

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 4^m. 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 glandu-

lar 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*²⁰, 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 tenesms. 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 occurred 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.*²⁰, *Thuja*²⁰, *Phosph. ac.*²⁰, *Kali carb.*²⁰, *Calc. carb.*²⁰, useless. *Silic.*²⁰, 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 urethro-scope 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 phlyctenoid 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 gonorrhœa 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 gonorrhœa drags along, they do not in the least make us wiser as regards its treatment. (Mossa, H. Kl., 1873, p. 132.)

Gonorrhœa and Buboës. After continued injections of various ingredients, and the internal use of capsules, the inguinal regions became inflamed and buboës 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 buboës, were the result of an eight weeks treatment. *Nitr. ac.*³, three times a day, and cold water compresses upon the buboës 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 *Thuja*. (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 impossi-

ble 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. Hahnemann 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 decillionth 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. R. *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. R. *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 cocoon, 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. L., 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;