

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*^{31m}, 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.*²⁰, 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 2°; 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 diarrhoea, 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; Mis-

souri, 9; Kansas, 8; Colorado, 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 dyspnoea, which is absent in pleuritis sicca; where fever is present, the superficially-breathing patient has to respire frequently on account of the pain. The dyspnoea 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 dyspnoea 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 albu-

men, 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 involucrem 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 dyspnoea 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 nervousity; 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, dyspnoea 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, sometimes tuberculous 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 pleuritis.

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.*²⁰. 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.*²⁰, 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 Paracentesis 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. *Arnica.* (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 hystericalgia, 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 similitum in *Spigel.* Acts best hypodermically. Muscular angina with fatty degeneration, *Phosphor.* With flabby dilation, *Digit.* Both may be assisted