

Thuja, *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.*²⁰ *sol.*, ineffectual after six weeks. *Calc. carb.*²⁰ *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 poly-

pus 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-

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 *Arnica* 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.*²⁰, and after that rested comparatively well. Under *Hepar s. c.*²⁰ 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 disease as it gets well. Among other symptoms present are fetor 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.*⁵⁰ 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.)