stage, *Sepia* was found to be an efficient remedy. This facilitated after a few weeks of experience by efforts in the treatment of cases. A few of my colleagues made similar observations. Query. Was here a *genius epidemicus morbi?* (E. B. de Gersdorff, N. E. M. G., March, 1873, p. 99.)

The ultimate cause, the real essence of the disease cannot be recognized, only later members of the morbid motions in the body, after they make themselves known as symptoms, can be objects of treatment. Rademacher teaches stationary and intercurrent diseases. A stationary disease exists not only during the so-called epidemic diseases, attacking a great many persons at the same time, but also when the number of sick persons does not exceed the usual quantity. Intercurrent diseases are those which set in during the continuance of stationary diseases, and in greater or lesser quantity spread through a certain part of the country. They not only take on another form than the stationary diseases, but they also attack another organ, and are either mixed of organ and blood diseases, or more frequently are only blood diseases. Such intermittent diseases are exactly those of which late writers assert, that they are caused by the formation of endophytes and the fermentation and decomposition of blood caused by it.

Rapp continues: Our first duty is to form a collective picture of the epidemic, which can only be gained by the comparison of the symptoms of many patients suffering from the same disease, and after having studied the pathologico-anatomical form of the morbid process, *i. e.*, diagnosed the epidemic disease, we then study the diagnosis of the remedy according to the principle of similia. Here Grauvogl has done a great work for us all. He has taught us that every stationary morbid character choses certain individuals of a certain morbid character. (N. A. J. H., v. 21, p. 313.)

On the True Causes of Disease. There is no disease which does not consist of symptoms, the manifestation of which is the effect of a positive noxa, and no cure except by the removal of this noxa.

Fungi and algae are *not causes* of diseases, for they did not exist in the body *before* the disease which has been attributed to them, nor are they always found in the organisms *during* such a disease; they have neither the quality nor the power to cause it; their similarity stands in contradiction with the diversity of diseases attributed to them; they require for their explanation a still deeper so-called remote cause; they appear frequently quite sudden and in intermissions; and lastly, they are removed by the spontaneous action of the organisms.

There exist only *two* kinds of *causes* of disease, either a *mechanical* or a *chemical;* and consequently there are only *two kinds of diseases*, such as arise either from a *mechanical* or from a *chemical*

cause. Experience and theory teach, that a disease can be cured only by the removal of its cause, and the only sure way by nature in diseases from a chemical cause is a direct increase of the irritability of the nerves, which preside after those actions of the organism by which the virulent cause can be thrown off. This necessary increase of nervous irritation can be accomplished according to Pflüger's law, only by a weak irritation of the corresponding nerves, and this weak irritation of the corresponding nerves, in their whole extent can be effected only by small doses of an inadequate chemical agent, which for its own expulsion must excite the same excretious activities, as the virulent cause of the disease, because there is no other means to get at those nerves which alone can be the medium for the expulsion of the morbid cause. Thus, it is plain, that in all diseases, the causes of which are poisons in the blood, only similar poisons can serve as remedial agents, that, therefore, in such diseases simila similibus is the true therapeutic law which alone corresponds to the indicatio causa. (H. G. Schneider, J. Pr., 1873, p. 1, etc.)

Grauvogl says: There are three principal characters of chronic diseases, or better, bodily constitutions. All chronic diseases are based on a plus or minus of such elements as form the organism. In the psoric diseases prevented indigestion of ozone, a want of it prevails, thus preponderating formations of carbonitrogenous substances, the *carbonitrogenoid constitution*. In the second prevails increased power of oxygenation, far too great influx of oxygen, the *oxygenoid constitution*. In the third the generation of water is too large, especially in the blood, *hydrogenoid constitution*. (N. A. J. H., v. 21, p. 300.)

On the Constitution of the Patient as a Guide in Special Therapeutics. (A. W. Woodward, U. S. M. and S. J., v. 8, p. 416.)

Ether Spray as a Means of Diagnosis. Ether in the form of spray has recently been employed to determine the degree of sensibility in a case of obscure paralysis, and with the following result:

The affected parts when subjected to the jet of atomized ether were found to be frozen at the end of two or three seconds, whereas, the other portions of the body, as well as the corresponding parts of another healthy individual, could not be frozen in this manner in less than eight or nine seconds. (Lyon Medical; U. S. M. and S. J., v. 8, p. 436.)

The Action of Drugs. The subject is divided into the following: First. In what way is the action of drugs to be discovered? Second. What is the action of drugs? Third. How is the action of each drug to be distinguished from that of all others?

The first is subdivided into: First. Drugs have been regarded superstitiously. Second. They have been regarded astrologically. Third. They have been studied with reference to their sensible properties, such as form and color, taste and odor. Fourth. Drugs have been studied chemically. Fifth. Mechanically. Sixth. Botanically. Seventh. Pathologically. Eighth. Empirically. Ninth. Drugs have been studied mainly for their indirect action. Tenth. Experiments on animals. Eleventh. Experiments on the sick. Twelfth. Experiments on the healthy. The author writes at length of each of these headings, proving conclusively that by experiments on the healthy only are we able to discourse the action of drugs. The *manner in which drugs act* we cannot know.

By experiments on the healthy we learn the power which drugs possess to disturb the health of the different organs of the body; and also how each drug may be characterized and distinguished from all the rest. By giving them to the sick under the guidance of the results thus obtained in health, we learn their healing powers. (Wm. Sharp, M. H. R., v. 17, p. 12.)

The Kind of Action of Drugs. *The Action of Small Doses.—The Law for the Dose.*

Drugs have many kinds of action. *Acon., e. g.*, has four kinds upon the heart. First action. One or two drops of the 1st cent. dilution first quickens the heart's action for a short time, then retards it. Second action. One or two drops tincture, quickens the heart's action and no retardation follows. Third action. Larger doses first depress the heart's action for a time, then quicken it very much. Fourth action. Still larger doses destroy life during the first depressing action. The only true curative influence is the second action, hence the only legitimate use of *Acon.*

The different kinds of action of *Digit.*, *Phosphor.*, *Spigel.*, *Opium*, *Veratr.*, *Mercur.* and *Tart. em.*, are also given with experiments.

From the experiments the following deductions are made: First. The kind of action of drugs varies with the dose. Second. This variation in a certain range of large doses amounts to opposition to the kind of action of another range of small doses. Third. The direction of this range of large doses is the same as that of the diseases for which they are remedies. Fourth. The di-

rection of the range of small doses is in opposition to that of the diseases which they cure. Fifth. This opposite tendency is shown in health. Its cause therefore is not a difference in the state of the organ arising from disease, but in the quantity of the drug. Sixth. The varying conditions of disease have their influence on the action of drugs, but the effects of this influence are not at present under consideration.

Hahnemann's homœopathy is a half-truth. The other half-truth is—the action of small doses of drugs is in the opposite direction to the action of large doses. Therefore the law of Hahnemann, similia similibus curantur, remains true when limited to large doses; and the law of Galen, contraria contrariis curantur, is true when limited to the action of small doses; not true in Galen's sense, nor in any former sense put upon the phrase, but in a new sense, a sense which expresses a fact and not a speculation.

Law for a dose, when a drug is prescribed as a remedy for a diseased organ, upon which it acts when taken in health, and for the kind of diseased action which, in certain large doses, it can produce in health; the dose must be small enough to be within the range of an action in the opposite direction. For example, dose of *Acon.* above a certain quantity causes a feverish pulse; doses below this certain quantity retard the pulse. The larger doses are injurious, the smaller are curative.

The symptoms of diseases and the symptoms of drugs form two links at the end of a chain. The intervening links are: First. The seat of the disease and the seat of the action of the drug are the same. Second. The kind of action of both are the same. Third. The action of the small dose is in opposition to that of the large dose.

For a drug to be a medicine it must have two actions in different doses; the action of the small dose must be contrary to the action of the large dose. (Wm. Sharp, M. H. R., v. 17, p. 585.)

The Theory of Dynamization. This subject has not lately been discussed in homœopathic literature, but the theoretical views of homœopathy must be reconsidered from time to time, until they fit all the facts and harmonize with the rest of our scientific knowledge. It is not in the nature of the mind to witness the marvellous efficacy of the small dose without casting about for some method of explaining it. At present these opinions seem to prevail: First, that our medicines acquire additional energy from their mode of preparation. This is the oldest notion and was

Hahnemann's. Second, that the susceptibilities of the organism are greatly increased in disease. This is of later birth. And, third, that which perhaps finds the widest acceptation, viz.: That the results are due simply to the exact or scientific adaptation for ordinary medicinal powers to the processes of disease. It is not unimportant which view we adopt. It is upon the first of the above hypothesis that the following remarks are made: a matter of great consequence when we consider that its adoption is the cause of a number of our school grouping themselves together, a step, and a large step, beyond the natural divergences which a science like medicine is apt to create in minds of different constitution.

It is not here intended to discuss the clinical experiments with even the highest dilutions, as they are subject to but one test, viz.: Repeated demonstration with all the safeguards against error. We shall deal with the theory only, and but one aspect of that, as believing that it draws strong support from the analogies of physical science. The very definite expression of this idea by Dr. Dixon in the *Homœopathic Review*, September, 1872, is quite to the point.

"My notion is that every drug is a force naturally involved in matter, and that this force can be imparted by methods to some other matter, as the force of a magnetic stone can be imparted by a method to a steel bar; that the special force of a drug is in a 200th potency, but in a different degree from that in the drug, and that in certain cases the former may be as efficient as, nay, more so, than the latter, and *vice versa*."

There is evidently no intention here of instituting a close parallel between magnetism and dynamization, for in the illustration the communication of force is from one mass of the same metal to another, a very different thing from *Bellad.* communicating medicinal qualities to alcohol or sugar of milk, a flaw which breaks the analogy at the outset. Nor is it intended to imply that dynamization, like magnetism, can be effected at a distance. The idea vaguely is that as heat, light, magnetism, etc., are capable of exciting similar states in other bodies by contact, radiation and the like, there is no improbability that medicines may do the same. Modern revelations regarding the transference of force give strength to the supposition, and it becomes necessary to show where the argument fails.

The forces here referred to are the protean aspects of some unity of power which is not essential to the elementary constitution of

matter, and which is able to visit and agitate all forms of matter, and leave them again with their essential properties unchanged and unimpaired, acting, as is supposed, most probably in some mechanical manner. The elementary powers, on the other hand, are non-transferable and non-convertible; they are the inalienable possession of the special kinds of matter, and hence are termed properties. Magnetism belongs to the fugacious forces, while the medicinal properties of *Arsen.* and *Bellad.* are inherent. That this is the case we have only to reflect for a moment.

If we take any substance that will bear the test without destroying its constitution, say *Iron*, or *Phosphor.*, or *Iodine*, we find that after submitting it to the test-tube, the blowpipe, the retort, and chemical solvents, after combining and re-separating it *ad infinitum*, it presents itself in its pristine integrity. The properties that belong to it have accompanied it through all its transformations, and could no more be destroyed than the substance itself. This shows that properties are inseparable from the matter, and therefore incommunicable to other matter. If it were not so, if contact were a means of communication of properties, identity would be lost, elementary distinction would in an instant cease to exist, and the universe of things would become fluent and rush into a homogeneous mass.

But as our drugs possess active chemical and other affinities, it may be asked what are these powers doing? The substances are submitted to trituration and dilution. Do they not effect chemical changes in the alcohol and sugar of milk? The answer is that in so far as they tend to do so they lose their special qualities, for combination is attended with change of medicinal powers, and we purposely select an inert vehicle to preserve the original drug in as free and uncombined a state as possible. It is this very liability that renders it impossible to dilute some medicines, such as mineral acids, with alcohol.

The catalytic power of some bodies is well known, and the thought may occur, if a drug may not impart its own properties to any other body, what is to prevent its setting up some catalytic change of an assimilative kind in the vehicle? This is answered in a word. Spongy platinum causes oxygen and hydrogen to combine, indeed, but they form *water*, not additional atoms of platinum. There is, however, one form of matter in combination that does possess the power of conferring a similar constitution upon other matter not so endowed, *i. e.*, living beings. The comparison

between vitality and dynamization cannot, however, be entertained for a moment, as there is not the shadow of a presumption in its favor.

If it were possible that this theory of dynamization could be true, some of the logical results would be perplexing. We are to suppose that the properties, *i. e.*, the "spirit," of a grain of *Bellad.* might be "liberated" by trituration or succussion, which would, according to the laws of physical force, leave the drug depotentized. The drug, whilst retaining its physical properties, would have lost its medicinal ones, and the vehicle, whilst retaining its former physical properties, would have taken up the medicinal ones of *Bellad.* This is none other than the doctrine of transubstantiation, with its dialectical explanation of a change of substance with a retention of the accidents, and we did not expect to see it reappearing in this century in a scientific dress. It does not, however, appear to be settled by the high dilutionists whether, in communicating its "spirit" to an inert substance, the drug becomes exhausted thereby, or whether there is a perpetual regeneration of it going on to balance the loss. In the former case the higher the dilution the weaker would the drug become by loss of medicinal power, until it were as completely depotentized as a burnt-out cinder in regard to heat. In the latter case, that a body should impart its forces to other matter without suffering loss would contradict the great law of dynamics—no work done without an equivalent expenditure of force. Again, the analogy between magnetism and dynamization is not assumed to hold good in the transmission of the force through space. Contact is thought to be necessary in the latter case, else we might potentize a phial of pilules as easily from the outside as the inside. Therefore, whilst desiring only the emancipated spirit of a drug, our clumsy method of preparation continues to be adopted, which allows a certain quantity of the substance to be included, and thus renders the spiritual voice equivocal when it tells of its achievements. Instead of being able to say "*I* removed a congestion of the brain," it must say "we," viz.: "Myself, assisted by a few insignificant particles of *Bellad.*, having no spirit to speak of."

Looked at from all sides, and doing the fullest justice to the analogies adduced in favor of the theory of dynamization as here held, we must pronounce the verdict of physical science to be against it. But we have metaphysical speculations also brought in to assist the mind in realizing the theory in some comprehen-

sible manner. When experimental demonstration fails the imagination is called into play. We may glance at the opinions of Hartlaub and Guernsey on this matter. The former writes thus: "In homœopathy it is not with small doses that we have to do, but with immaterial doses. These are the peculiarity of homœopathy." And again, "the homœopathic preparation of medicines has for its object, not the dilution nor the decomposition of the matter, but the removal of it altogether." And again, "to constitute true homœopathy we reckon not only the *simile* strictly according to provings in the healthy, as well as single medicines without any foreign admixture, but also the immaterial dose which is that without which the total mass has neither spirit nor life." (Allgem. Hom. Zeitg., Aug., 1872.)

Guernsey writes—"The doctrine of individual specifics is therefore truly scientific, since it harmonizes the results of practical experience with well-established principles, and even with those profounder explorations of our being in which matter is seen to fade into spirit and physiology to be replaced by psychology." (Obstetrics, p. 395.)

Here we are assured, on the one hand, the matter can be made to fade into spirit, and, on the other, that it is necessary to use medicines which have thus been made to fade. Spirit is thus regarded as matter highly rarified by dilution; the particles, when reduced to an atomic fineness, cease to exist as material atoms, and become disembodied force, with the property, we suppose, of being able to be recondensed into palpable substance. This is but a materialistic kind of spirit akin to that born of the chemist's retort, and in no manner expresses the scientific conception of force, which is quite distinct from the conception of matter, and in no wise to be confounded with it. The distinction must be maintained or physical science will become a mass of confusion. By the *spirit* of a drug we understand its medicinal properties, and how the substance of a drug can fade into its properties is a more difficult conception than that of Peter Schlemil's losing his shadow; for the idea is exactly reversed—we lose the substance, but retain the shadow, the property of the substance. If we have the assurance of anything, it is that matter cannot be made to fade into anything else; but that at the close of the longest cycle of transformations it remains indestructibly the same.

To use terms with new significance and to call in the aid of unfounded hypothesis to account for phenomena is a sure means of

arresting the advance of knowledge. This process has also the disadvantage of repelling scientific minds of the profession at large from the study of homœopathy, for by mixing up the proved facts with baseless theories it leads to the rejection of both. If hypotheses must be constructed to satisfy our cravings for explanations let us at least take care that they are consistent with the body of scientific truth, and are used to explain undeniable facts, and not to justify those which are already doubtful. We cannot but regard the present hypothetical basis of the high dilutions as quite untenable, and therefore dangerous, as leading us to place a false confidence in the efficacy of these preparations. It is a significant fact that homœopathy gains its adherents by its facts, whilst the opposition to it is largely owing to its theories. We can hope to progress only so long as we follow the sound system of induction from indisputable facts that was employed by Hahnemann in his masterly introduction to the *Organon*. (Proctor, B. J. H., 1873, p. 445.)

There is one feature in relation to the action of drugs which renders it a little uncertain whether we are really homœopathists or allopathists, or a combination of both. I refer to the primary and secondary effects of our drugs which they all seem to possess and which are directly opposite to each other. We are told by some of our teachers that cures are wrought by means of the primary effect when they are similar to the characteristic symptoms of the disease. But how do they know it was not by means of the secondary and opposite effects? Others tell us that some diseases at least are cured through the secondary effects when these are similar. But how do they know this? If any one can give a reasonable answer to this let him do it.

It is true that most diseases are endowed with the opposite symptoms, and thus correspond with the remedies which cure them. But this does not inform us whether the work is done by similars or their opposites. But if you cannot show that it is done by means of similars, I cannot show that it is not, and hence I am willing to call myself a homœopathist.

The law of similars is at least an apparent truth, and is a good rule to follow in practice, for whether the work is done by the primary or secondary operation is not perhaps of much importance. (L. Barnes, M. A., p. 301.)

Theories and Therapeutic Aphorisms. (Leveret Bishop, H. M., June, 1873, p. 544.)

Medical Problems. Cases in practice supposed. (B. W. James, H. M., April, 1873, p. 433.)

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Posology.

Persons of *a sensible* temperament, who are especially subject to hysteria, hypochondria, melancholy, spinal irritation, genuine neuralgia, require as a rule *low dilutions* or even *tinctures.* Some kinds of headache, stomachache, dizziness, etc., which do not yield to high potencies, are speedily cured by the mother tincture of *Nux vom.*, *Ruta*, *Mezer.*, *Ignat.* and others, in water, more or less often repeated. Intermitting neuralgias are cured only when after a well selected remedy *Chin. sulph.*, 1st trit., every two or three hours is administered.

Irritable, *nervous* people, in whom we frequently meet rheumatic spinal affections, especially of the upper part of the spine. Epilepsy and chorea are best suited by high potencies.

The *arteriel* or *muscular* (the so-called choleric) temperament requires middle potencies, from 6th to 9th, or 12th to 15th trit., in not frequent repetition. To this class belong sthenic inflammation, the first inflammatory stage of typhus, the bilious fevers. The nervous stage of typhus requires repeated doses of low attenuations.

Chronic diseases of the muscles and fibrous tissues, as rheumatism and gout, also hemorrhoids, gravel, yield but to the 12th potency.

The *phlegmatic temperament* with its corresponding diseases which may be formed vegetative, such as cysts of all kinds, obesity, hydrops, hypertrophies and the like, requires the continued use of

low potencies until a favorable change takes place, when they must be allowed a long time to unfold their actions.

Parasitic skin diseases require beside the internal use of low dilutions sometimes also their external applications. (Goullon, Sr., J. Pr., 1873, p. 20.)

The Dose. If the *right remedy* be given either in large or in smaller, or even in infinitesimal doses, a cure will result in many cases. But the *wrong remedy* given in any or in every possible dose, will cure in no case. Every actual cure is made by the potential homœpathic remedy. The law of similars gives the physician a plain and practical rule for selecting the right medicine for every case. Cures are not made by reckoning up all the symptoms, but by ascertaining the most characteristic and important in each case, *in order that the remedy possessing these symptoms in equal prominence may be selected.* This requires judgment, we must determine the dose by the *dynamic condition* and *susceptibility* of the patient. "*The first attenuations generally answer the best for maladies whose progress is rapid* (acute disorders), *while the last accord with those whose progress is tedious.*" Use the *third* of vegetable remedies, the *fourth* and *sixth* of mineral and animal poisons, for recent affections; the 12th, 30th, 2^{c} or higher for chronic cases. Use low attenuations or crude drugs for poisoning cases. Sometimes the poison operation is chemically neutralized, or the antidote destroys the poison even in the circulation; or antidotes act physiologically stimulating the system to expel the poison or bear it effect. Or the antidote acts homœopathically as in case of *Camphor* vs. *Strychnine; Bellad.* vs. *Opium; Chloral* vs. *Strychnine;* electricity *vs.* prussic acid. There must be some proportion between the quantity of the antidote and that of the poison, the antidote lessening in quantity as the patient is further and further removed from the immediate poisonous action both in poisoning from disease and from other agents. In exanthema use the lower preparations at first, but for the after-psoric results use higher potencies. The more malignant cases of scarlatina and diphtheria are analogous to cases of accidental poisoning, and should be treated by substantial doses (3d or 4th attenuations), unless occurring in very delicate constitutions. Self-limiting disorders run a definite course and naturally end. with good care, in health, but in the other diseases mentioned, the natural course is different; miasmatic, diphtheritic, or syphilitic poison continues for a long time in the system. In glanders and cattle plague, diseases maintianed by living germs of special virus,

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and contagious, use substantial doses, for the medicine acts by following and destroying the poison even in the circulation.

Carbol. ac. destroys germinal vitality. In small quantities it saves in the same manner, that in large quantities it destroys life. We acquire our knowledge of drug action on the human system by *empiricism* and *pathogenesis*. Hahnemann should have distinguished carefully primary from secondary symptoms. The manifestation of the law of *action and reaction* in pathogenesis and its therapeutic verification, establishes a scientific basis for homœopathy. The secondary symptoms, reactive against the primary, belong to all drugs, but are more readily distinguished in those whose first operation is purely tonic or stimulating, and in which "a double order of symptoms is produced antipathic to one another." *Opium* and *Ignat.* are thus endorsed, their influence lasting but a few days. The repeated use of this class of drugs produces disastrous and permanent results. Into every consideration of *dose* must enter three elements. First. Nature of disorder to be treated. Second. Nature of medicines. Third. Nature of the patient. All remedies furnish secondary and primary symptoms, but in electricity, *Ignat.*, *Opium* and *Quinine*, the two classes are easiest distinguished. Electricity in minute quantities acts as a gentle tonic to each internal organ to which applied; in larger quantities it powerfully and violently stimulates each organ to which applied *in the line of their functional action;* this is its *primary*, pathogenetic operation, *i. e.*, muscular spasm. Introduced in stronger currents the consequent debility of the affected parts shows its *secondary* action. Its *ultimate* results, however reached, show a total loss of organic functional power, *i. e.*, muscular paralysis. The primary and secondary symptoms produced by this remarkable agent are thus seen to be exactly opposite to each other, the ultimate results being but an extreme development of its secondary action. It is capable of removing disorders corresponding to both its primary and secondary action, thus finely proving the homœopathic law. Small galvanic currents will sooth and remove spasms caused by those more intense, and will remedy the reactive incapacity resulting from the influence of powerful batteries by *reversing the current.*

The action of *Ignat.* is similar to the electric. The suddenness with which secondary, opposite symptoms succeed the primary, is due to the rapid extension of its influence from one nervous system to the other. The study of the different sympathetic and

spinal nervous systems in relation to disease, especially to psora, is important; so two remedies may be alternated, the one affecting the spinal nervous, the other the sympathetic system.

The development in modern physiology, of two distinct nervous systems, both corresponding and antagonistic to each other, in the human body, cannot but exercise a powerful influence upon our views of pathology; and yet the homœopathic law proves itself here.

This statement of the *dual nature* of the nervous apparatus considered as a whole, and in which normal vitality results from the *average equilibrium* of the two balancing systems which compose this whole, becomes the key to the great therapeutical puzzle of the single remedy, or of two in alternation.

Equal cures result from the single remedy or from alternation. The single remedy may influence both nervous systems in a complicated disease; of the two in alternation, each one influences a separate nervous system.

The primary action of *Opium* is stimulation of the cerebral ganglia, especially those controlling respiration and circulation. The immediate effect of moderate doses is a delightful sense of bodily comfort, etc., while secondarily comes drowsiness, coldness of limbs, constipation, etc., showing capillary paralysis. The ultimate symptoms are much graver and as full of pain as the primary condition is free from it. *Quinine* is stimulant or sedative as the dose is large or small, its pathogenetic action is intense and short, its therapeutic operation more persistent. While small doses cure chronic, large doses are needed for acute agues. In these malignant acute chills give doses approximating those which would cause such chills in health; the cure under such otherwise poisonous doses proves the exact homœopathicity of those doses to the case in hand.

In conclusion: First. The various relations of the different sympathetic and cerebro-spinal nervous systems to pathogenesis, and to therapeutics, as yet imperfectly understood, offer to the physician a most important field for study; a study held in abeyance, hitherto, by our ignorance of the reciprocal action and reaction of these two systems in the state of health, and rendered more difficult by the ultimate connection of these systems with each other, alike in health and in disease.

Second. A thorough knowledge of the distinctive primary, secondary and ultimate effects of drugs and dynamic influences can

be obtained only by observing their action on one nervous system and reaction upon the other.

Third. So far as we are able to judge at present, it appears that in a class of drugs or dynamic influences which are primarily stimulating and brief in their immediate action, the smallest doses are homœopathic to conditions corresponding to their primary symptoms; while larger doses are homœopathic to and curative of disorders corresponding to their secondary and ultimate effects. (J. H. P. Frost, H. M., April and May, 1873, p. 393, and p. 449.)

Studies from the Materia Medica Pura. Large dosing follows naturally from the generic homœopathy. What is wanting in skill is attempted to be made up by the force, and if the key doesn't fit the lock we force the wards. All our generalizers are strong dosers, and all our specializers small dosers, and the issue of the battle between the doses rests mainly on that of generic and specific homœopathy. It is sufficient, at present to say, that curative symptoms are only valuable as a guide where they are high up in the ordo symptomatum, or of cause and effect; say, for instance, a local inflammation. But even then, the case should be specialized. It is from a neglect of this, that the new American remedies so often leave us in the lurch. (T. Hayle, M. H. R., v. 17, p. 70.)

Climatology.

A lengthy and very interesting paper on the isothermals of the lake region, by Prof. Winchell, of Ann Arbor, Mich., will be found in *Medical Investigator*, v. 10, p. 454. The paper discusses the influence of the lakes on the regions adjacent, both in summer and winter, and is accompanied by two maps, one giving the isothermals of the lake region for July, the other those for January.

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Climatology of Colorado. Supposed to be useful for chronic diseases, except advanced phthisis and organic heart disease. Sky clear, air pure, dry, rarified. (M. Mayer-Marix, Proc. H. M. S., Penna., 1873.)

Colorado Climate for Invalids. *Asthma.* In asthma the cure is rather negative, due to absence of irritating and inciting causes, the patients especially of humid asthma are perfectly relieved as long as they reside in Colorado.

Consumptives who come here before the disease has been too long unchecked, almost certainly recover, while others who could elsewhere exist only in constant suffering, are here enabled to pass the remainder of their life in comparative comfort, frequently regaining a considerable degree of vigor.

Dyspeptics also recover their lost powers of assimilation, and by proper care become robust and competent at table.

Bronchitis and Throat Affections. The subjects of these become sound and well.

First. Altitude. Colorado is in fact the summit of the continent; its different localities present a great variety of elevations, ranging from 4,000 feet in the valley of the Arkansas to 10,000 feet in the mountain parks, above sea level.

Second. *Climate* varies with altitude as well as the topography. In the southern portion, in some of the sheltered valleys, the mercury ranges in midsummer above 100° at times, while at the same time in some of the mountain heights, one would be comfortable clad in furs.

Colorado is divided into north and south by a spur of the mountains extending out into the plains. The southern slope of this "divide" extending from its crest to the Arkansas (eighty miles), has a much warmer climate than the more northern portion.

As a whole, Colorado enjoys the most equable and desirable climate of any portion of the western hemisphere. The winters are mild, comparatively little snow falling, except on the mountain ranges; its summers are remarkably cool and bracing. There is about a month of each season during which in the valley-country the mercury at mid-day ranges as high as at New Orleans, yet there are not half a dozen nights in the year, when a pair of blankets to sleep under are in any degree uncomfortable.

Third. *Alimentation.* Bread is of uniformally better quality than

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Third. *Alimentation.* Bread is of uniformally better quality than

in any other part of the west. The wheat raised here is not excelled by that of any other country in the world. Colorado beef is equally famous with the bread; it is never stall-fed, but always comes from animals feeding at will the succulent grasses of valley and plain. (H. T. F. Gatchell, M. I., v. 10, p. 275.)

Invalid Climates. At Anaheim, southern California, an invalid could be out of doors all day during eighty-one days; at Mentone, France, there were sixty-seven fair days; at Aiken, South Carolina, there were fifty-three days. The average temperature was, Anaheim, 61°; Mentone, 48⅓°; Aiken, 53°. This comparison was for December, January and February. (Quoted by R. J. McClatchey, H. M., Nov., 1873, p. 170.)

Physiology.

Physiological Interpretation of Symptoms. Neither bronchitis nor pneumonia produce consumption unless the lymphatic glands are diseased. Bronchitis indicates something wrong in the absorbents. In a child having entero-colitis with *dry* cough, rolling the head, post-mortem revealed colitis, emphysema, basilar congestion.

The study of medicinal effects will prove of great importance, furnishing the key to physiological science. Brown-Séquard irritates the quadrigeminal bodies and obtains increased intestinal activity. As a familiar result of diseased action in one case, I found a clot in the intestines, several points of intussusception and narrowing of the jejunum; also dilatation of the pupils, with *an injected zone about the cornea: Action of Bellad.* Other cases had the enteritis and the zone, and they were cured with *Bellad.* And *Bellad.* given in excess in another case, *developed the zone.* Now, cannot we explain the *modus operandi of Bellad. in such cases?* We can see its "runway," and at the same time learn something new in physiology; *e. g.*, how strong light causes diarrhœa, by *irritation of the tuberculæ quadrigemina*, the origin of the optic tract, etc.

Sulphur acts on the brain and nerve centres. *Phosphor.* by fatty degeneration furnishes the spleen with fat from which to make blood for the brain and nervous system.

Carb. veg. produces a venous compression of the pons and cerebellum. (T. C. Duncan, H. M., Feb., 1873, p. 318.)

Infinitesimals at the French Academy. M. Davaine performed numerous experiments upon rabbits by inoculating them with the blood of a dead rabbit, this inoculation being followed by fatal results. Doses of the blood of one of these poisoned rabbits was then injected into other rabbits, with like fatal results; and thus the experiments were continued until M. Davaine, finally, in the *twenty-fifth generation*, inoculates four rabbits respectively, with a trillionth, a ten-trillionth, a hundred-trillionth and a quadrillionth of a drop of the blood of a rabbit belonging to the last series (twenty-fourth) and perishing from the trillionth of a drop. One only of these animals died, viz.: That which had received a ten-trillionth of a drop of blood. The question for us is, how far do M. Davaine's results bear upon our use of infinitesimals, either as to their positive action or their comparative efficacy? Now we cannot at all agree with our contemporary *L'Art Medicale*, that the inference to be drawn is that the septicæmic poison is the more active the more it is diluted. It has hardly, we think, weighed the supplementary experiments, by which M. Davaine shows that "*toute de suite*" the virus acquires its utmost intensity, and the subsequent researches which prove that it is the rapid spread of putrefaction which the animal organism allows to which the sudden increase of virulence is to be ascribed. There is no analogy between the multiplicatian of an animal ferment and the mere dilution of a drug. The one is self-reproducing, or at any rate capable of catalytic transformation of its surrounding medium; and all that has been proved is, that the ultimate smallest complete particle or group of molecules competent for such action may be as small as the ten-trillionth of a drop. We cannot argue certainly from thence to the activity of a corresponding quantity of a non-reproductive or catalytic agent, like a drug. What M. Davaine has really done towards strengthening our position is this: he has shown, what has often been questioned, that matter can be carried by the homœopathic process of attenuation above the ninth centesimal degree without ceasing to be present or losing the activity proper to it. (B. J. H., 1873, p. 104.)

Potentization. "The blood of one rabbit killed by a ten-millionth part of a drop, was injected into five rabbits in doses of 1:100,000,000; 1:1,000,000,000; 1:10,000,000,000; 1:100,000,000,000; 1:1,000,000,000,000 of a drop. All died within twenty-five hours. (Scientif. Rec., Harper's Mo., March, 1873.) . . . . . We have here exhibited, the danger of

the sub-cutaneous injection, which once performed, its material can neither be controlled nor eliminated. While water injected in small quantities into the veins has caused death, the venom of snakes may be taken into the stomach with comparative impunity. Our remedy, *Anthrac.* is powerful in its curative effects when given in a potenized form by the mouth, and what is this substance but decayed animal matter? Each of the nosodes, or morbid production, contained in our materia medica, when further proven, must produce symptoms characteristic of each substance, and will be of the greatest importance in the cure and relief of disease. Further, let us be careful to vaccinate with lymph of absolute purity. . . . . The advice given by some of the early vaccinators again asserts its importance, to use only lymph introduced on the spot, fresh from the cow, and free from blood or pus. (W. P. Wesselhœft, N. E. M. G., April, 1873, p. 178.)

Cranial Nerves. Anatomy, physiology, pathology and psychia. (J. A. Carmichael, N. Y. J. H., March, 1873, pp. 1, 9.)

Recent Researches in Neuropathology. By W. B. Neftel. (N. A. J. H., v. 22, p. 224.)

How Cold-blooded Animals are Affected by Low Temperatures. Notes of a series of experiments by Dr. Döhnhoff, proving that cold-blooded animals die at different freezing temperatures. (Quoted by B. W. James, H. M., Oct., 1873, p. 131.)

Catching Cold. Children may take cold by being excluded from the air, rather than by being exposed to it. The lungs of children are at birth rather in a state of congestion. At and for some time after birth children do not use as much of their lungs as adults; nor do the latter, except on some especial occasions, use the whole power and capacity of the lungs, hence there is always more or less stasis of the blood in the lungs, more or less blood not properly aerated, containing too much carbonic acid. For these reasons it is not necessary, especially in children, to invoke the aid of any external cold to produce inflammation of the air-passages or of the parenchyma. If the doors and windows are carefully closed and two or three adult persons are in the room with a kerosene lamp or two, or even a gas-burner, consuming the oxygen and giving forth carbon, we have all the elements necessary to increase this stasis to a point incompatible with health, the blood unmoved or moved but slowly acts as a foreign body and inflammation ensues.

I have found that all children who have been thoroughly chilled

on their way to the Foundling's Home, are sure to die sooner or later. They may rally for a few days, and even assume quite a show of vigor, but in spite of it die in a very few days. (G. E. Shipman, M. I., v. 10, p. 672.)

Alkaline vs. Acid in Children. In a healthy child, first, the alkaline digestive elements are in preponderance, then slowly the acids obtain sway until in manhood the latter hold the ascendancy.

In the child's alimentory tract the chief glands are the secretory liver and the assimilatory lymphatics. The size of the liver is comparatively large, and its work in proportion to its size; the secreted bile has to emulsify the large amount of milk taken to fit it for absorption. The bile is an alkaline secretion and imparts alkalinity to the whole system. Acid and cold are the infant destroyers. The next set of glands coming into activity are the salivary glands and the pancreas with their juices also alkaline.

As soon as the child is able to digest meat, the liver becomes relatively smaller, the stomach and gastric follicles are better developed; the intestinal juices become more and more acid, until the period is reached when the stomach becomes the chief digestive organ.

The healthy child is alkaline, it is plump and rosy, feeds heartily, sleeps a great portion of its time, and wakes to crow and laugh. The acid child on the contrary is thin, scrawny, cross; it nurses, or would nurse constantly, cries incessantly, vomits at times, and its bowels are always out of order. Its stomach is comparatively large, the liver shrunken, the body anæmic and poor in fat. The brain especially is anæmic and shrunken.

There is a diseased alkalinity as well as a diseased acidity. The tendency may be to too much fat; the system may be clogged, giving a feeble, bony and muscular development, thus rendering the child a prey to disease, but still of another class and with different symptoms.

The tendency to disease in the fleshy alkaline is to congestions, effusions and exudations, while in the lean subject it is to inflammation, anæmia and consequent structural derangements. The fleshy subject's diseases are those of excretory organs, while in the acid child the secretory glands suffer most.

The brain diseases of the former are chiefly ushered in with coma and developed with effusion, viz., meningitis, hydrocephalus and the like, while in the lean subjects restlessness is the first symp-

tom, followed by structural change, chiefly anæmia or inflammation of tissues.

The remedies indicated differ with the different states. The diet is a most important factor in the treatment; the rules are: First, acids, spices, stimulants, and activity interfere with the fattening process by stimulating an excessive flow of gastric juice, etc. Second. Fats, sweets, and starchy food, quiet and water, increase the activity of the liver, pancreas, salivary and lymphatic glands. (T. C. Duncan, M. I., v. 10, p. 461.)

An Hermaphrodite. Physiological description of. (B. B. Schenck, H. M., Feb., 1873, p. 343.)

Congenital Malformation of the Bowels. Child lived five days after birth. Symptoms were vomiting and absence of urine and stool. *Post mortem*—the stomach and duodenum were considerably distended with flatus, but there was no connection between the duodenum and the jejunum, to that of the left end of the duodénum, and at the upper end of the jejunum there was a cul de sac, and consequently the jejunum and ileum were loose in the cavity of the abdomen. The bladder was empty. (Croucher, M. H. R., v. 17, p. 237.)

Anomalous Colon. Case of autopsy. Jacob Siler, æt. 53, unmarried, a common laborer. On evening of August 3d, 1872, felt well but ravenously hungry. Eating nearly double the usual quantity for his supper. Following day felt indisposed; slight pain occasionally in abdomen; daily stool absent. August 5th. Increased discomfort in abdomen; frequent and futile efforts to stool; appetite indifferent; resorted to domestic remedies, but labored as usual.

August 6th. Symptoms much the same; labors part of the morning; resorts now to allopathy for medicine; takes a powerful purgative; no stool.

August 7th. Tries another allopathist; jalap heavy; result the same; symptoms all aggravated.

August 8th. Was called to see the case. Found pulse 85, moderate thirst for small quantities of drink; considerable meteoristic distension; slight tenderness over entire abdomen; no localized pain except a continual sacral backache. I suspected volvulus and gave *Nux*[3], and ordered enema.

August 9th. No change for the better; downward tendency prevails. During this and the succeeding day, employed all the means for relief at command, both mechanical and medical results negative.

Tympanitis excessive; diffuse pain in abdomen becomes more intense, directly above the pubes; sacral ache constant (has suffered during entire life from weak back and backache whenever indisposed). Enemas both simple and effervescing were without favorable result. Forcible inflation per anus was persevered in varying postures which was also abortive. In all these trials but a very meagre amount of liquid or air could be forced into the rectum. Gastrotomy was finally resorted to, but no emesis of any kind followed.

On the following morning (August 11th, Sunday,) found the patient dead. Death was preceded by constant desire to defecate; pubic pain intensified; considerable thirst; frequent micturition and much flatus, almost preventing respiration entirely; no emesis. Patient made one final effort to defecate while sitting on the edge of his bed, fell back and expired quietly.

Autopsy seven hours after death. Illeo-cœcal valve was found in left iliac fossa, and the course of the colon in a corresponding inverse order, ascending on left side, and descending with sigmoid flexure on the right side. The difficulty was found at the sigmoid flexure.

The colon at flexure was of unusual length, extending before the reflexion down to a point within an inch and a half of the com mencement of rectum, then in an extended length of at least twenty inches between this point and the rectum, it was doubled upon itself, forming thus a free floating duplicate ten inches in length. This duplicate extended up towards the umbilicus anterior to the smaller intestines, and had made one entire revolution from right to left (on its own axis), thus forming at the junction of colon and rectum (six to eight inches from the anus), a tight twisted rope. The strangulated portion was gangrenous; other portions normal. (O. S. Runnels, O. M. and S. R., v. 7, No. 2, 1873.)

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Ozone in the Atmosphere. A table carefully compounded from daily observations by Dr. Lender, proves: First, that its absence

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(the *jod-kalium* starch paper did at least show no alteration in its color) was not attended with any noticeable change in the general state of health. Second, that during strong reaction of the paper continuing for weeks there prevailed no bronchial affections; and third, that during the severest cholera epidemic we have had (in Magdeburg on the Elbe), the ozone reaction was, and continued to be quite strong. (H. G. Schneider, J. Pr., 1873, p. 720.)

Ozone and Homœopathy. By Dr. H. Goullon, Jr. (A. H. Z., v. 87, p. 189.)

Medical Electricity; is it Homœopathic? How may it be applied?

Every electrical application should be made with the understanding that man, in himself is an electric battery, with the battery proper located in the brain, and various little batteries (nervous centres, ganglions, in different parts of the body. These are all under the control of the great battery, the brain. Man considered as to his surrounding, is negative at his feet, and positive at his head, or in other words his head is positive and his feet negative. To promote the proper currents therefore, the positive pole should be applied as near as possible to the medulla oblongata, say at nape of neck, and the negative pole to the feet. Moisture aids. For sthenic pneumonia, apply sponge moistened with indicative drug directly over apex of lung and the negative to the feet. When both lungs are involved, apply first to worst side, and then change to other, allowing a few minutes for breathing. In bilious fever I prefer electric bath, thus: negative pole in the water, and hand representing the positive pole, passed over scalp and down nape of neck.

In typhoid fever same treatment. When skin is hot or feverish and cadaveric, while pulse is slow, weak and compressible, or when skin is cold; goose pimpled, shriveled, while pulse is greatly accelerated, hard and tense, then use *electric sheet*, thus, I wrap the patient in a warm wet sheet, and apply the currents as before. In *meningitis* and *headache*, wet head thoroughly and envelope in wet cloth, apply negative to back of neck, positive by wet hand over head and forehead, etc. (O. P. Baer, A. J. H. M. M., v. 6, p.154.)

Neutral Media for the Preparation of our Remedies. By neutral medicines we mean non-medicinal materials that can be medicated and made convenient for administration. The number of these mediums employed in homœopathic practice is necessarily limited.

Sacc. lact. for the most part has been employed in making triturations of solid medicinal substances obtained from the mineral, vegetable and animal kingdoms. In some instances a mixture of this medium with starch, arrow-root, finely pulverized liquorice root, and common salt has been employed for the same purpose. The neutral liquids that have been employed for the preparation of tinctures, extracts and dilutions, are water, deodorized alcohol and syrups, and sometimes, though rarely the pure sulphuric ether.

The best medium for metallic triturations is sugar of milk.

The saline minerals should have the same medium.

The salts of iron, copper, zinc, mercury and lead carried up to the 6th dec. or 3d cent., vary much in color and appearance; that of iron has a greenish hue; that of copper, a bluish; that of zinc, white; that of mercury, grayish; that of the proto-iodide, yellowish; that of the bin-iodide, pinkish; that of cinnabar, reddish. Those of the yellow sub-sulphate, black oxide, hydro-chlorate and sub-muriate, preserve to a greater or less extent their characteristic colors, and no neutral medium of preparing these triturations has been found to answer the purpose as well as pure sugar of milk, and although salep, clarified sugar, liquorice, arrow-root and starch serve an important purpose, and particularly when sugar of milk cannot be had, they are, nevertheless, liable to many objections. Starch as a medium for diluting medicines by trituration, becomes moist, glossy and sticky. Clarified sugar will only answer for such as are put to immediate use, and for the reason that it attracts moisture, and besides, when some salts are triturated with this material, chemical changes are to be feared that might cause a substitution of a new material for the one intended by the process. Similar objections can be urged against the employment of salep and arrow-root, while that of pure radix glycyrrhizæ may have some advantages that commend its use. The tinctures and dilutions employed in medical practice are for the most part prepared in deodorized alcohol, which, according to modern authority, is far from being non-medicinal. Common table salt, which is a tolerably pure preparation of chloride of sodium, some argue, is not more objectionable in preparing triturations than the alcohol in preparing tinctures and dilutions. So far as medicinal interference is concerned, this may be true. But alcohol is indispensable on acconut of its power to preserve against chemical changes. Tinctures made from fresh plants, or even dilutions made with

water, would soon exhibit the presence of acetic acid, were it not for the presence of a certain proportion of alcohol. On this account, this medium has been employed in making dilutions on the decimal and centesimal scale, as high as the 100,000th. If alcohol is medicinal, the query may arise, if all traces of medicine are not neutralized, in the highest dilutions, except what the alcohol contains.

Dilutions of the mineral and vegetable acids cannot be made with alcohol, in as much as water appears to be the only diluent that preserves their quality. Alcohol is objectionable on account of the production of ether when acids are diluted in it.

Vegetable and animal carbon can be prepared for use in no better medium than sugar of milk. The lower triturations can be made and preserved for an indefinite length of time in well-corked bottles. After the 3d or 4th dec. trituration the attenuations are continued in alcohol.

For immediate use the dried foliage of plants may be triturated with sugar of milk, but their medicinal integrity becomes impaired by time. The 5th attenuation of any of the triturations, it is maintained can be made by adding 1–20 by weight of the 4th trituration to alcohol, and shaking many times a day for several days, and from this the higher dilutions can be made. Two parts of fine pulverized sugar, and one part of starch, forms the prescribing powder sold by some of our pharmacies, and for extemporaneous medication with dilutions or globules, it may serve as good a purpose as the more expensive sugar of milk.

Another neutral in the form of simple syrup, made by adding eighteen ounces of clarified sugar to a pint of pure water, has been found a convenient vehicle for medication by dissolving in it the 3d trit. of the remedy required.

The crude hypo-phosphites may be prepared for administration in the same way.

Wafers made of sugar and gum arabic for medication have been employed as a favorite neutral, to be medicated when used. Globules of various sizes are used for the same purpose.

A tincture of liquorice root, made with dilute alcohol and believed to be neutral, has been employed as a vehicle for medications with dilutions suitable for affections of the respiratory organs, and with this and simple syrup, wafers and globules, sugar of milk and alcohol, water and other neutrals the practitioner may consider

himself well equipped for varying the forms of his prescriptions to suit the preference of his patients.

Formerly, in preparing the metals, etc., differently colored powder papers were used. A pinkish tinge was oftentimes imparted to a medicine by using coccus cacti five drops to an ounce of the medicine. The same quantity of the watery extract of *annatto* would give a yellow tinge. Grayish powders were made by using equal quantities of sugar or starch and powdered liquorice in making triturations. Common table salt has even been used.

But all this twisting and turning, without getting off the track, is simply impossible. The only road that can take the practitioner safely through by daylight, is to use the pure metals with pure, white, deodorized powder papers, or by solution in pure aqua fontana. (A. E. Small, U. S. M. and S. J., v. 8, p. 383.)

Chemistry of Cobra Poison and Beer. One of the most remarkable illustrations of the mysterious line that separates the deadly and the wholesome in nature, is given in the English medical press, which states that the poison of the cobra, the most venomous of the East India serpents, has been chemically analyzed, giving the following results: Carbon, 45; nitrogen, 13; oxygen, 6; sulphur, 26, and hydrogen, 10. This is exactly the composition of beer yeast. The latter is used for manufacturing the staff of life, bread; the former is so deadly in its nature, that when taken from the snake and preserved, and afterwards injected under the skin of animals, it produces fatal results quickly. The laboratory of nature is far more wonderful than that of the human chemist. (O. M. and S. R., v. 7, No. 5.)

Disinfection. (J. F. Cooper, H. M., Oct., 1873, p. 114; also, in H. M. S., of Penna.)

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