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I am confident that this offer is sincere, as I am conversant with the arrangement made with the agent, who is to receive no compensation for delivering the first thousand copies; taking his chances, also, on what may be called for afterwards, to make any money.

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Would you not be doing your readers a kindness by laying these points before them for their consideration? For my part, I should feel it a great loss, indeed, to let this opportunity pass unimproved. Dr. Hering is yet in thorough working order, and perfectly capable of performing this work as no other man can. Yet no one can tell how soon he may be unfitted for the labor. Dr. Hering can well afford to rest on his present laurels and let this labor be performed by others, when the demand shall be sufficient to make it pay, but we cannot afford this sacrifice. If these views seem correct to you, will you give them to your readers, and urge them to send their subscriptions on at once.

Yours truly,

C. W. BOYCE, M. D.

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THE PHYSIOLOGY AND PATHOLOGY OF THE
NASAL PASSAGES.*

BY T. F. ALLEN, M. D., NEW YORK.

The nasal passages afford ingress and egress of air to and from the lungs, at once sifting the air from impurities by means of the hairs that thickly stud the lower fossa, and to a certain extent, analyzing it by means of the special sense of smell. The olfactory nerve showers down from the cribriform plate of the ethmoid bone and is distributed to the convolutions of the superior and inferior turbinated bones and upper portion of the septum, in which region the lining mucous membrane of the nose (the pituitary or Schneiderian) is most developed, and productive of nearly the whole of the nasal discharges.

This special sense is *only* special, distinguishing only odors; perception of warmth and cold, itching, tickling, pain, etc., as well as the reflex action of sneezing, is given by the nervous trigeminus, or, to speak strictly, the nasal branch of the ophthalmic division of the fifth pair. The presence of a moist surface is essential to a perception of odor; in other

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words it has been proven beyond a question that a substance must be first gaseous (volatile), and secondly brought into solution, to affect the delicate papillæ in which the ultimate filaments of the olfactory nerve terminate. Even aqueous solutions of gaseous odors will not affect the sense of smell if injected as such into the nostrils, the substance must enter the nostrils as a *gas*. Dark colors are capable of absorbing odors more readily than light. The same we know is true in regard to light and heat; the order as regards absorption of odor is black, blue, red, green, yellow and white. It has come to find its practical application in the use of white sheets and coverlids, white walls in hospitals, etc.; also warmth and moisture facilitate this absorption; so warm, damp atmospheres hold more odors in solution or suspension than cold dry ones.

Odors have been variously classified by Linnæus as aromatici, fragrantes, ambrosiaci, alliacei, hircini, tetri and nauseasi; by Larry, as alkaline, acid, camphoric, ætheritic and narcotic; by Laller, very sensibly as pleasant, unpleasant, and indifferent. Our appreciation of odors and, hence to a certain extent, of the chemical composition of substances, often far excels any chemical tests, and rivals, if not surpasses in delicacy that beautiful test—the spectral analysis. In animals it is often developed to a far higher degree, owing to the special nerve development and the greater surface exposed to action. I must forbear to pursue this subject to a great length, nor can I now speak of the relation of the Eustachian tube to the sense of hearing; the arguments pro and con and the experiments are numerous and very interesting.

As bearing upon our pathology, there are, opening into the nose in the middle fossa, the ethmoidal cells (possibly also sphenoidal), frontal sinuses and Antrum Highmori, into the lower fossa the lachrymal canal, that sewer of the eye.

We must pass now to our principal subject, the pathology of the nasal passages, and I am constrained to remark that two weeks, in an exceedingly busy season of the year, when two consecutive hours are nearly unattainable, has given me

hardly time to lay out my work. I need not apologize therefore, for its hasty composition and lack of interest.

ANOMALIES OF THE SENSE OF SMELL.—Anomalies consist in exaltation or increased susceptibility, depression or decreased susceptibility or total obliteration, loss of smell, or perversion.

Any of these conditions may be a condition or accompaniment of disease; the depression or loss may be an affection of the special sense or be brought about by mechanical obstruction of the nostrils; so also perversion may only be a normal exercise of the special sense in recognizing offensive secretions or the sense itself may be perverted. This latter point could not be settled with any certainty; we may recognize offensive discharges from a patient's nose, and the patient himself, be unconscious thereof, or the reverse may be true; the fact alone concerns us in the treatment of nasal catarrh, and is of great importance; as much so, as the character of the discharge, whether acrid or not, yet *in this connection* the reason for this perversion is of no more practical value than the chemical composition of the acrid discharge.

In one connection this abnormality of smell will be of great importance, as showing a general pathological condition, viz: in paralysis; as conditions of general nervous depression in which the special senses are in abeyance, as in *Hyoscyamus*, where the loss of smell has no connection with any organic change in the *nose*, but is in consonance with general loss of sense and vitality. We find *special* pathological or pathognomonic conditions of exaltation of smell under *Aurum*, *Belladonna*, *Lycopodium*, *Nux vomica*, *Phosphorus*; also *Aconite*, *China*, *Coffea*, *Graphites*, and *Plumbum*.

Aurum, everything smells too *strong* (also found in *Sulph.*)

Drosera, great sensitiveness to sour smells.

Graphites, intolerance of flowers.

Phos., exceedingly sensitive to bad smells, with headache.

Tabaccum, smell is very acute in the morning.

Sabadilla, sensitive to the smell of mice.

Sanguinaria, great dislike to the smell of syrup.

Belladonna, the smell of tobacco is unendurable.

Lycopodium, the smell of Hyacinth produces nausea.

Sulph. acid, the smell of Coffee is intolerable.

Sense of smell is diminished under Bell., Calc. carb., Sep., Sil., Sulph., Tab. and others.

Sense of smell is lost under Aurum, Causticum, Hyos., Kali bichrom., Lycopod., Natr. mur., Plumb., Sanguin. and Sulph.

Aurum in connection with extensive organic destruction; so also, Kali bichrom., smell diminished with frequent sneezing, blunted smell even of strong scents followed by frequent sneezing and incipient coryza, then loss of smell with great dryness and insensibility or numbness of the nose.

Causticum has loss of smell with impaired vision.

Hyoseyamus., with loss of taste.

Natr. mur. has loss of all smell and taste with severe fluent coryza.

Teucrium m. v. is reported by the late Dr. Wurmb, to have cured loss of smell.

Under *Perversions of Smell*, I include those bad smells, resulting, not only from change of the function of the special sense but from offensive discharges; it is impossible to draw the dividing line. I may remark here, that these different smells are not to be viewed as mere curiosities of disease or drug action, but are to be noted as practical indications in the choice of the remedy. They will often decide when we may be in doubt, between two or more drugs.

In general, perversions of smell belong to Bell., Calc. carb., Paris quad., Anac, Aur., Kali bichrom., Kreos., Graph., Menyanthes, Nit. acid, Puls., Sanguin. and Sulph.

Agnus castus, sometimes smell of herring, sometimes of musk. Smell of pus at night.

Anacardium, smell as of dung or burnt tinder, on rising in the morning. Veratrum and Bryonia also have a smell like dung.

Arsenic., smell as of pitch, sometimes as of Sulphur before the nose.

Aurum, putrid smell on blowing the nose (very many Aurum symptoms are manifested on blowing the nose), mo-

imentary smell as of brandy, with dyspnoea; also a sweet smell.

Bell. has very especially a smell of rotten eggs, so also, Calc. carb., Kali bichrom. and Nux v.

Alum. has a sour smell in the morning.

Conium, a smell of pitch in the back of the nose, he fancies he can taste it also.

Graph., a smell of burnt hair mixed with Sulphur. A smell of burning soot. (Nux v. also has a smell of Sulphur.) Smell as of an old coryza at night.

Bry. The smell of dung is a frequent accompaniment of other Bry. symptoms.

Kali bichrom. Sensation as if she drew in sulphuretted hydrogen with each breath. Bad smell preceded by stuffing and increased secretion. Smell of rotten eggs. Putrid smell with a watery discharge and redness of the nose, smell of rotten eggs. Imaginary putrid smell. Sensation of fetid smell.

Lavendula vera. Peculiar indescribable smell and taste.

Lycopod. Smell like lobsters.

Kreosote. An indescribably bad smell in the morning on waking.

Nit. acid. Bad smell in the evening.

Nux vom. Smell like rotten eggs, rotten cheese, Sulphur, and candle stuff, all manifested and aggravated in the evening.

Menyanthes. Disgusting smell like rotten eggs in a room and in the open air.

Mercurius. Putrid smell.

Puls. Illusion as if he had smelt tobacco and coffee together, even in the open air. Bad smell in the morning. Smell like an old coryza.

Sanguinaria. Smell as of roasted onions.

Senega. Putrid smell.

Sulphur. Smell like shelled peas, burnt horn or like old coryza.

It may seem superfluous and even foolish to pay attention

to these little smells, but I, for one, am as much interested in these peculiarities, as in the question of the microscopical character of tubercle whether it is hardened pus or undeveloped blastema; indeed more so, for the former, these smells, are practical, the latter theoretical.

We are accused of catering to a theory, I insist that we are eminently practical.

We pass from the anomalies of the special sense of smell to the abnormities of *structure* in the nasal passages. I will pass over all congenital malformations, multiplicities, hypertrophies, deficiencies of development, etc., to *acquired* anomalies.

1st. The *lachrymal canal*; bony, lined with an extension of the Schneiderian mucous membrane, affected by extension of inflammations from the nose, or the eye.

Severe inflammation of the lachrymal sac tends to produce imperforation; a pustule forms on the side of the nose near the inner angle of the eye; it may become a running sore, the tears constantly overflow the cheek causing excoriation. Lachrymal fistula, confirmed, has not been considered subject to medication, but the pathogenesis of Pulsatilla, guarantees to us that in very many, the majority of cases, it will arrest this formation, nip it in the bud; it is applicable in the first stage. So also Silicea and Natr. mur. ought to cure and have cured confirmed fistula.

Dr. Dunham related to me a case, in which there was no doubt of the diagnosis of a fistula of long standing, and the cure was complete and without mistake after the use of Natr. mur. This fistula does not cure itself.

There came to me to the Central Dispensary in this city, a German girl of eighteen, for menstrual troubles, especially menstrual headache and delaying menstruation of such characters that Silicea seemed to me to be the appropriate remedy. After deciding upon my remedy. I noticed on the side of the nose near the eye a small pustule somewhat inflamed. I asked her about it and she said it was of no consequence, it had been there three or four years, and came

on after a severe cold in the head. On inquiry I found that the tears continually ran over the cheek of that side, the right, that there was no mistake about a lachrymal fistula on that side. I remembered that Hahnemann in his introduction to the proving of Silicea, recommends it for the cure of lachrymal fistula, and though somewhat sceptical about this case did not change the prescription; Silicea was taken twice a week. In less than three months the tears no longer overflowed the cheek, in less than *one* month the pustule entirely disappeared leaving smooth skin, red, but without tenderness. I made sure that tears were normally secreted by holding the lids apart and pressing on the caruncula lachrymalis.

Petroleum would doubtless prove curative under certain circumstances, though I have never heard of its administration.

The eustachian tube is liable to become occluded by extension of inflammation from the nostrils or pharynx, and here as in occlusion of the lachrymal canal I do not believe in the necessity of operation and, in anticipation, shall not believe it a sign of progress when people come to wear tubes from the posterior nares to the internal ear. I am unable to give an analysis of the drug pathogenesis on this canal; we infer their action from various correlative symptoms; there may be many, we must be careful however in our estimate of symptoms, for example, Lachesis has pain on swallowing going up into the ear, but the course of the pain is along the parotid gland, it is more external than internal. In Gelsemium the reverse is true, it is internal not external. To illustrate the action of Gelsemium I have a very striking and apt case which much astonished me and the patient.

A young lady of 22, in affluent circumstances, felt compelled to apply for relief from the terrible sick headache which preceded every menstrual period, appearing from twenty-four to thirty-six hours before the flow, and attended by profuse vomiting with bearing down pains in the abdomen; no pain in the back, the symptoms relieved on appearance of

the flow. Cocculus was prescribed which certainly relieved her somewhat and in time, I think, would have gradually cured her but after two months I was requested to take her throat in hand. For several years she had been having with increasing frequency, a sore throat coming on with a little fever and leaving her a little deaf. Lately every change of weather affected her throat and she was becoming more and more deaf and constantly so, when her throat was inflamed and sore, (confined to the upper part of the pharynx) pain on swallowing would shoot up into the ear. The family were becoming alarmed as one member, an old lady, formerly subject to like attacks of sore throat, became exceedingly deaf. I took down all the symptoms, was confident I did not have the right remedy with me (at least not in my head) and promised to send it up. I studied but could not make it out, at last Gelsemium was suggested to me and I sent it. It astonished us all; she had not a sick day with her menstrual periods nor has she had a sore throat since; and no difficulty of hearing in the slightest degree, from the time she began the Gelsemium. She took but little and it is now over a year; and a few weeks ago told me in great glee that she could go out in all weathers with impunity. I consider it a bona fide cure. You will of course ask the dose. I gave the only potency in the office then (I should have given lower if I had had it) the 1,000th, prepared by Dr. Fincke, of Brooklyn, which potency of Gelsemium I will swear to.

In passing to the consideration of the *drug pathology* of the nasal passages proper, I will refer to the abnormal growths within the nose, particularly warts or polypi; they may be hypertrophied states of certain portions of the mucous membrane and the submucous tissue or may be true adventitious growths, fibroid most commonly, in either case they may occur singly or in great numbers and produce more or less stoppage of the nasal passages. *Teucrium mar. ver.* has been and is considered almost a specific for the removal of these polypi and many authentic cases are reported.

A remarkable case was reported in the *Allg. Hom. Zeit.*

by Dr. Bojanus of Moscow in which the nostrils were entirely filled with large and small polypi, surgical removal had only increased the difficulty; after the use of *Natr. mur.* they all came away spontaneously, and the nostrils remained clear.*

In the *AMERICAN HOMŒOPATHIC REVIEW* for January 1864, in an article on "The Question of the Dose," by Dr. Dunham is quoted a case of a lady of 55, who suffered from a large polypus in the left nostril; various remedies had been given without effect, an operation was proposed, but one physician consulted, thought that a cure by internal remedies would be much more permanent, and having seen striking effects from *Calcarea carb.* wished to try it. The second trituration was given for four weeks with an intermission of four weeks, with no result. The first trituration was then prescribed, after fourteen days the polypus seemed to be a trifle smaller but an intermission of four weeks was followed by return of the tumor to its former size; at last the officinal lime water was given in milk, a teaspoonful twice daily, amelioration followed the first dose, in four weeks there was no trace of the polypus and the patient remained well.

We come now to the consideration of the pathological conditions of the nasal passages, commonly induced by inflammation acute or chronic, and characterized by the terms *coryza*, *catarrh*, *ozæna*, etc. The inflammation may be: 1st, *croupous*, witness ordinary *coryzas*; 2nd, *diphtheritic*, extension from the pharynx; 3rd, *scrofulous*, hereditary and other *catarrhs* complicated with or showing a tendency to the production of *Tuberculosis pulmonalis*, and 4th, *sypilitic*. I shall not stop here to treat of these separately, but pass on to the second division, drug pathology—and first the *aconite pathology*.

The action of *Aconite* is ephemeral. It produces locally, congestion of the Schneiderian membrane with heat and dryness of the nostrils; but curative as it is in this stage it is

* In this connection it is an interesting fact that several cases of distressing nasal polypus, so situated that extirpation was impracticable, have been cured by a long sea-voyage.

still more so, in the inceptive period, when, especially if the coryza is to be a severe one, there will be great chilliness with other Aconite symptoms. The greatest results from Aconite are always obtained in the chilly stage, but we are seldom called upon to prescribe for this incipient coryza outside of our own families where we often have the opportunity to ward off a severe coryza by the timely dose of Aconite. This Aconite congestion may resolve itself by hæmorrhage, or pass on into one or more forms of stopped or fluent coryza.

Having mentioned the word hæmorrhage, I will interpolate a few words on that subject.

We find epistaxis from *Ant. crud.*, *Bell.*, *Brom.*, *Calc. carb.*, *Croc.*, *Dulc.*, *Graph.*, *Hyos.*, *Kali bi.*, *Merc.*, *Millefolium*, *Nit. acid.*, *Puls.*, *Rhus.* and *Sabina* especially. Epistaxis, of bright blood, *Millefolium*, *Bell.*, *Sab.*, *Dulc.*, *Hyos.* and *Bry.* especially. Of dark blood, particularly *Croc.* and *Nux vom.* Of clotted blood, particularly *Plat.*, *Rhus.* and *Cham.*

Millefolium, deserves to take the lead as a remedy for a vast number of nose-bleeds, the blood is light colored and thin, copious, and the absence of concomitant symptoms serves to lead us to its selection for this as well other hæmorrhages from mucous surface, (e. g. menorrhagia) instead of

Sabina, which also has bright red hæmorrhage but, particularly the menstrual flow, in connection with tearing pains in the joints.

Bryonia, has epistaxis for several successive days, especially in the morning after rising. Now this is significant and in connection with other symptoms proves it to be of great value in vicarious menstruation; fully confirmed by experience.

Crocus, has discharge of black and viscid blood, with cold sweat standing in big drops on the forehead.

Agaricus. Blood is blown from the nose in the morning on rising, followed by profuse bleeding.

Ant. crud. Epistaxis, frequent in the evening on blowing the nose.

Argentum. Tingling and itching followed by bleeding; copious bleeding on blowing the nose.

Arsenic. Copious bleeding from the nose, from being in a passion, also after vomiting.

Actæa sp. Hæmorrhage during oppression of the chest.

Baryta carb. Bright red epistaxis several times a day, bloody discharge on blowing the nose.

Berberis. A few drops of blood fall in the morning preceded by pushing pain in the temple extending towards the eye.

Borax. After itching in the nose, blood comes on blowing. Epistaxis in the morning, and at night throbbing headache.

Bromium. Painful swelling in the lamella, afterward in the ala, followed by formation of crusts. The parts bleed on being wiped. Epistaxis preceded by oppression of the chest.

Carbo an. Epistaxis in the morning preceded by vertigo. Epistaxis preceded by an aching and stupid feeling in the head. Epistaxis in the morning on sitting; the blood bright red.

Carbo veg. Violent hæmorrhage in the morning, immediately followed by pain in the chest. Violent hæmorrhage several times daily for three weeks preceded and followed by a pale face.

Coffea. Epistaxis with ill humor and muddiness of the head.

Crotalus. Epistaxis with vertigo (so also *Lachesis*).

Graphites. Epistaxis at ten, p.m., preceded in the afternoon by rush of blood to the head and heat of the face.

Hepar sulph. Epistaxis after singing.

Iodium. Epistaxis preceded by disgusting dreams and nightmare.

Indigo. Epistaxis in the afternoon with vanishing of sight.

Kali bichrom. Epistaxis preceded by burning in the right nostril and sneezing; also preceded by a sense of obstruction and heat of the expired air. Epistaxis followed suddenly by coryza. Epistaxis after eating; after exercise.

Lachesis. Epistaxis with vertigo and rush of blood to the head.

Mercurius. Epistaxis at night; epistaxis when asleep; epistaxis from coughing; epistaxis on blowing the nose.

Natr. mur. Epistaxis at night on coughing, with a bruised feeling in all the limbs.

Phosphor. Copious epistaxis while at stool in the evening. Epistaxis with a sensation of dryness of the nose, with a yellow discharge.

Lycopodium. Epistaxis twice a day. Profuse bleeding from a small wound in the nose.

Silicea. Epistaxis in drops on stooping.

Sulphur. Epistaxis in the afternoon, followed by soreness of the nose to touch.

Thuja. Epistaxis every two days. Epistaxis when overheated.

In presenting you the drug pathology of the nasal passages I shall follow a certain system according to the relations of the drug actions to each other, and to head the list present that potent drug *Lycopodium*; it produces much sneezing through the day, at night the nose is completely stopped with dryness of the nose and burning headache. The nose is swollen, the patient cannot breathe through it, he has to keep his mouth open; the burning headache becomes so severe that he must keep the eyes shut. After a day or two or more, the inflammation may extend down into the bronchi where the *Lycopodium* cough is developed loose with much expectoration, the coryza may then become somewhat fluent. I am inclined to think that the closure of the nostrils by *Lycopodium* is not at first, if at all, owing to the presence of lymph, I think the mucous membrane is enormously congested and dry, that only a scanty thick secretion is at first the result. It will be often found in practice to be of the greatest value, and in frequency of prescription only equalled by *Nux vom.* and *Pulsatilla*. On the one hand allied to *Aconite* on the other to *Nux vom.*, but before *Nux vom.* comes *Dulcamara* producing a stuffed coryza which is exceedingly aggravated in the open air and followed by a loose cough.

Nux vom. produces a catarrh, which is at times stuffed, then fluent, then stuffed again; the nose will be completely closed by thick tenacious mucus, it will seem dry, but in a little time it will suddenly loosen and discharge copiously a moment or two and then close up again; all this accompanied by a dull confused headache in the forehead just over the nose; it feels as if a mass of cotton were there, the discharge may cause some redness of the nose and this condition is very likely to pass into the coryza of

Mercurius, which is characterized by a profuse discharge of thin or watery matter; the edges of the nose and the upper lip become very red and sore, but without excoriation. This form of coryza comes on with much sneezing, the nose is red and swollen especially the left side, the patients are using the handkerchief constantly to which they attribute the redness of the upper lip and edges of the nose. In mercurial affections of long standing the bones of the nose become sore to the touch, the nose is swollen, bad looking pimples break out on the nose. It is allied to *Aurum*, *Kali bichrom.*, and *Nit. acid* in connection with which group it will be again noticed. Taking another step we find

Arsenicum, which produces a slimy discharge that seems to burn its way over the skin of the upper lip; the discharge is very biting and burning. This coryza commences with great dryness in the nostrils with excessive burning, which burning continues after the discharge appears and is quite characteristic of *Arsenic.* closely allied to this is

Senega, whose action on the nasal passages is quite characteristic; the coryza commences with the feeling as if red pepper were throughout the nostrils and even throat, with excessive dryness and sneezing; this condition extends itself into the bronchi producing a most distressing and obstinate cough. A lady was subject to attacks very like this, coming on with the feeling of red pepper in the air passages and followed in twenty-four hours by a distressing cough, which proved to many allopathic as well as homœopathic physicians very obstinate. *Senega* not only arrested the course of this

catarrh at once but from its repeated use the attacks became less and less frequent and severe, and finally ceased altogether. Another member of this group, closely allied to Arsenicum, and which will be called for in nearly as many cases in

Allium cepa, (the onion). It produces a most violent catarrh with profuse discharge of water from the nose and eyes. Singularly enough that from the nose is burning and excoriating, that from the eyes not so; in direct contrast is Euphrasia (that wonderful eye-brightner) which has very acrid lachrymation but bland nasal discharge. These discharges of *Allium cepa* are accompanied by a terrible laryngeal cough, which compels the patient to grasp the larynx with his hand, for it seems to him that the cough would tear it as if a hook were in there which pulled and dragged every time he coughed. He shrinks and dreads the cough. These are not rare cases and demand prompt action; instead, then, of applying chloroform liniment, or giving laudanum and squills, or wrapping the neck up in an onion poultice, give a proper preparation of the onion and the work is done. *It will not fail.* (It may not be improper to say that the publication of the proving of *Allium cepa* in English, will immediately follow Aloes in the REVIEW.)

(To be continued.)

SCARLET FEVER.

BY P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 359.)

Stramonium. In many of its pathogenetic elements this drug stands in relation to Belladonna, much as China does to Arsenicum. The similarity of their symptoms, though great, often finds the difference which negatives identity in the degree of their intensity, *Stramonium*, in this comparison, representing the minor quantity. Each of these rem-

edies, of course, presents numerous other elements distinctly characteristic of each, concerning which no question will arise as to the selection of either, when their counterparts are met in examinations of the sick; while, in relation to those which are similar, the practitioner will often find himself thrown upon this quantitative difference, as his chief guide in exact prescribing. In the group of these similar elements where we meet the greatest resemblance, and where we are oftenest compelled to rely on this difference of degree of intensity, we find many of the symptoms by which these drugs are related to scarlet fever. This will fully appear when we come to present the symptoms of *Stramonium*. Before proceeding to this, we wish to call especial attention to this remedy in its relation to this fever. Its importance here has not always been fully appreciated. It is not too much to say that as the disease is met at this day, and in this locality, it is as often called for by the law of similars as Belladonna, perhaps oftener. And further, as to these two relatives, it is not enough for good practice, to follow the one with the other, if that first given fails to produce the desired result. This will too often end in fatal consequences, for one of two reasons. If the one be appropriate the other is not, for though similar they are not identical. Nor, indeed, are they similar, but often quite different, in those elements which decide the choice of a remedy according to the law of cure. If, then, by mistake or neglect, that is given which is not similar in these elements, and therefore not appropriate to the case, it is not a mere negative proceeding, leaving the case after the action of the drug, (which cannot be curative for lack of the requisite similarity,) where it was when this wrong selection was made.

The action of drugs on the living organism is a positive action, never a mere negative one. If not in the curative direction, and it can never be if the similarity of its characteristic effects to the characteristic phenomena of the disease be wanting, it must be in some other, and that of necessity more or less an opposite one, and therefore hurtful. The