

in the evening without expectoration; in the morning with expectoration of tenacious mucus generally somewhat salt, often also, only of a flat, sometimes of a sour taste.

Aggravation, at night.—From the child getting angry, weeping and crying. After eating. After warm drinks, especially milk. In damp cold weather. From remaining in vaulted chambers (churches, cellars). From lying in bed, especially on becoming warm there.

Concomitants.—Weeping and crying. Heat and sweat of the head. Retching. Vomiting of food and drink, even before the paroxysm. Diarrhœa. Oppression of the chest. Paroxysms of suffocation. Difficulty in recovering the breath. Rattling in the chest. Pains in the pit of the throat. Burning of the hands. Great prostration. Much yawning. Drowsiness. Great heat. General prostration, most profuse in the face. After the paroxysms, dizziness, sweat of the forehead, yawning and great sleepiness.

Is often suitable for the spasmodic Hooping Cough of adults and requires generally to be followed by Ipecacuanha.

(*To be continued.*)

TABES MESENTERICA.

BY D. A. GORTON, M. D., NEWBURGH, N. Y.

(*Continued from page 297.*)

Treatment.—The indications of treatment may be briefly stated thus: First. To sustain by appropriate regimen the vital powers; Second. To cure the disease and existing complications.

The means best adapted to consummate this most desirable result are often difficult of discernment, and when ascertained, frequently, it must be confessed, prove inadequate for the purpose. They consist of:

1. *Agents of Hygiene*; embracing the natural require-

ments of the system in health and disease; such, for example, as appropriate food and drink, fresh air, plenty of sunlight, cleanliness, change of location, appropriate exercise, etc.

2. *Remedial Agents*; consisting principally of Arsenicum album., Baryta carb., Chamomilla, Calcarea carb., Iodium, Phosphorus, Sulphur. Other remedies have been suggested and will sometimes be found serviceable, chiefly as auxiliary aids in the treatment, it is believed, such as Belladonna, Asafoetida, Causticum, Cina, China, Hepar, Lachesis, Magnesia, Nux vom., Petroleum, Pulsatilla, Staphysagria, Sulphur, etc.

Hygiene.—The diet and regimen of the patient are of the first importance. Failure in meeting the hygienic demands of nature would compromise the otherwise most skilful treatment. A trifling error in diet, either in quantity or quality, or time of administration, may aggravate an existing intestinal irritation, or produce one where it did not exist previously, and render abortive the most wisely selected remedy. More attention, therefore, to the subject of diet, especially, is demanded of the therapist, if he would cure his patients of intestinal and digestive disorders.

What are the indications of diet in this malady? Obviously, the selection of such articles of food as are easy of digestion, and which, at the same time, meet all the circumstances and constitutional peculiarities of the case. This is by no means an easy task. There are, it is true, certain general principles to guide us in selecting the proper food; but even with these, valuable as they are, and must be, much must necessarily be left to individual experiment.

Milk is the only pabulum designed and purposed by nature to nourish the young mammal; and experience proves it best adapted to fulfil the requirements of food for infants, either sick or well. Privation, or insufficient supply of the mother's milk, in a majority of cases of tabes infantilis, is the chief exciting cause; and if the disease be fully developed, and the child very young and frail, no time should be lost in providing for it a full supply. If it be impracticable for the mother to nurse the little sufferer, a wet-nurse, of good condi-

tion and appropriate age, should be gotten at once. Do not delay. It were useless to proceed with remedies and leave the indication of diet, so clearly manifested, unheeded. A few days experimentation with rank cow's milk or the milk of goats or asses or raw beef or, still worse, farinacious preparations and nauseating malt, and the various but inappropriate broths so commonly used, will find the disease far advanced and, may be, beyond hope of recovery from any source. With the restoration of its natural pabulum—that good which Infinite Wisdom expressly provided for it—the chief cause of gastric and intestinal irritation will be removed, and some reasonable ground of hope furnished thereby that the disease may promptly yield to some remedies.

In other cases the necessity of woman's milk may not exist. The child is farther advanced in years. There are, perhaps, four, eight, twelve, or sixteen teeth. The period of infancy, with most of its perils, is already passed. In such cases fresh undiluted cow's milk or the milk of goats—rarely even that of asses—may be demanded and prove the great desideratum—easy of digestion and, consequently, soothing to the intestinal disorders. Cases will occur, however, even among children thus advanced, where the milk of those animals disagrees. It makes its appearance undigested in the stools, and solid pieces of curd, frequently of considerable size, are ejected from the stomach. If such disagreement be radical and does not yield promptly to homœopathic remedies, arrow root may be given instead and will often prove a valuable substitute.

Another valuable substitute for milk, in the treatment of *tabes mesenterica* and other intestinal disorders of young children, is mutton-broth. I have known children of a few months old, doomed by pitiful circumstances to the bottle, thrive well on mutton-broth, when all other unnatural preparations had proved indigestible and disease producing.—Chicken-broth is sometimes useful, under similar circumstances and conditions; and although not possessed of all the virtues of the broth of mutton, affords the patient an accessible and often agreeable change of diet.

When the disease occurs at a still later period of childhood, numerous other articles of diet are allowable and, indeed, highly serviceable in sustaining the vital powers and improving his condition; such, for example, as the essence and extract of beef, raw beef, farina, rice, hominy and other farinaceous products; toasted bread, baked potatoes, grapes, etc. Where the teeth are developed it is fairly presumable that the digestive powers are so also, and both kingdoms of nature—the vegetable and animal—are free to the patient, from which he may draw his nourishment, that which experience shall have proved best for him.

The regimen in other respects must be judiciously prescribed. The patient should be dressed in flannel and plenty of it. Its sleeping apartment should be elevated, exposed freely to sunlight and well ventilated. Warm water baths to the extent and for the purpose of cleanliness—nothing further—should be given. Allopathic authorities have, with questionable propriety, recommended saline baths. But, what have they not recommended? When one reads over the list of remedies and recommendations which they have suggested for this malady, it seems as if all the devils in pandemonium had conspired with them in the destruction of the infant race. It should be borne in mind that there is far more danger in bathing these patients too much than too little. Exercise should not be neglected, and it must be tempered to the age and condition of the child. If an infant, and the season and state of the weather do not forbid, he should be taken out of doors daily. If he be too feeble to endure the jolt of a carriage, carry him in the arms gently; care being taken in all cases to avoid undue exposure and fatigue.

Change of location, for reasons not clearly understood, is generally attended with good results. The free country air is preferable to the vitiated atmosphere of closely crowded cities. Residence by the sea-shore, inhaling the saline breezes, is, with this, as with many other scrofulous maladies, highly salutary. In older patients, the advantages of a sea voyage must not be underestimated. The disease is thus stayed, and

its effects eradicated, many a time when, inland, the medical art seemed unavailing.

Sleep is also highly important; use every means consistent with reason to promote it. Keep the patient free from exciting causes. Make no draft on his mentality. If sleepless do not poison his brain with anodynes, but relieve it by appropriate homœopathic remedies.

Wet-Nurse.—In selecting a wet-nurse, particular care should be taken that she be sound in body and mind. Avoid one whose secretions are foul. If she have catarrh; habitually loaded tongue; offensive breath; hacking cough; chronic diarrhœa; tumors in the mammæ and axillæ; copious and excoriating leucorrhœa, or either of them, reject her. She is not a proper person to serve any child in that capacity. It is highly proper also that the age of her milk should approximate that of the patient as nearly as possible.

The influence of a wet-nurse over the destiny of the patient is very great. Her conditions, both physical and mental, react upon and modify those of the child. She may undo by erroneous habits, all that our art can do and as fast. She deserves special attention therefore at our hands.

Her regimen should be strict; her diet generous and regular; she should have sufficient sleep. It will not do to overwork, nor subject her to undue exposure; still she requires, for the patient's sake, plenty of exercise. Care should also be taken of her person—when ill, prescribe for her without delay—an occasional sponge-bath will, I venture to say, not only improve her personal condition, but prove highly serviceable to the health of the one whose very life she supplies.

If the secretion of milk become, from any cause, defective or insufficient, do not allow her ale, whiskey, nor “strengthening” bitters so much in use, with the view of correcting the difficulty. In most cases a diet of bread and milk and beef soup, in addition to the more hearty food, will supply the want. If the difficulty be not amenable to a more generous diet, ascertain its precise nature and remove it homœopathically.

These small details may seem unimportant to many, and it

is for that reason, and also because they are so often disregarded in practice, and with too often fatal consequences, that I linger upon them. It should always be borne in mind that judicious attention to diet and regimen, in respect to both nurse and patient, is of the first importance, without which, in severe and fully developed cases, the best remedies will be prescribed in vain.

Remedies.—In attaching so much consequence to diet and regimen in the management and care of this disease, I trust not to be understood as underrating the value of appropriate remedies. I say appropriate remedies. The term appropriate in this connection is used with its full signification; for it were ten thousand times better that the case be left entirely to the beneficent influences of a correct regimen, than that repeated doses of drugs, large or small, be given, the nature and effects of which are unknown, or if known, entirely disregarded. Better do nothing at all than to do the wrong thing. Wait, study the case awhile, and become, if not already, familiar with its essential features. The patient can far better afford to wait a day or two longer, and would no doubt prefer to do so if he was capable of intelligent choice, rather than take the risk of taking inappropriate and incongruous drugs. Having definitely ascertained the disease and its specific counterpart, the remedy, we may proceed with our prescription in the full assurance of, at least, doing no harm.

In this connection Dr. Dunglison's words of advice, himself a venerable allopathic author, and writing for the benefit of allopathic physicians, are singularly pertinent. How many precious little lives would be annually saved if they were heeded! He writes, “The physician exhibits his skill by controlling disease by appropriate regimen, than by administering combinations of whose effects he often knows little, and where much of his practice must necessarily be involved in conjecture. The science of medicine is more demonstrative than is usually imagined, and, when the case is not so, the practitioner had better for the time do nothing. Any experiment may have one of two opposite results; it may do good or

harm; and hence a practitioner is not justified in administering a powerful medicinal agent at random. If he be desirous of instituting experiments, he ought to take example from some modern therapeutical inquirers in Germany, and make them upon himself rather than upon his patients" (*Therapeutic Materia Medica*, Vol. I, p. 24).

If then we would cure these patients, for cure them we must if cured at all, it is obviously necessary, first, that the true nature and seat of the disease be discovered; second, that the exciting and predisposing causes be definitely ascertained; third, the pathognomonic symptoms be fully noted; fourth, that a remedy be selected whose pathogenetic symptoms in their entirety exactly correspond to the totality of the symptoms of the case. When this analysis shall have been made, our medicines can be administered with a positive certainty of doing good.

Clinical Observations.—The following clinical observations must not be regarded as in any sense exhaustive. Such indications only are given as have been repeatedly verified by successfully treated cases in my own practice, and which, for the most part, are justified by the record of trust-worthy provings.

Arsenicum alb.—Great physical prostration and emaciation; skin cool and dry, or dry and burning; abdomen distended and hard; swelling of the mesenteric glands; stools frequent; excited by eating and drinking, mixed with ingesta, green, slimy and watery, offensive or odorless. Inordinate appetite; unquestionable thirst for cold water; nothing seems to satisfy the patient; frets and moans, and tosses about; excessive restlessness; if a child, desires to be carried about constantly, day and night.

Arsenicum is rarely, I believe, indicated, in the beginning of the disorder; neither will it cure it when fully developed. It is capable, however, of mitigating the patient's sufferings and improving his condition generally. It is of great use, nevertheless, in so much that it frequently renders the disease amenable to the influence of other and more appropriate rem-

edies. It seems to be more appropriate to the stage of ulceration than of induration. Hence in the later stages of the malady the drug reaps its best laurels. Even where the disease is beyond the hope of recovery, Arsenicum will often do more to sooth and comfort the last hours of the patient than all the anodynes put together.

Baryta carb.—This drug is more appropriate in children of advanced age, and in cases of induration and enlargement of the glands. The abdomen is tense and inflated; stools loose and pappy, or hard and dry; immoderate appetite; troublesome inflation of the stomach after meals; enlargement and induration of the tonsils; sound of bells in the ears; eczematous eruptions on the face and scalp; dry harsh skin, etc.

Calcarea carb.—Applicable to all ages of the patient and in all stages of the disorder, except, perhaps, the very last, Calcarea carb., is one of the chief and most successful remedies against the disease. Given early, in sufficiently high potency, in cases to which it is truly homœopathic, and the malady need never put on its serious phases. In cases fully developed I believe it not incapable, frequently, of meeting every requirement singly and alone. The chief symptomatic indications are: scrofulous and cachectic children with tumid abdomens and tendency to emaciation: appetite voracious; morbid craving for indigestible articles; milk disagrees; the child is uneasy from flatulence and colic; loose stools of creamy color and consistence, foetid and frequent; sometimes watery and calcareous and mixed with undigested substances; worms; wetting the bed; difficult dentition; nocturnal perspiration; loose cough; heat at night; hardness and swelling of the glands of the neck; great bodily weakness; the mind, however, is clear and often precociously developed.

(*To be continued.*)

INTRA-AMNIOTIC TWIN FŒTUS.

BY MERCY B. JACKSON, M. D., BOSTON, MASS.

On May 25th, 1866, attended Mrs. —, an American lady, of about thirty years of age, with her first child. She had been my patient during her pregnancy, and had suffered greatly with nausea and vomiting, the usual remedies not bringing as much or speedy relief as usual.

The abdomen had increased rapidly in size during the first five or six months, so much so that twin-pregnancy was suspected; but after that time it had not enlarged more rapidly than usual, and on examination a week before term, but one heart could be heard beating. During the last two months of pregnancy, the lady had been uncommonly well, had walked out daily, and often passed the afternoon and evening with friends, enjoying her food and society as usual.

On the 25th of May, found her in travail, which lasted fourteen hours, when a male child was born, weighing about eight pounds. The placenta and membranes were expelled soon after, and slight pains continued to be felt which I supposed to be after-pains, although she said they were "just like the labor-pains only not so severe."

The infant had the cord twice round the neck but cried instantly on its removal, nevertheless, although plump and healthy looking, he seemed very feeble and breathed with difficulty for some time, for which I gave several remedies and watched him for three hours, by which time he had fallen into a quiet sleep, breathing naturally.

On examination of the mother's abdomen, I found more fullness than usual, and not the distinct ball-like hardness generally felt when the uterus contracts well; but as she was fleshy and the abdominal walls quite thick, and no indication of internal or external hæmorrhage, I did not feel anxious about her.

On calling in the morning, the nurse, a very competent one, told me that Mrs. — had not urinated during the night,

although two attempts had been made, and that the after-pains had been felt occasionally during the night; and that, at seven, a.m., nineteen hours after the birth of the child, she had endeavored in a different position to pass urine, when a fœtus enclosed in its placenta, and membranes intact, was expelled. After which she urinated freely and the pains left her.

On examination, the fœtus was visible through the membranes with the cord twice round the neck, but the membranes were so tough that I was obliged to cut them. The placenta was about two-thirds the size of the other placenta. The plates of the skull had slipped past each other, and the face fallen in. The joints had become disintegrated; one leg had no foot upon it, and the thigh and calf of the leg were connected by a wet-like membrane. The other leg and foot were perfect. The hair was quite thick upon the scalp and loaded with sebaceous matter, in lumps, adhering to it. I judged the fœtus to be six months old at death. The nails were well formed.

The debility of the child for the first three months, for which I could not at the time account, and which never appeared after, seemed to me accounted for by the effect of the decaying fœtus upon it while in utero. The mother and child both did well, and were in no way affected by their abnormal condition, previous to accouchment.

OBSERVATIONS ON RHUS.

BY CARROLL DUNHAM, M. D., NEW YORK.

(Continued from page 315.)

PRACTICAL APPLICATIONS.—In fevers *Rhus* has had a most successful and extensive application. As the symptoms indicate, the forms of fever which require it can only be what used to be called *nervous* fevers, and are now known as *typhoid* or *typhus*.

Comparing it with Bryonia and Eupatorium, we miss at once the whole train of gastro-hepatic symptoms—the vomiting of bile, soreness and pain at the pit of the stomach, constriction around the epigastric zone, fullness and tenderness of the hepatic region, etc.—which indicated those remedies in bilious remittent fevers. On the other hand, we find Rhus producing some degree of tenderness of the abdomen, great flatulent distension of the abdomen, amounting to tympanitis—occasional watery or mucous diarrhœa—symptoms which, though not so strongly pronounced as similar symptoms are under Phosphoric acid, yet decidedly resemble symptoms of *typhoid fever* or, as the German call it, *abdominal typhus*, and indicate the use of Rhus in that disease.

With this indication, the depressed and collapsed sensorium, the absent mindedness, the inability to think of what one wishes to do or say, to remember even familiar circumstances; the depression of spirits, the lassitude and actual muscular feebleness, exactly coincide. So do the restless nights and sleepy days, the mixed up fever and the partial sweats which give no relief.

Hahnemann in writing of the Epidemic of 1813, gave the following directions for selecting Rhus: “This fever has two principle stages. *In the first period* (which is all the shorter, the worse the disease is to be) there are present, full, increased sensation of the pains usually present, with intolerably bad humor, sensation of heat in the body and especially in the head, dry feeling or actual dryness in the mouth, causing constant thirst, bruised feeling in the limbs, restlessness, etc.; but, in the *second period*, that of delirium (a quas metastasis of the whole disease upon the mental organs) no complaint is made of all those symptoms—the patient is hot, does not desire to drink, he knows not whether to take this or that, he does not know those about him, or he abuses them; he makes irrelevant answers, talks nonsense with his eyes open, does foolish things, wishes to run away, cries aloud or whines, without being able to say why he does so, has a rattling in the throat, the countenance is distorted, the eyes squinting,

he plays with his hands, behaves like a mad man, passes fœces and urine involuntary, etc.

“In the first period of pain and consciousness, two remedies are of use and generally quite remove the disease at its commencement: Bryonia alba and Rhus toxicodendron.

“If, for instance, the patient complain of dizziness, shooting pains in the head, throat, chest, abdomen, etc., which are felt particularly on *moving* the part; in addition to the other symptoms: the hæmmorrhages, the vomiting, the heat, the thirst, the nocturnal restlessness, etc., we give him a dose of Bryonia, and give no other medicine, nor can repeat the same as long as he continue to improve.”

“If now,” he proceeds, “if now, the amendment produced by the Bryonia goes off in the course of a few days—if the patient then complains of shooting pains in one or other part of the body whilst the part is *at rest*; if the prostration and anorexia are greater, if there is harassing cough, or such a debility of certain parts as to threaten paralysis, we give a single drop of the Rhus tox.”

“Or the Rhus may be given at the commencement, if the symptoms I have just described occur at the commencement of the attack. Indeed Rhus is suitable more frequently than Bryonia in this disease, and hence can more frequently be used first and alone in treating it.”

Observe, first, the clear and sharp distinction which Hahnemann draws between the indications for Bryonia and Rhus respectively; how carefully he advises us to give each remedy only when the symptoms which specially call for it are present in the case, and how different these symptoms are! Could you gather from this statement that Hahnemann advises the giving of Rhus and Bryonia in alternation in typhoid fever? It would seem to me impossible. And yet the majority of Homœopaths will tell you, and the majority of works on practice will teach you, that the standard prescription in typhoid fever is “Bryonia and Rhus in alternation,” and that this was recommended and used by Hahnemann!

There is no better foundation for alternation in any case than there is for this assertion.

Dr. Wurmb, in his "Clinical Studies of Typhoid Fever," has given us some exceedingly valuable summaries of the action of Rhus and its cognate remedies, so valuable that I can not do better than to quote freely from his work. Speaking generally of the therapeutics of fevers, he says,

"In typhoid epidemics, inasmuch as the cases present at given times and in given localities, a part from all special peculiarities of individual cases, a determinate and distinct general character, and are thereby clearly distinguishable from those which occur at other periods and in other localities, we must regard it as our first problem to get an accurate knowledge of the character of the prevailing epidemic."

"When we have done this, the second problem remains for solution, viz.: the discovery of the group of remedies which most closely correspond in the similarity of their effects upon the healthy to the character of the epidemic. If we succeed in this, then is the most difficult part of our labor done; for the number of remedies contained in this group can not be very large, and it can not consequently be very difficult to select from it the most suitable remedy, that is to say, the remedy of which the individual peculiarities coincide most nearly with those of the case to be treated."

Acting upon this, Dr. Wurmb has described the peculiarities of several groups of drugs and pointed out their adaptations to different forms of typhoid fever. The first of these groups consists of Rhus tox. and Phosphoric acid, the similarities and peculiar differences of which are finely depicted by him. He remarks first, that the cases of fever in which these drugs are required and were used by him, are not very grave and severe forms; the epidemic could not be called a malignant one. "The disturbances in the vascular and nervous systems, though often tolerably severe, were never excessive and the tendency to decomposition of the organic substance, although it existed and was developed, was not very striking. The appropriate remedies, consequently, were such as, in large doses, in healthy subjects, act powerfully, it is true, on the life of blood and nerve; pervert the latter, but

do not completely suspend it; cause disturbances in the vital chemistry but do not entirely supersede it!"

Rhus tox. and Phosphoric acid being drugs which act in an equal degree upon both the vital force and the organic substance, and which act powerfully but not destructively—are suitable to an epidemic of this character.

Now, the distinction between these two drugs, may in a word be stated as follows: Rhus is characterized by symptoms of *erethism*, excitement, orgasm; Phosphoric acid by symptoms of *sluggishness*, torpor, collapse. This is the proportion which, in so far as Rhus is concerned, we proceed to elaborate in the words of Dr. Wurmb, "Indications for Rhus."

"The patients are generally strongly built persons who have hitherto been healthy; the typhoid, for the most part, comes on suddenly, runs a rapid course, and reaches in the course of a few days a high degree of development. At the same time with the disturbances in the vascular system, there is felt a strong sensation of illness, which advances at a more rapid rate than the other symptoms do; for example, the actual debility is not so great as the sensation of debility, inasmuch as tolerably rapid and forcible motions are still capable of being made. (N.B. During convalescence, the contrary condition obtains; the patients take themselves to be stronger than they really are.)"

"Soon, however, the forces fail; movements become difficult and feeble and the patients are constrained to lie quietly in bed, in one place. They complain of aching in the limbs and, sometimes, of violent pain in some joint or other, as in rheumatism."

"These disturbances in the general condition do not long continue alone; there are soon associated with them irregularities in the vascular system, viz.: in the beginning, gentle fugitive chills and heat, but especially heat of the head; at a later period the heat predominates, and at last it becomes continuous and is very violent; there is tendency to rush of blood to the head; the temperature is elevated; the face is burning hot to the touch; the eyes shine and are moderately