

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.*<sup>3</sup>, five drops three times a day, and a wash of vinegar and water, and later of *Tannin*. Eight days later, *Arsen.*<sup>6</sup>; 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.*<sup>5m</sup>, 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.*<sup>50</sup> 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.)

*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.*<sup>2o</sup>, 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.*<sup>2o</sup>. 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 become 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*<sup>6</sup>, 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 proceeded 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 *Nuxvom.* 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*<sup>6</sup>. (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. Bolten. (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 diphtheritic 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. *R. Bellad.*<sup>3</sup>, in water, *Merc. j. r.*<sup>3</sup>, 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. *R. Canthar.*<sup>3</sup> with a gargle of *Liquor calc. chlor.* Cured slowly. (Fetterhoff, H. M., Aug., 1873, p. 34.)

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

**Diphtheritic Sore Throat** cured by *Lac cani.*<sup>1m</sup>. 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 Diphtheria 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*<sup>2x</sup>, 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.*<sup>3</sup>. (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, *Arnica* and *Acon.* are the chief remedies. If caused by a burn, *Canthar.*<sup>3</sup> 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. *R.* twelve powders of *Natr. mur.*<sup>2o</sup>, 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. *R. Natr. mur.*<sup>2o</sup>, 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.*<sup>2o</sup>. (A. E. Small, U. S. M. and S. J., v. 9, p. 35.)

**Aphonia.** *Phosphor.*<sup>6</sup>. 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.*<sup>6</sup>. Burning huskiness in the whisper; sense of utter weakness in the laryngeal muscles; coincident symptoms of glosal and facial paralysis.

*Spongia*<sup>3</sup>. Hoarseness with soreness and burning; with cracked