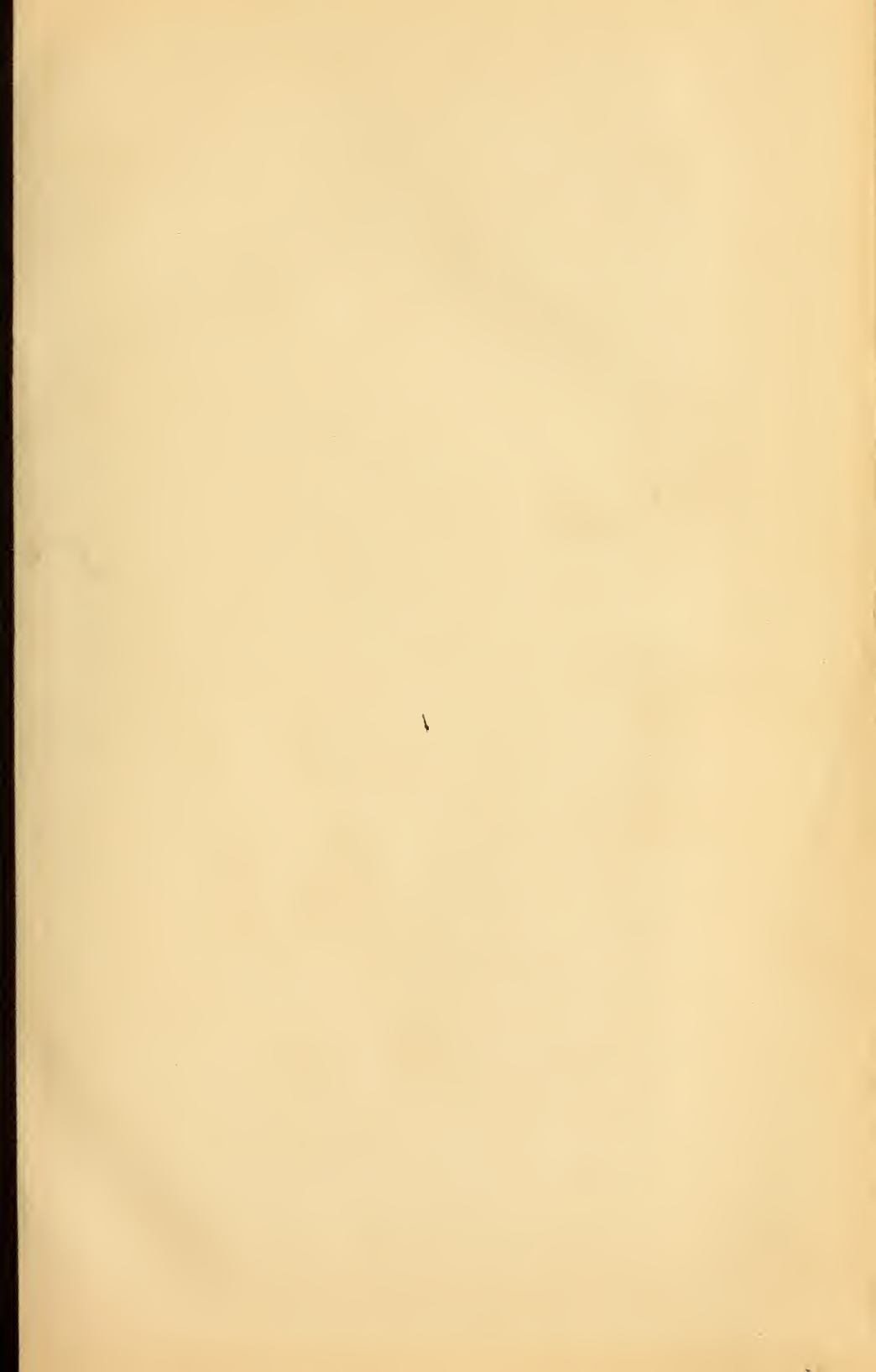


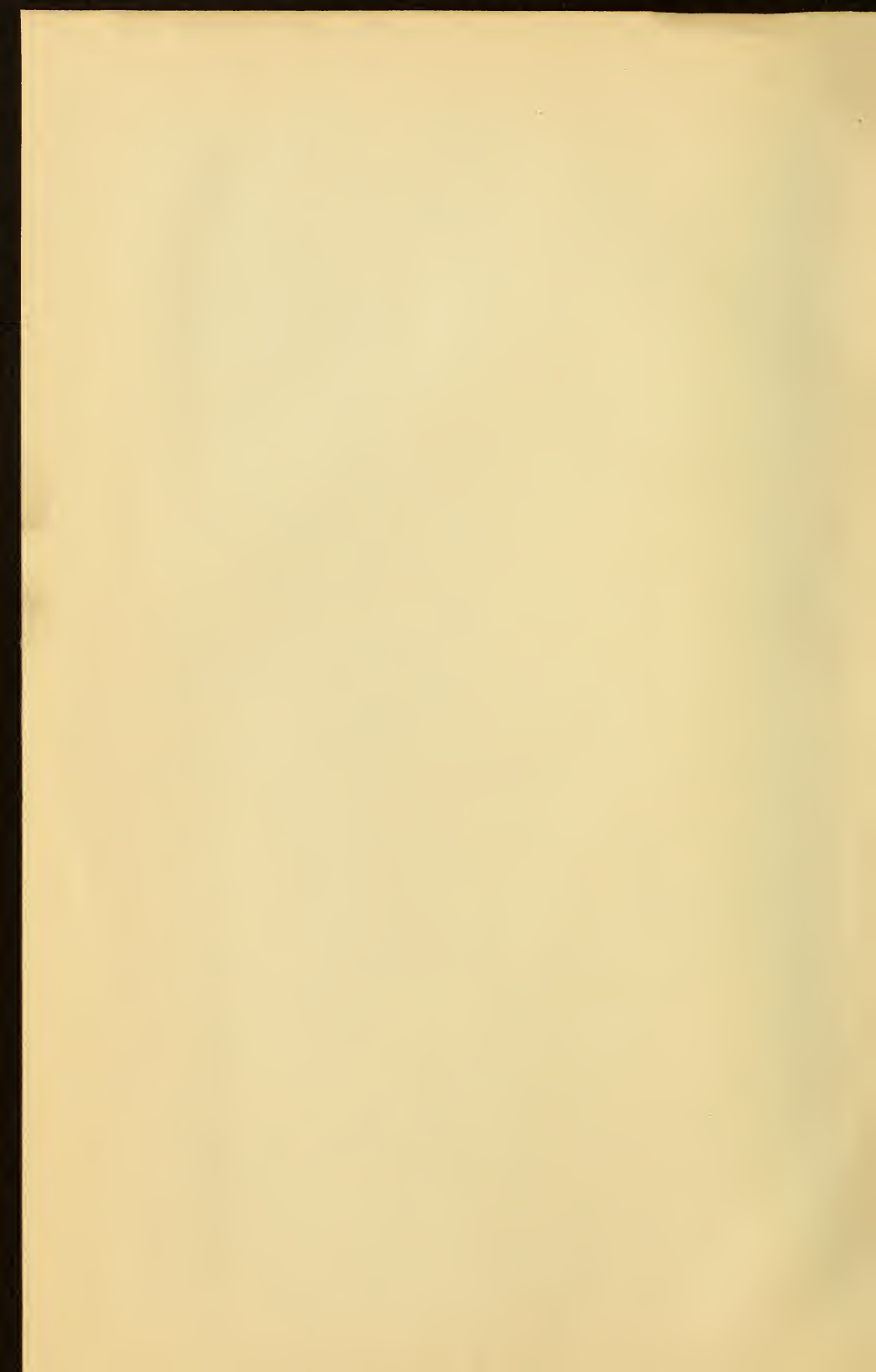



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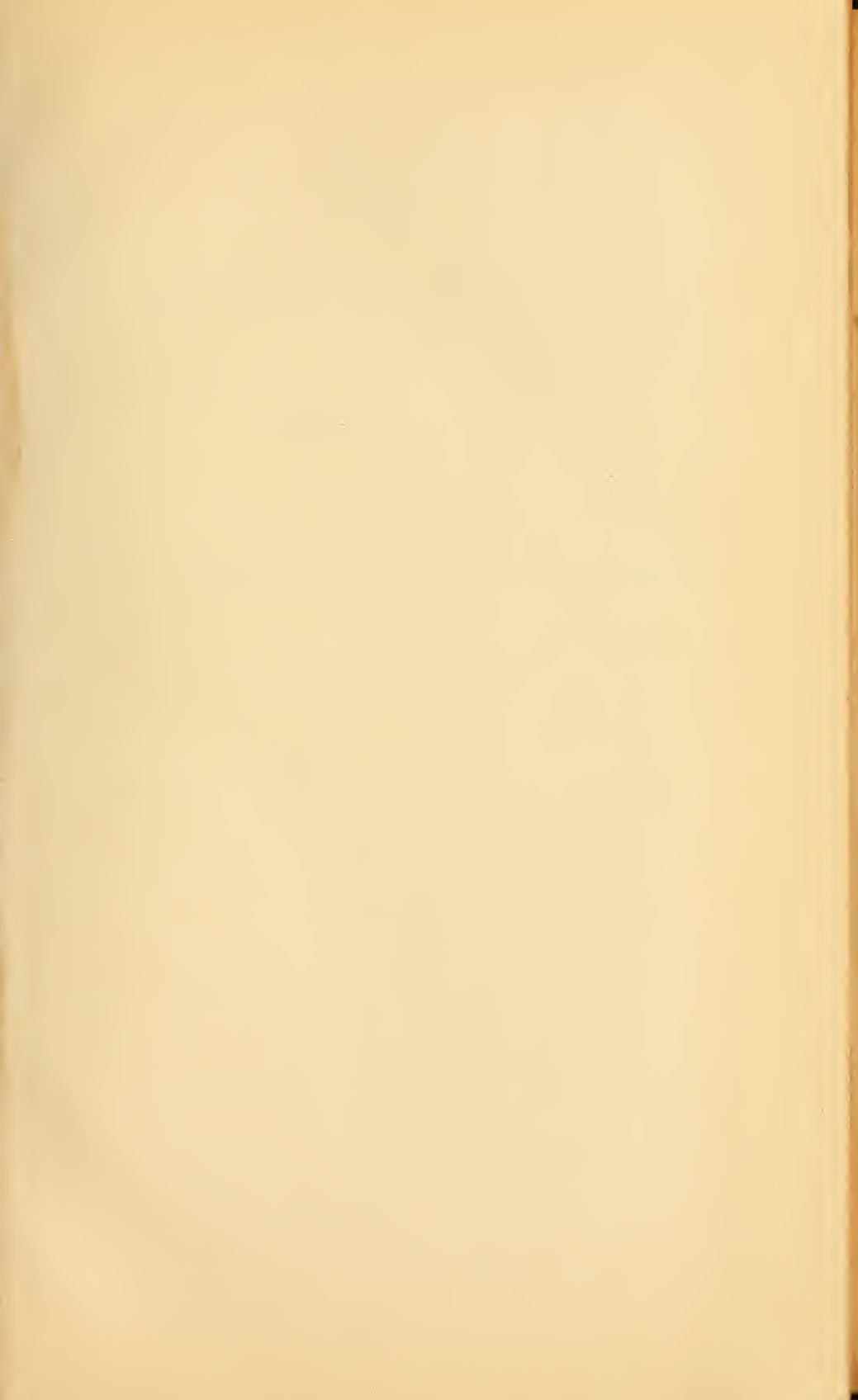






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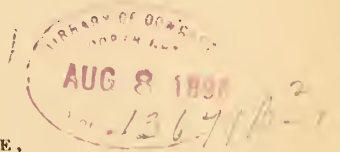
BY
✓
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PREFACE.

WHEN I began the study of Homœopathy, I felt the need of a plain, practical text-book on Homœopathic Medicine, one that could give me in as few words as possible the names of diseases, their etiology, symptomatology, pathology, diagnosis, prognosis, and treatment. In looking over the works then published I found many that were valuable productions, but too voluminous as text books for students and busy practitioners, while others left out much that students ought to know.

While I am strictly a symptomatic prescriber, yet I think that homœopathic students should be drilled in pathology, diagnosis, and everything that is valuable and knowable in medicine.

Thirty-eight years of clinical experience in both schools enabled me to prepare my lectures for our class, and to arrange this work upon a thoroughly practical basis, and avoid much that is theoretical and perplexing to beginners in medicine.

To avoid the repetition of names in the body of the work and the use of quotation marks, I here acknowledge that I have culled and quoted from the most practical authors within my reach, among whom I mention Hering, Cowperthwaite, Burt, Arnt, Neidhard, Johnson's Key, Raue, Allan, Franklin, Goodno, Ruddock, Bell, Davis, Andrews, King, Burnett, Hooper, Dewey, Alden, Druit, Charles E. Fisher, &c.

I have made no effort to imitate, but when I found that any of the above authors expressed themselves in a plain practical manner, which coincided with my own experience, I have quoted them verbatim, especially is this the case with those materia medicists who profess to give the provings of drugs by Hahnemann and other provers.

Under the treatment of each disease I have left out many minor symptoms of drugs, and given only the most prominent or grand characteristic indications without encumbering the mind with too much, for I have learned from experience that when the grand characteristic of any drug is pointed out by the symptoms of the disease, then that drug always gave relief whether it saved the patient or not.

In my method of teaching I have aimed to keep the attention of students fixed upon the law of *similia* as their guiding star and their surest road to medical success.

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April, 1896.

HISTORY OF MEDICINE.

BEFORE taking up the study of medicine proper it will be well for us to spend a little while in the examination of its history, so as to enable us to appreciate its progress through the past ages. Medicine is both an art and a science when properly understood. While it was a very crude art as practiced by the ancients, yet it improved little by little, until it has become a fine and useful art, when practiced in accordance with Nature's law of cure. It has ever been the aim of the medical profession, in all ages, to place medicine upon a firm, scientific basis, but owing to the antagonistic views of many in the profession and ignorance and superstition among many of the laity in different ages, medicine had a hard struggle to reach the high elevation it occupies to-day.

By noting the various changes in the treatment of diseases and the conflicting views of practitioners in different ages, then we will be better prepared to appreciate the necessity for the advent of Homœopathy upon the medical stage, and thus be able to demonstrate its superiority as a scientific school of medicine.

There can be no doubt that the healing art, though crude, began soon after the expulsion of Adam and Eve from the Garden of Eden.

The Old Testament frequently alludes to the practice of medicine among the Jews. We have many names mentioned as prominent healers of their day, but some were legendary. We have nothing authentic until Hippocrates came upon the stage of action. He was born on the Island of Cos, B. C. 460. He was probably the first who began to lay the foundation of

the Science and Art of Medicine. It is said that the Hippocratic collection of works were more than sixty in number. His advance was so great that no attempts were made for some centuries to improve on his views and precepts. His sons, Thessalus and Draco, and his son-in-law, Polybius, are regarded as the founders of the medical sect called the Hippocratean or Dogmatic School, because it professed to set out with certain theoretical principles which were derived from the generalization of facts and observations, and to make these principles the basis of practice. Hippocrates was the first to discard superstition and to use inductive philosophy as the basis of medical practice.

In general Hippocrates divided the causes of disease into two principal classes ; the first the influence of seasons, climate, water, situation, etc.; the second, more personal causes, e g., the food and exercise of the individual patient. His belief in the influence which different climates exert on the human constitution is very strongly expressed. He ascribes to this influence both the conformation of the body, and the disposition of the mind, and hence accounts for the difference between the hardy Greek and the Asiatic. The four fluids or humors of the body (blood, phlegm, yellow bile and black bile) were regarded by him as the primary seats of disease ; health was the result of the due combination (or crisis) of these, and illness was the consequence of a disturbance of this crisis. When a disease was proceeding favorably, these humors underwent a certain change, which was the sign of returning health, as preparing the way for the expulsion of morbid matter, or crisis, these crises having a tendency to occur at definite periods, which were hence called "critical" days. His treatment of diseases was cautious, now termed expectant ; it consisted chiefly, often solely, in attention to diet and regimen ; and he was sometimes reproached with letting his patients die by doing nothing to keep them alive ?

The Hippocratic oath is a formula sometimes attributed to Hippocrates, for the subscription of those about to become

physicians, promising good faith to the profession and good conduct.

From the days of Hippocrates to those of Galen, the medical profession was divided into several sects, always disputing with one another. They were known as Dogmatici, Epirici, Eclectici, Pneumatici and Episyntheticci. After Galen all these sects seem to have merged in his followers.

Galen was born about 201 A. D. at Pergamus in Mysia. He did much to elevate medicine as a science and a useful art. He wrote works on anatomy, physiology, dietetics and hygiene, pathology, diagnosis and semiology, pharmacy and materia medica, therapeutics and surgery. Galen was probably the first physician who enlarged the boundaries of medical science and gave us a more extended view of its utility. Yet in his day the facilities were so limited that he could only call up some of the useful branches that led his followers to gain a glimpse of the beautiful fields that he had partially explored, and those which came up before his vision he could only mark as unexplored. Since Galen's day medicine has made rapid marches until now it is numbered among the most attractive and useful branches of science.

As an art, medicine has had its ups and downs. Its advocates have been divided into many sects, each claiming their theory the best. After the sect called chemical physicians had their day, then arose the sect called mathematical physicians, and superseded the chemists, and as they advanced the old Galenists fast disappeared. A rival sect arose called the Vitalists, that is those who believe that no vital phenomenon, such as digestion, can be explained on purely physical and chemical principles, but every such action is conditioned by an unknown force, higher in its nature and distinct in kind as compared with all other forces.

At the present time the medical profession is divided into four principal sects or schools, viz: Eclectics, Hydropathists, Allopathists, and Homœopathists.

I. ECLECTICS. A sect of physicians who professed to

choose, from other sects, all the opinions which appeared to them best founded. Agathinus of Sparta was its reputed founder, who probably flourished about the first century of the Christian era. The eclectic school of medicine is quite prosperous in certain localities. They have always opposed heroic treatment, such as blood-letting, the use of antimony and mercury.

2. HYDROPATHY OR HYGIENIC MEDICINE, is popularly termed the water-cure. The efficacy of water, in the cure of numerous forms of disease, has long been recognized. Water was largely employed by Hippocrates, the "father of medicine," more than 2,300 years ago, in the treatment of many kinds of disease, and with a regulated diet, and an implicit belief in the *vis medicatrix natura* (Nature's healing force), it appears to have formed the chief among his medical appliances. The water-cure has become very popular all over the world. In fact hydropathy has become an adjunct to all other schools of medicine.

3. ALLOPATHY, is that mode of medical practice which consists in the use of drugs to produce in the body a condition opposite to the disease to be cured, the ordinary method of practice. It is opposed to homœopathy, which attempts to cure disease by medicine which, in a state of health, would have produced a similar disease.

The term allopathy is now applied to those who call themselves "regulars or old school." They profess to ignore the terms antipathic and allopathic, and yet they practice both systems. We can only tell a man's religion and politics by the doctrines he teaches. Hence if men practice allopathy they of necessity must be called allopaths. They have no more claim to be called old school than have eclectics, hydropaths and homœopaths, for Hippocrates the "father of medicine," practiced eclecticism and hydropathy in connection with antipathy and allopathy; and he unwittingly practiced homœopathy 2,220 years before Hahnemann formulated the system.

There seems to be a demand in certain localities, both among allopaths and homœopaths, to drop the term *pathy* in medicine. That will be well enough when all schools agree to unite, and practice the same method, or allow all practitioners to prescribe whatever, in their judgment, is best suited to each individual case. Then and not until then can the term "pathy" be dropped, with propriety, from the different systems of medicine. There can be no doubt that it would be to the best interest of the profession in general, and the laity in particular, if all schools of medicine would agree upon one system and practice in accordance with the law established by nature.

To further illustrate the allopathic method of treatment I quote from one of their standard authors, who says: "According to the homœopathists there are only three possible relations between the symptoms of disease and the specific effects of medicine, namely opposition, resemblance and heterogeneity. It follows, therefore, that there are only three imaginable methods of employing medicines against disease; and these are denominated, antipathic, homœopathic, and allopathic. The antipathic or palliative method, consists in employing medicines which produce effects of an opposite nature to the symptoms of the disease, and the axiom adopted is '*contrary contraries opponendo.*' Though this principle was admitted in several ancient schools, yet it was explained and carried out at different periods in very different ways. Thus Hippocrates, who may be regarded as the founder of this doctrine, observes that all diseases which proceed from evacuation are cured by repletion. And so on in the rest; contraries are the remedies of contraries. The methodists also adopted it, though in a different sense, when they treated the strictum by relaxing agents, and the laxum by astringents. The Galenists, likewise, were antipaths, since they employed hot remedies to combat cold diseases, and treated moist maladies by dry remedies."

"We adopt this practice," says the same author, "when we

employ purgatives to relieve constipation, depletion to counteract plethora; cold to alleviate the effects of scalds; narcotics to diminish preternatural sensibility or pain; opium to check diarrhea; and astringents to combat relaxation.

The homœopathists object to antipathic remedies on the ground, that though the primary effects of these agents may be opposite to the phenomena of disease, the secondary effects are similar to them. Constipation excited by opium (primitive effect) is followed by diarrhea (secondary effect), and evacuations produced by purgatives (primitive effect) are succeeded by costiveness which lasts several days (secondary effect).

Having glanced briefly at the systems of medicine as practiced by the profession in different ages from Hippocrates to A. D. 1790, when Samuel Hahnemann began to formulate homœopathy, we are better prepared to understand rational or scientific therapeutics as taught by his followers.

4. HOMŒOPATHY is a mode of treating diseases by the administration of medicines which are found capable of exciting in healthy persons symptoms closely similar to those of the disease of the patient under treatment.

Homœopathy is a system of medicine introduced into practice about 1790 by a German physician named Samuel Hahnemann. It is founded on the belief, that medicines have the power of curing morbid conditions similar to those conditions which they have the power to excite; expressed in Latin by the phrase, "*Similia similibus curantur*," and in English by "like cures like." That diseases are cured by substances which produce in persons in health symptoms like those presented by the patient, has been from the earliest times a recognized fact, both by medical writers and poets, who have expressed the prevailing belief of the ages in which they lived. Among the former we find the author of a treatise generally ascribed to Hippocrates, entitled: "On the Place in Man." This writer gives numerous examples of what may be called *homœopathic cures*; and recommended for the cure

of mania this remarkable prescription: "Give the patient a draught made from the root of mandrake, *in a smaller dose than sufficient to produce mania.*" You must not lose sight of the fact that this is the language of one who is claimed to be the "father of scientific medicine." The works of the poets abound with illustrations of this belief. Probably the oldest expression of it is in some lines ascribed by Athenæus to Antiphanes, B. C. 404, thus translated:

"Take the hair, it is well written,
Of the dog by which you're bitten,
Work off one wine by his brother,
And one labor with another."

Shakespeare, in *Romeo and Juliet*, expresses the same maxim:

"Tut, man! one fire burns out another's burning;
One pain is lessened by another's anguish,
Take thou some new infection to the eye,
And the rank poison of the old will die."

Milton, in the preface to *Samson Agonistes*, gives his version thus: "In physic, things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humors," etc. Thus there has always been a vague tradition that medicines sometimes cured diseases similar to those they caused.

But it was reserved for Hahnemann to propound the startling dogma, not only that medicines did occasionally produce such cures, but *that true direct, and radical cures could be effected only by recognizing this principle as the guide for the selection of the right remedy in any given morbid condition of the system*. He engaged his friends and disciples in the task of procuring data on which to proceed in reducing his rule to practice. They took given quantities of the substance which was the subject of experiment, and each kept a record of the effects that it produced. The various records thus obtained were submitted to Hahnemann, who

compared them together, and with his own observations on himself, and out of the results thus obtained, compiled what is named a proving of the medicine. Hahnemann lays it down as one of the fundamental propositions of homœopathy, that no medicine should be given to the sick which has not first been proved upon those of health. He devoted himself to this task, and has left ten volumes of such provings; out of this work the various abridgments in popular use in this and other countries have been derived. The properties once determined, then it becomes possible to administer it in accordance with the principle of homœopathy. To do so, however, it is requisite that the medicine should be given by itself. Thus the second proposition of Hahnemann's system is, that only one medicine should ever be given at once.

To ascertain the effects of medicinal substances on persons in health—from the knowledge thus obtained to select a remedy whose action corresponds with the symptoms of the patient under treatment—to give this remedy by itself alone are three of the fundamental rules for the practice of homœopathy. The fourth is that the dose of a homœopathic medicine should be so small as not to cause any general disturbance of the system, its action being limited to that portion of the body which is in a morbid condition. How small that is, can be ascertained only by experiment. Hahnemann pointed out that the amount of the effect of a medicinal substance depends upon two conditions; first, the medicinal form in which it is administered; second, the state of the body of the person who takes it.

For example, a hard pill of belladonna of five grains swallowed by a robust and healthy man may be followed by only trifling symptoms; but let that pill be dissolved in a pound of water, and an ounce of the solution be given every hour, then will ensue well marked symptoms of the poisonous action of the drug. But if, instead of administering it to a person in health, it be given to one who is suffering from such an inflammation of the tonsils as belladonna produces,

then it will be found that the inflamed tonsils will be most acted upon by their specific irritant. Disease implies a preternatural sensitiveness. An inflamed eye cannot bear light, an inflamed stomach cannot bear food, and every diseased organ is powerfully affected by the particular substance, which has, in its physiological operation, a close affinity with the character of the morbid condition in which it is at the time when its specific medicine is administered.

“The following,” says Hahnemann, “are examples of homœopathic cures performed unintentionally by physicians of the old school of medicine :

“The author of the fifth book, attributed to Hippocrates, speaks of a patient attacked by the most violent cholera, and who was cured solely by white hellebore, *veratrum album*, which, according to the observations of Forestus, Ledelius, Reimann, and others, produces of itself a kind of cholera.

“It is claimed that in the homœopathic system of practice, the selection of the medicine is made according to a simple rule based on a law of nature, while in all other systems there is necessarily more or less empiricism and uncertainty. This natural law is that the introduction of any poisonous drug into the animal organism gives rise to two series of effects which are opposite in character. Thus *aconitum* produces chilliness, tingling, numbness, weakness and fever ; but followed by heat flushings, and general physical and mental excitement.” (Alden’s Encyclopedia.)

I have thus given a partial history of medicine from allopathic and scientific writers, and after a careful survey of the whole subject, the question arises which of the schools of medicine, if not the homœopathic, is strictly entitled to the distinction of scientific. For while the medical profession, as a whole, was floundering in the quicksands of doubtful experimentation and uncertainty as to whether eclectic, anti-pathic or allopathic medication was the true method, Hippocrates introduced the idea of homœopathic therapeutics, as a comparison between the other systems he had already sug-

gested, and which no doubt was practised by many, though ignorant of the name and the law which was reserved for Hahnemann to fully develop into a science.

After thirty-eight years of almost continuous practice, and twenty years of that time as an allopath, I wish to emphasize the fact that, in all diseases, if medicine performs a cure, it does so homœopathically, whether prescribed by an allopath, eclectic or a homœopath. It is true that opium and other anodynes may relieve pain and for the time being suppress disease, but they never cure unless they are homœopathic to the particular case for which they are prescribed. That is to say, if opium is homœopathic to the particular pain then it cures ; if not, it only holds the pain in abeyance until nature performs a cure. While that is true, yet the large doses of crude opium may do irreparable damage to the nerve centers. That being true, then why not select a suitable homœopathic remedy for each case, and thus avoid any danger.

Opium cures that form of diarrhea which it produces in over-doses. That is to say, the primary effect of opium is constipation and its secondary action produces diarrhea. If you have a case of diarrhea of the same or similar character as that produced by opium, then that drug potentized will cure the case.

Veratrum viride is almost specific in the cure of pneumonia, because, in over-doses, its primary effect on a healthy lung is to produce congestion and inflammation of that organ. While an allopath I had splendid success in the treatment of pneumonia with tincture of veratrum viride. But I was not aware that I was curing my patients homœopathically until after I became a homœopath. I then learned that by giving too much of the medicine I prolonged the cure from seven to fifteen days, but now by giving it homœopathically I cure uncomplicated cases in two to seven days.

If you have a case of chill and fever that is similar to that produced by quinine, then that drug in minute doses will certainly cure the case. But if not homœopathic to the par-

ticular case on hands, then no amount of the crude material will cure.

I have been able to treat cancer and all incurable and painful diseases with homœopathic remedies more successfully than I did with opium and other anodynes while I was an allopath. I am conscientious in my devotion to homœopathy, for the practice is safe, speedy and satisfactory.

While I now differ from my allopathic brethren as to the best method of prescribing for the sick, yet candor compels me to say that no profession can produce more learned and scientific men than are to be found in the allopathic school. Every branch pertaining to medicine taught by them is on a strictly scientific basis, except their therapeutics. I am glad, however, to notice that they are approaching nearer the true science every year, as is evidenced by Bartholow's and Ringer's Therapeutics, which are in a measure copied from homœopathic works.

While the homœopathic profession has fewer in number, yet they are the peers of their allopathic brethren in education and scientific attainments. In fact, so far as medical education is concerned, many homœopaths are superior to the allopaths. For the former study all that is taught in the best allopathic colleges, and homœopathic materia medica and therapeutics beside, which, combined, is the key note to the scientific art of healing.

Thus it seems to me that from a common sense view of the history of medicine, and a scientific standpoint, you can readily see the superiority of homœopathy over all other schools of medicine without further experimentation.

THEORY AND PRACTICE OF MEDICINE.

IN taking up the study of the principles and practice of medicine, it will be necessary for us to take a brief survey of some of the outlines and aids furnished us by anatomy, physiology, and pathology. Indeed, we must be familiar with the elementary principles of these branches in order to prosecute the study of disease and its treatment with satisfaction and success. As you complete the study of each of those elementary branches you approach one step nearer the practice of the healing art. And just in proportion to your knowledge of each of those branches will be your ability to trace the cause of disease, diagnose correctly, and treat it scientifically and successfully.

It is by anatomy that you learn the names, form and position of the various organs and tissues of the human body. And in order to assist you in your investigations, and to make a correct diagnosis of the parts affected, the body is naturally divided into three great internal cavities, called the cerebro-spinal, thorax, and abdomen.

The cerebro-spinal cavity contains the brain, spinal cord and their meninges. The thorax, or chest, contains the lungs with their serous coverings; the heart enclosed in its pericardium; the aorta and other great vessels, and the œsophagus. The abdominal cavity is separated from the thorax by a muscular septum called the diaphragm.

To assist in tracing the boundaries of the viscera, the abdomen is divided into regions by imaginary lines. Thus,

if a line be drawn around the body parallel with the cartilages of the ninth rib, the second on the last short rib, and another one parallel to the first, drawn around the lower part of the abdomen, so as to touch the upper crest of the ilia, we then have the abdominal cavity divided into three zones. Now then, if we let two lines fall from the cartilages of the eighth rib on either side perpendicular to the former, and extend to the middle of Popart's ligament, you will divide each zone into three parts; consequently the abdominal cavity will be divided into nine regions, named in the following order. The upper and central region is called the epigastric; from two Greek words *epi*, over, and *gaster*, the stomach. Those regions upon either side of the epigastric are called the right and left hypochondrium.

The central region of the middle zone is the umbilical, from the fact that it contains the umbilicus. On the right and left of this are the right and left lumbar. The region immediately below the umbilical is the hypogastric; from *hupo*, under, and *gaster*, the stomach—under the stomach. Upon either side of the hypogastric are the right and left inguinal or iliac regions.

When the viscera of the abdomen are in their normal condition, you will find them situated as follows: The stomach is situated, principally, in the epigastric, but extends partly into the left hypochondrium. The epigastric region also contains the left lobe of the liver and lobus spigelii, a part of the aorta and thoracic duct. The left hypochondrium contains, in addition to the splenic end of the stomach, the spleen, pancreas, and upper half of the left kidney. The right lobe of the liver and gall-bladder, the duodenum, upper part of the right kidney, and the hepatic flexure of the colon, are situated in the right hypochondrium. The transverse colon, the mesentery, transverse portion of the duodenum, and a few folds of the jejunum and ilium are found in the umbilical region. The ascending and descending colon, and lower part of the right and left kidneys, and a few folds

of the small intestines are found in the lumbar regions. The hypogastric region contains convolutions of the small intestines, the bladder and uterus. It is, however, only when the bladder and uterus are distended that you can detect them in this region; ordinarily they rest deep in the pelvis. The right inguinal or iliac region contains the coecum or appendix, ureter and spermatic vessels. The left contains the sigmoid flexure of the colon, left ureter and spermatic vessels of the left side.

By understanding the anatomy and physiology of those parts you can readily detect any pathological change that may have taken place, or that may be going on at the time of your examination. I have already stated that the bladder is not found in the hypogastrium unless distended with urine; so if you detect a large swelling above and in the center of the pubes you may readily infer that your patient is suffering from retention of urine. If the patient be a female you will have to diagnose between a distended uterus and bladder. This you can readily do by introducing a catheter into the bladder and by a digital examination of the uterus.

If you discover a fullness below the margin of the ribs in the left hypochondrium, you will generally find it to be caused by an enlargement of the spleen. Thus you may trace the anatomical and pathological relations and conditions of all the viscera contained in the different regions of the body. A thorough knowledge of those regions and their contents are indispensable, both to the physician and surgeon.

I now call your especial attention to a subject of the highest importance to the practitioner of medicine. I refer to the portal circulation. It is a subject that is often overlooked by a majority of students as of little importance. But let me assure you that the successful action of many of your agents and nutritious materials depends upon the condition of that viscus.

You are aware that the portal system consists of four veins, named the inferior mesenteric, superior mesenteric,

splenic, and gastric. They collect the venous blood and a large share of the nutritious materials from the organs of digestion and convey them through the liver. These veins unite just above and behind the border of the great end of the pancreas and form the portal vein. The portal vein divides into two branches at the transverse fissure, and accompany the hepatic artery and hepatic duct through the substance of the liver. If you study carefully the physiology of the portal system, you will readily understand why it is that it bears such an intimate relation to the health and life of the individual; and why it is, pathologically considered, the most interesting part, to the therapeutist, of the animal economy. The capillaries of the portal system are spread throughout the alimentary canal, and absorb every thing that is taken into the system except the chyle. Albuminoid substances are digested in the stomach, and are principally absorbed by the capillaries of the gastric portion of the portal system of veins. Sugar and starchy substances are digested by the intestinal juices, and are absorbed by the rootlets of the superior and inferior mesenteric portal veins. Oils and fats are digested by the pancreatic fluid, and are taken up by the lacteals. The contents of the portal system are conveyed through the liver, where they undergo a catalytic change before entering the general circulation.

In view of this physiological arrangement, you can readily see how important the portal system is to the health and growth of the body; and how necessary it is that you understand the physiology of that system so as to be able to detect any pathological change that may take place in those parts with which it is so intimately connected.

If the stomach is congested, or inflamed, it is evident that the albuminoids cannot be digested, and consequently the system must suffer for want of that material. Then again, if the intestinal mucous membrane be inflamed, there can be no absorption of the saccharine substances; and if the mesentery be diseased the lacteals are unable to absorb the oils and

fats ; and thus there will be a failure of assimilation, and the patient will die from inanition, unless the difficulty is sought and removed. A correct knowledge of the portal circulation and the relation it sustains to the therapeutic action of medicines is indispensable to the successful treatment of disease.

To illustrate this subject, suppose that you have a pathological condition of the kidneys, which you wish to overcome by the diuretic effect of mineral waters ; but according to a physiological arrangement the diuretic must first be taken up by the portal veins and pass through the liver into the general circulation before it can reach the kidneys. Now then suppose that there is a general congestion of the portal system or simply a congestion or inflammation of the liver, what would be the result ? Evidently your diuretic and nutriment can not reach the kidneys and general circulation only in a minute quantity, if at all, and consequently can have but little or no effect. Therefore, your first object must be the removal of the obstruction, and then you can administer your nutritious materials and diuretic with a hope of success. Babies often die from inanition from this cause.

It is, probably, seldom that we find the portal system in the condition just mentioned. But that it is often in such a morbid state as to retard the free absorption and energetic action of nutriment there is no doubt. And hence it is that our remedies so often fail to accomplish that for which they are given, if we fail to diagnose correctly, for there is such a thing as symptoms from reflex action.

After you have studied the position, size, attachments, and relations of the organs and tissues, your next step of investigation is to examine the histological and microscopical elements of which they are composed. And when you have become familiar with their functions or physiological actions, you will then be prepared to understand something about the abnormal functions of the tissues or their pathology.

Pathology may be termed diseased physiology, for it treats of morbid actions of the organs and tissues. For many years

pathologists believed that the fluids were the seat of disease and when the solids were diseased it was communicated to them from the fluids.

Consequently, humoral pathology was the doctrine of the medical schools for ages; and hence their great mania for blood-letting, hoping thereby to draw off the disease with the blood. The medical profession, however, became convinced that humoral pathology was running to extremes, and they turned their attention to the solids, and fancied that they detected the great error of the humoralists, and in their zeal for solidism they ran to the opposite extreme. The truth lies between the two extremes. It is now a demonstrated fact that disease may originate in the fluid, and be communicated to the solids, and vice versa.

I now direct your attention for a few moments to the blood. The blood, as you are aware, is the moving element of the circulatory system; and controls the secretory and excretory functions. It carries alike the nutritious materials to nourish the tissues and organs of the body, and also the deleterious and effete matter, which enters the system from without, or that is formed within. But amid these complicated phenomena you will observe the wise provisions made by nature for purifying and cleansing the system of those materials which are deleterious, and unfit for assimilation. The kidneys, the skin, the lungs, and the biliary ducts are all Nature's agencies by which to free the system of impurities.

A conglomerated mass of material is poured into the liver from the organs of digestion by the portal system of veins; and there, in the lobules of that organ, these elements are freed from much of their impurities by the lobular biliary plexus, and are thus, in a measure, purified and fitted for nourishing and building up the tissues and organs for which they were intended.

It is a wise and beautiful provision of nature, that each organ and tissue has the inherent property of selecting from

the circulating fluid, as it traverses their meshes, the materials that are appropriate to their wants or condition. And the excretory organs act as faithful sentinels in protecting the system, and warding off disease, by collecting the effete and excrementitious matter and casting it out of the system.

The blood, after passing through the refining process, is found to contain the following normal elements :

NORMAL ELEMENTS OF BLOOD.	}	Albumen, Fibrin, Red Globules, or Corpuscles, White Globules, or Corpuscles, Salts, Extractive Matter, Fatty Matter, Water.
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These elements all fulfill their mission in supplying the tissues, and keeping the blood in a rich and healthy condition. But some of these elements, after performing their office, are no longer fit for use and are cast out of the system as excrementitious matter. To this class belongs the following :

EXCREMENTITIOUS ELEMENTS.	}	Fibrin, Extractive Matter, Salts, Water.
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Fibrin is necessary in the blood to hasten its coagulability in case of wounds, to prevent hemorrhage; and there are many other pathological conditions of system that would be difficult to overcome was it not for the aid furnished us by the fibrin of the blood.

Blood contains about three to four parts of fibrin in 1,000; that amount seems to be necessary to constitute healthy blood, and the excess is thrown out of the system. All that you have to do to prove this fact, is to extract blood from the renal artery of one side before it enters the kidney, and from the renal vein of the other after leaving the same. Upon examination it will be found that the former contains

twice as much fibrin as the latter ; thus showing that the blood had parted from half of its fibrin in passing through the kidneys.

In all inflammatory fevers, where the excretions are checked, the fibrin of the blood is greatly in excess. While in all non-inflammatory diseases it is diminished because the functions of the excretory organs are normal. To obtain pure fibrin, recently drawn blood may be stirred with a bundle of twigs, which collect the fibrin in their meshes. The twigs are afterwards washed in clean water to free the fibrin from the coloring matter of the blood.

The water and salts of the blood are important elements ; indeed, we could not exist without them. And yet if they are retained in the system beyond a certain amount they become deleterious ; exosmosis is increased, endosmosis is diminished, and dropsy is the result.

The red corpuscles are the life-giving principle of the blood ; they give tone and vigor to the whole system ; they are the principal stimuli and excitors of the nervous centers. When they are deficient the skin looks pale and unhealthy ; the eyes lose their lustre ; the energies and mental faculties are torpid ; and a condition is developed which we call anemia. But, on the other hand, if they are too rich, or abundant, we have an opposite condition called hyperemia, plethory, or a fullness of blood, which may be the exciting cause of congestion and inflammation.

I now invite your attention to the elementary properties of the tissues, which are classified as follows :

ELEMENTARY PROPERTIES.	{	Irritability, Sensibility, Susceptibility, Contractility, Tonicity. Vital Affinity.
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These are the normal properties of the organic elements of the tissues of the human body ; and it is by the excessive

exaltation, or diminution of some of these properties, that gives character to the two grades of disease known as sthenic and asthenic.

Sthenic comes from *sthenos*, which means strength. It is a term expressive of organic excitement; and is therefore used to express the character of those diseases which are produced by accumulated excitability. Asthenic is the reverse of sthenic, and means a want of strength. It is applied to all diseases that are characterized by debility.

Irritability comes from *irrito*, to provoke. It is that inherent vital property of the elementary tissues, which causes them to respond to certain stimuli. That stimuli are the fluids of the body, and that peculiar nervous influence, which, for a want of a better name, may be termed animal electricity. If the property of irritability is much increased it causes excitability of the system, and, therefore, gives character to that form of disease known as the sthenic grade. But, on the other hand, if the irritability of the tissues is reduced below the normal standard, the organs and tissues are relaxed; debility is induced; and if fever and inflammation are developed they are said to be of a low or asthenic grade. Irritability is essential to the healthy function of the organs. The irritability of the heart is promoted, both by the stimulus imparted to its fibers by the blood, and by nervous influence; but if that irritability be increased or diminished beyond a certain point, a pathological change will be the result.

Susceptibility, or the property of responding to an impression, is an important function of the tissues; but if it be either increased or perverted, then the organic elements readily succumb to disease.

Tonicity is that property through which the animal organism responds to the stimuli of the blood, by which their tone is kept at a normal standard.

Vital-affinity is the bond of union between the organic substances; and when that tie is weakened, or severed, dis-

integration takes place, tonicity is destroyed, sensibility is perverted, and irritability gives place to anesthesia and death.

The origin of organic matter, out of which the elementary tissues are formed, is derived from the laboratory of the living cell; and each atom and fiber is endowed with that vital or living principle, which causes them to respond to that stimuli which are adapted to their wants and peculiarities.

It is a remarkable phenomena, in the laws which govern those tissues, that each one has the property of selecting, from the heterogeneous mass floating in the blood, the materials intended for its nourishment and development.

The elementary tissues of the animal organism, and their primary functions, may be seen at one view in the following table :

	PRIMARY FUNCTIONS.	
ELEMENTARY TISSUES.	{	<i>Nerve.</i> { Sensibility. Transmissibility. Muscular—Contractility. Fibrous—Elasticity. Vascular—Circulation. Secreting—Secretion.

The principal exciters of these tissues are oxygen and caloric. The blastema, or germ, is first excited to action in the ovum by these agents, and it is nourished and brought into existence by them. Caloric, in certain proportions, causes the germ to expand, and while in that expanded state oxygen enters and excites it to action and development. If caloric is in excess the germ is so rapidly expanded that its fibers are broken and it dies.

Pure air, regular exercise, and a nutritious diet, are necessary for a proper supply of these ingredients in the animal economy. If they are deficient, the living cells of which the germ is composed in the seminal fluid, may be devoid of that living or vital power which constitutes healthy matter.

This want of vital force, in both the male and female, may become so deficient, that the germ can amount to nothing

more than the tubercles thrown from the lungs in consumption. Or this vital force of the cells may be only partially impaired in one or both parents, and vitality enough left to cause the germ to expand, and a living being is developed to inherit the predisposition or diathesis of the parent or parents to certain forms of constitutional diseases.

The anatomical elements having been collected for the structure of the human mechanism, and those elements having been endowed with their vital functions, the great panorama of the formation and propagation of the human species, is spread out before you, and portrays to your vision the histological elements passing in the field of the microscope, and hastening to one common center—the laboratory of the living cell.

Within that cell you behold the miniature of a perfect organism, which expands by fixed and unalterable laws, until at last you see passing before you a living, acting, and thinking being; perfect in all of its parts, and thus should have remained for ever, had it not been for the penalty of that transgression, which caused the sentence to go forth: "In the day thou eatest thereof thou shalt surely die."

I desire to call your attention to an exceedingly interesting subject, which pathology has brought to light; and it is one that demands your careful consideration. It is a subject that when fully understood will simplify the practice of medicine, and benefit suffering humanity. I refer to those conditions of the system which have been termed diatheses.

DIATHESSES.

By diathesis we understand that condition of the system which modifies the cause, and controls the result of pathological changes, and predisposes to certain forms of disease.

The term has long been used to explain those states of system known as the rheumatic, tubercular, and gouty diatheses. That is to say, the system may be in that condition

which predisposes to rheumatism, phthisis pulmonalis, serofula, and gout, when the exciting causes are brought to bear upon the patients. But there are other conditions of the system, independent of these hereditary constitutional diatheses, to which I now more particularly refer, and which are predisposing causes of pathological changes. These states of system are known as the aplastic, the plastic, and the hyperplastic diatheses. These terms have been chosen to represent the normal condition of system, and the limits of the two extremes to which pathological change may transgress physiological laws, before lesion takes place; or that condition supervenes which is called disease.

I propose: 1. To inquire into the nature of these diatheses, or point out those conditions of the system which are entitled to these appellations. 2. What relation they sustain to diseases, or how far they modify the course and termination of each particular affection. 3. How we are to correct these diatheses, and thus ward off fatal results by the supervention of zymotic and inflammatory diseases.

APLASTIC DIATHESES.

Of the three diatheses, the aplastic is the one that should engage the especial consideration of the surgeon and practitioner of medicine. For it is the one that thwarts the intentions of the former in his operations, controls the remedies of the latter, and frequently destroys the life of the patient. In that condition of system known as the aplastic diathesis, the blood is impoverished, susceptibility is increased, vital affinity is impaired, tonicity is diminished, and the fluids undergo a chemical change; and upon the accession of an inflammatory process, the proteine compounds are liquefied, and the tissues readily break down and degenerate into pus. Or, in other words, surgically speaking, the aplastic diathesis is that condition of system in which the blood is deficient in that plastic material which nature has provided for the repair

of injuries and the growth of the tissues. In this condition the system is said to be incapable of resisting the invasion and influence of zymotic agents, and of overcoming pathological changes. If this be the condition of the system in the aplastic diathesis, it becomes a matter of great importance, practically, to be able to tell what element it is that produces such morbid changes in the animal economy.

Physiological chemistry has already demonstrated the facts that soda and ammonia are the liquefiers of the albuminoid substances; and that the alkalis are capable of breaking down animal tissues. Clinical observation has shown that the tissues and fluids of an aplastic patient are strongly alkaline; or at least they are morbidly changed, and have a strong affinity for the *alkalies*. It has also been demonstrated that by crowding patients with suppurating wounds into badly ventilated hospitals ammonia is evolved; and it only requires a few days to bring all of the patients in the ward into the aplastic diathesis; and thus render them fit subjects of erysipelas, pyemia, and other zymotic diseases. Therefore, we necessarily come to the conclusion that this tendency of the fluids to alkalinity is the cause or condition favorable to the development of the aplastic diathesis, and that the suppurating tendency of that diathesis is due to the action of the alkalis on the proteine compounds of the body. These facts having been demonstrated, and the character of the aplastic diathesis having been established, we can readily see what the result would be to the patient upon the reception of wounds, or the supervention of disease. We can also trace the relation that this diathesis sustains to disease, and understand how far it modifies the course and termination of each particular affection.

There are, generally, two elements combined in idiopathic diseases, which give to these affections their characteristics, control their progress, and shape their results. These elements are a zymotic agent and the aplastic diathesis. The former is the germ of disease, now called bacilli,

while the latter is the fruitful soil in which it germinates, and produces all the fearful results that follow in the train of epidemics. Without the aplastic diathesis, epidemics will make but a feeble progress, and zymotic diseases can hardly exist in the human system.

If it be true that these two elements hold the issues of life and death under their control, it becomes a matter of the highest importance that we be able to distinguish their presence, and to know how to stay their progress. In order that we may understand the subject fully, it may be well for us to examine the class of affections that are usually influenced by the *aplastic* diathesis.

All diseases may be classified under three grand divisions, viz.: 1. Idiopathic fevers; 2. Constitutional diseases; and 3. Local diseases. Idiopathic fevers are again subdivided in accordance with their known and supposed causes, and their peculiar characteristics. We have continued fevers, periodical fevers, and eruptive fevers. Some of the continued type of fevers are supposed to be caused by a zymotic agent, whose origin is derived from decomposing animal matter. This leaven, or bacterium, whatever may be its character, requires a certain condition of system for its development. That condition, without doubt, is the aplastic diathesis.

Periodical fevers are said to be produced by decomposition of vegetable matter under certain geological and atmospheric conditions. They differ from the continued type both in their origin and phenomena.

The exanthematous type of fevers differ from the other two varieties of idiopathic diseases, in view of the fact that they are usually propagated by the communication by contact of a specific animal virus. Each disease furnishes its own germ or ferment, which retains a fac-simile of the original affection. These poisons, when introduced into the aplastic system, act as a leaven and continue to spread until the whole is leavened.

Clinical experience has pretty well established the fact, that nearly all diseases belonging to the idiopathic type are dependent upon zymotic agents for their origin; and upon the aplastic diathesis for their development and propagation. Intermittent fever seems to form an exception to this rule. For while it is evident that the disease is of zymotic origin, it often affects the plastic as well as the aplastic patient. In the former condition, the tendency of this disease is to produce enlargement of the liver and spleen without disintegration of tissue. While in the latter, these organs are liable to become softened and disintegrated. And when death does occur from this fever it is due to the effect of the morbid agent upon the system acting through the aplastic diathesis.

Many of the idiopathic fevers are self-limiting; that is to say, they run a certain course, or pass through certain well-defined stages, before they disappear from the system. The severity of these stages is dependent upon the degree of aplasticity of the patient.

Of the constitutional diseases, rheumatism and gout are peculiar to the hyperplastic diathesis. Indeed, they cannot exist in any other condition of system. A patient with the rheumatic diathesis may become plastic, or aplastic. But rheumatism and gout will never affect him until he becomes hyperplastic. Or in other words until there is an excess of acid in the system.

Local diseases may occur in any condition of the system. But whatever may be their direct cause, it is certain that the aplastic diathesis controls their action; and wields a mighty influence for harm to the patient.

The leaven of a disease is always the same. Its activity and power of communicability may be impaired, but it manifests its degree of virulency in proportion to the aplasticity of the blood. For example, variola may be distinct in one locality and the virus may be carried into another, and prevail as confluent or malignant; thus demonstrating the different phenomena produced by the same leaven. The

degree of confluence, or malignancy, will always be in proportion to the aplasticity of the patient.

To further illustrate this subject, I may remark that we have three varieties of scarlet fever, which are known as *scarlatina simplex*, *scarlatina anginosa*, and *scarlatina maligna*. Are we to understand by this, that there are three forms of *scarlatina virus*, which produce similar effects but different results? Or will it not be more in accordance with scientific investigations and clinical experience, to say that the virus is the same; but the difference, in the phenomena of the disease, is due to the degree of aplasticity of the patients? We may cite as evidence of this fact, that one member of a family may die of malignant scarlet fever, while the others may have the simple variety from the same cause, at the same time, and yet all recover.

Scarlet fever may prevail sporadically or epidemically. In the former, the diathesis is regulated by local causes, while in the latter it is controlled by atmospheric or epidemic influences which precede or accompany the spread of the morbid agent.

When any of the exanthematous diseases attack an aplastic patient they are liable to assume different forms corresponding to the degree of aplasticity of the system and to put on a low grade or assume a malignant type. Hence it is that we often hear persons speaking of black measles and black small-pox. The reason that some persons are not susceptible of the virus of small-pox, vaccinia, and other contagious diseases, is owing to the hyperplastic condition of the system. We often see persons who have small-pox and other exanthematous diseases so mildly that they never give up their avocations during the attack. This goes to prove that those patients were lingering so near the confines of the aplastic diathesis that they were not wholly protected, and yet there was not plasticity enough to ward off the disease entirely, and not aplasticity enough in the system to cause the disease to become fully developed. The different varieties of modified

small-pox, known as horn-pox, wart-pox, and crystalline pox, are only evidences of the phenomena of small-pox virus acting on different degrees of the plastic or hyperplastic diathesis. It must, however, be borne in mind that the individual who is not susceptible of contagious virus at one time on account of his hyperplastic state, may, from local causes, in a short time so change his diathesis as not only to become the subject of contagion, but the disease may even assume a malignant form.

I may remark that while the terms aplastic, plastic, and hyperplastic, have been chosen to represent the three important conditions of system, yet there are different degrees or stages of development in each. The condition of system which barely tolerates the presence of an idiopathic disease, is the lowest degree of that state of the system which is termed plastic. And this degree marks the boundary between the plastic and the aplastic diathesis. From this point the system may rise from one stage of development to another until it reaches that degree of plasticity which is compatible with perfect health. Beyond this point it is difficult to tell where the plastic diathesis ends or the hyperplastic begins, except by an analysis of the fluids of the body. On the other hand, we have all grades of aplasticity from that condition in which the fluids become alkaline, and the skin gives evidence of a few festering pimples, up to that degree in which the tissues are ready to dissolve into pus at the approach of inflammation, or upon the introduction of the smallest amount of the erysipelatous virus.

The aplastic diathesis is a controlling element for harm in all diseases and surgical operations. It is the medium through which contagious and epidemic diseases spread from house to house, and leave desolation in their march. And it also furnishes a correct answer to the oft repeated questions, why an endemic or epidemic disease is so readily arrested at one time by almost any plan of treatment, while at other times the same form of disease bids defiance to the best medical skill and the most potent agents?

To my mind, the aplastic diathesis is one of the most interesting and important subjects that can engage the attention of the medical profession. For it holds the lives of millions of human beings in the balance, and the scale is turned in proportion to the degree of aplasticity of the patient.

We cannot account for the fact that one member of a family may have an attack of typhoid fever, while the others, who were equally exposed to the same typhoid poison, are exempt, except on the hypothesis that the aplastic diathesis controls the incipency and progress of zymotic diseases. We must not lose sight of the fact that the primary cause of zymotic diseases, and that which induces the aplastic diathesis, are entirely different. The former is an ever self-propagating animal virus, and the product of vegetable and animal decomposition, while the latter is a chemical change of the fluids within the body. When a specific virus is introduced into the system of an aplastic patient zymosis takes place, and a disease is produced corresponding in every respect with the original affection from which the virus emanated.

All diseases which occur in the aplastic diathesis are liable to be complicated with the erysipelalous virus. Some writers believe that this is the agent which gives to diseases their malignancy. That the erysipelalous virus, whether acting on the aplastic diathesis alone, or whether complicating other affections, is capable of producing malignancy of the system there is no doubt. But it is also a fact, that the zymotic agent of many diseases carries with it its own virulency, which will be active or otherwise in proportion to the degree of aplasticity of the patient.

If an aplastic person be inoculated with the virus from the cadaver, or with pus from suppurating wounds, erysipelas or pyemia, will be the result. This goes to prove that the erysipelalous virus derives its origin from the putrefaction of animal tissues and fluids. The surgeon has long since learned to fear the presence of the aplastic diathesis. But if it be accompanied with the erysipelalous virus he stands in dread ;

and he dare not lift his knife until he makes a compromise with these two elements, or subdues them both. It matters not how gracefully he handles his knife, how neat he makes his flaps, or how mechanical his dressings are; so long as these two elements are combined against him his best efforts will often fail. Those who have studied the diatheses, and understand the relation they sustain to diseases and surgical pathology, no longer wonder at the great mortality which often accompanies the most skillful operations.

The aplastic diathesis not only increases the virulency, and often hastens a fatal termination of idiopathic diseases, and retards the healing process in operations and injuries, but it is almost an impassable barrier to the resolution of local inflammation. Hence it is that so many patients die from erysipelas, pyemia, and phlebitis, as the result of suppurating wounds, abscesses, and injuries of the veins. It is the presence of the aplastic diathesis, and the erysipelatous virus, that so often furnish such a fearful array of mortality in camp and hospital practice under heroic treatment.

If it be true that zymotic diseases will hardly attack the plastic diathesis, and that erysipelas, pyemia, and phlebitis, will scarcely be found in the plastic patient, then how important it is that we understand this fact, and know how to promote that condition, and thus stay the ravages of that class of affections. If a patient be aplastic, cutting operations seldom heal by first intention. A simple wound in this condition of system may prove fatal by the rapid disintegration of tissue, whereas the same amount of injury, in the *plastic state*, would heal in from thirty to forty-eight hours and leave no unpleasant results.

PLASTIC DIATHESIS.

This term is used to point out the normal condition of system, in which all of the functions of the body are working harmoniously. And where each tissue is endowed with the

inherent property of selecting from pure blood, rich in protein compounds, those materials that are adapted to its growth and preservation. It may be said to be that condition in which there is no conflict between physiological and pathological laws. Or it is that state of the system in which the plastic element is always ready to perform its physiological functions, and is ever on the alert, in the various avenues of the system, to ward off the approach of zymotic agents and pathological changes. This it is capable of doing under all ordinary circumstances, and it is only when overpowered by the causes of aplasticity, and other direct influences, that it ever yields and permits disease to invade the system.

The plastic diathesis, then, is that condition in which the fluids of the body are said to be normal, and are capable of increasing organic growth, and sustaining the vital functions so as to be compatible with health. Or, in other words, the plastic diathesis is that perfect condition of system, or the salutary mean that separates those extremes, which represents a deficiency of organizable material and organic life on the one hand, and an excess and exaltation on the other. The former is the beginning of that morbid change in the fluids and solids, which rapidly passes into that condition called the aplastic diathesis. And the latter is that point where the blood becomes excessively plastic, and gives to the organizable materials an increased vitality. The patient is then said to be in the hyperplastic diathesis.

Thus it will be seen that the two extremes, the aplastic, and the hyperplastic conditions, are abnormal, while the plastic is normal, and all departures from this are only so many grades belonging to the one or the other of these extremes. Now then, if the plastic diathesis represents the system in a state of health, it becomes an interesting inquiry as to what form of diseases are liable to attack this condition. I have already intimated that zymotic diseases, as a rule, can hardly attack plastic patients. For when the leaven is introduced into the system it meets no materials

capable of inducing zymosis, but it is immediately met by an opposing force, and as it passes the rounds of the circulation it is silently enveloped with plastic lymph and rendered harmless, and when it reaches the eliminative organs it is expelled from the system. Or, if the individual be inoculated by virus from the cadaver, and other poisonous matter, a local inflammation is immediately set up in the part, and the virus is surrounded by plastic material, made to localize itself, and finally it is cast out of the system by the formation of an abscess. Or if the patient be nearing, or already in the hyperplastic diathesis, the virus with the exuded lymph is formed into a hard dry scab, which eventually exfoliates, and leaves the parts in a healthy condition. This would ever be the case if there were no local or epidemic causes brought to bear upon the patient so as to change his diathesis and prepare the system for the zymotic change. If this be true, the important question with the practitioner should be, how shall I meet the causes of aplasticity, retain the plastic condition, and thus ward off a large class of diseases?

The plastic patient is liable to local inflammatory affections. But so long as his diathesis remains unchanged the inflammation generally ends in resolution *without damage to the patient*. The exception to this rule is, that when inflammation attacks any of the vital organs it may prove fatal by arresting the functions of organic life. If a patient in this diathesis receives a wound it generally heals by first intention. Or if from contact with the atmosphere it should suppurate, it does so slowly, and puts on what pathologists term a healthy inflammatory process.

HYPERPLASTIC DIATHESIS.

In this diathesis we have a condition of system directly opposite to that of the aplastic diathesis. For while the fluids of the latter are alkaline, and the tissues readily dis-

solve into sanies and pus, the fluids of the former are strongly acid, and there is a tendency to an increased development of tissue. The hyperplastic diathesis may be said to be that condition of system in which there is an excess of plastic material. By this excessive plasticity of the blood, inflammatory deposits are apt to put on an organizable form, and promote the development of glandular tumors and morbid growths. The acid condition of the fluids and tissues in the hyperplastic diathesis, predisposes the patient to inflammatory diseases. Rheumatism may be taken as a type of the affections belonging to this diathesis. It must not, however, be inferred that all persons are rheumatic because they are in the hyperplastic diathesis, for a person may remain long in that condition, and never have rheumatism unless the secondary causes are brought to bear upon him. The fact that rheumatism occurs only in the hyperplastic diathesis, and that erysipelas occurs in the aplastic, is proof positive, to my mind, that the diatheses do shape the prevalence and termination of diseases. And it also further demonstrates the fact that the two opposite and opposing elements in nature are the basis of those diatheses. That is to say, the alkaline element represents the aplastic diathesis and the acid controls the hyperplastic.

When inflammation occurs in the hyperplastic diathesis it seldom or never produces suppuration. Wounds and abrasions heal promptly with scarcely the trace of pus. Zymotic agents have but little or no power over patients in this diathesis. The two elements have almost as much opposing force as the positive and negative electricities.

Erysipelas cannot pervade the hyperplastic diathesis, neither can rheumatism exist in the aplastic. But we must remember that bad ventilation, unwholesome diet, and a too free and long continued use of alkalies, may convert the hyperplastic into the aplastic diathesis. And that condition which predisposes or induces rheumatism having passed away before resolution of the inflamed parts has taken place, ery-

sipelas may supervene and produce suppuration. Thus it is that we often hear physicians express the opinion that rheumatic inflammation may pass into the suppurative stage. This opinion, however, is in direct conflict with the demonstrated facts of diatheses.

Pleurisy may be mentioned as an example of the influence of diatheses on pathological changes. If this disease occurs in the aplastic state suppuration of the infiltrated product will be most likely to occur. But if the disease attack the hyperplastic patient, the exuded lymph will become organized and bind down the pleura with adhesive bands. Hypertrophy of the valves of the heart is the result of inflammation occurring in the rheumatic or hyperplastic diathesis.

DIAGNOSIS.

If what has been said upon the subject of diatheses, and their influence upon disease, be true, it may be readily seen how important it must be to be able to diagnose these conditions in advance of any operations or plan of treatment about to be adopted.

The aplastic diathesis is easily diagnosed, in view of the fact that the fluids of the body are known to be strongly alkaline by chemical reactions. Any pimples or abrasions on the skin, suppurate in a few hours, and they have no inclination to put on the healing process. If there should be no pimples or other evidence of aplasticity about the skin, a simple puncture or scratch by the point of a sharp instrument will develop the condition within twenty-four or thirty hours. Or if we are correct in our supposition that zymotic diseases are developed by the aplastic diathesis, then the presence of any of those diseases is an evidence that the patient is already in that condition, or that he is lingering on the borders between the plastic and the aplastic diatheses.

In the plastic diathesis pimples and abrasions on the skin dry up in a few hours, and have but little tendency to suppu-

ration. The urine is nearly neutral, acids slightly predominating.

The diagnosis of the hyperplastic diathesis is generally easy, when we remember that the fluids of the body, the stomach, and tissues are habitually acid. And if there are any abrasions of the skin, they heal promptly by first intention, pimples also dry up soon, and form hard elevations which usually scale off without the least particle of pus being discovered.

The diagnosis of the diatheses are highly interesting both to the physician and surgeon. For by diagnosing these states prior to the development of diseases, the physician may be able to ward off a dangerous affection, by changing either the aplastic or the hyperplastic to the normal condition. The surgeon may often save life, by being able to distinguish the presence of the aplastic diathesis in advance of an important operation. Indeed, the most simple operation may prove fatal in certain stages of this diathesis. If I were asked by the young practitioner of medicine, what would be the most important thing to do to become an adept in clinical medicine, and a successful surgeon, I should unhesitatingly answer—study the diatheses, their diagnosis, and their treatment.

TREATMENT.

The plastic diathesis being the standard of health, our treatment must be directed to the aplastic and the hyperplastic, so as to bring the patient into the normal condition.

APLASTIC DIATHESIS.—In the treatment of this diathesis the first indications are cleanliness, pure air, light, and a proper regulation of the diet. The number of ablutions will depend upon the nature of the disease or the wound that complicates the diathesis. If the patient be feverish, and the skin be hot and dry, there is nothing more beneficial, and grateful to the patient, than frequent sponging with cold or

tepid water containing chorate of potash. By this simple process we diminish the temperature of the body, allay febrile excitement, and thereby often arrest any tendency to inflammation. We also prevent reabsorption of cutaneous emanations, and the skin being thoroughly cleansed, and disinfected by the chlorate, the pores are kept open, so that there may be a free and unobstructed elimination of effete material from the system. It matters not what complication may exist, the linen of the patient's person, and bedding, should be changed once a day or oftener, if there are any circumstances that demand it. All excrements or clothes containing pus, or other matters, must be removed from the room, and disinfectants sprinkled within and about the sick chamber. The patient should sleep if possible in an upper room, and the windows and doors should be thrown open night and day if the weather is warm. But if it should be damp or cold the chamber must be thoroughly ventilated, the patient screened from the direct draught, and have a little fire kindled in his room. There is much more benefit to be derived from these simple directions than many practitioners seem to understand, if we may judge from their practice. Indeed, the observing physician is becoming more convinced every day that without these precautions medication will often prove a lamentable failure.

The utility of free ventilation may be demonstrated by any person upon himself. If we sleep for one night only, in a small close room, we awake in the morning feeling languid, our lips look purple, owing to a continuous inhalation of the exhaled carbon, and there is an indescribable feeling about the head. If while in this condition the windows and doors are thrown open, and the pure morning atmosphere comes rushing in to supplant the foul air which had been breathed over and over again, we feel new life and vigor come upon us, and soon the purple color of the lips gives place to a vermilion tint, owing to the decarbonizing of the blood by the oxygen of the fresh air; the headache disappears, and we

feel revived. If bad ventilation has such a depressing effect upon those in health, how deleterious it must be to those who are already in the aplastic diathesis. Light is almost as essential to health as fresh air. But how often have we been called in consultation, and had to grope our way in the dark and gloomy apartments of the sick, while the outer world was tinged and cheered by the mellow rays of an autumn sun. Until the profession comes to appreciate more fully the utility of light upon the physical and moral systems, and so instruct the people as to its healthful influence, we shall continue to meet so many persons with that sickly and pallid countenance which is so characteristic of those who live within doors and exclude both air and light. I know of no condition of system in which it is ever advisable to exclude light, except in some of the diseases of the eye and brain.

Diet is an important element in the treatment of the aplastic diathesis. The voice of nature should be heeded and her cravings satisfied. Patients in this condition will crave acids, or those agents that are capable of overcoming the alkaline condition of system. The diet of a patient, as a rule, should not be regulated according to the disease, but in accordance with the diathesis. Fresh meat is not only nutritious in the aplastic diathesis, but it increases the acids of the system, and thereby neutralizes the alkalies of the fluids, and assists in overcoming the aplasticity of the blood. Milk, soft boiled eggs, beef-extracts, and malted milk are highly beneficial in this diathesis.

So long as the aplastic patient is not the subject of injuries or disease, his condition may be changed by the hygienic regulations above mentioned.

The aplastic diathesis, the bacillus or zymotic poisons, and the erysipelatos virus, being the three elements which, when combined, are the dread both of the physician and surgeon, and often defeat their best efforts and intentions, it becomes a subject of no little importance to understand the most ready means by which to overcome their influence. All of the min-

eral acids are antidotes against the alkalies and the aplastic diathesis. You must ever keep in mind the distinction between antidotes and therapeutic agents. All schools of medicine use the same antidotes to poisons. It is at the threshold of therapeutics where they separate.

If you have a patient upon whom you wish to perform some important operation, and he is strongly aplastic, then by regulating his diet as already recommended, and letting him drink freely of acidulated water for a few days you will antidote the alkaline diathesis and thus prepare your patient for a successful operation. Of the mineral acids I have found the hydrochloric acid, in the form of the tincture of the perchloride of iron the most efficacious in antidoting the alkaline diathesis. A goblet of sweetened water containing a few drops of the tincture, makes a pleasant drink, which may be taken several times a day. The perchloride of iron contains three equivalents of chlorine and two of iron. When taken into the system of an aplastic patient, it is decomposed, and its chlorine is set free, and it readily unites with the alkaline bases of the fluids to form chlorides. In this way the alkaline condition of the aplastic diathesis is antidoted, the system is disinfected, and prepared to respond to the chalybeate and tonic action of the iron, by which the plasticity of the blood is restored. This method is called antidoting or neutralizing the alkaline diathesis.

In view of this fact the question arises have we, as homœopaths, any therapeutic agents capable of changing the aplastic diathesis without resorting to chemical antidotes? I answer emphatically yes. *Arsenicum*, *calendula*, *hepar sulphuris*, *lachesis*, *phosphorus*, *silicia*, and *sulphur*, are capable, in long continued or over-doses, of producing in the human system a condition similar to that of the aplastic diathesis. This fact having been demonstrated, the important question arises how do they act upon an alkaline diathesis to bring it into the plastic or normal condition? In crude doses they so change the physiological functions of the organs and tissues as to

retard the elimination of effete material which being retained in the body undergoes a chemical change by which a superabundance of alkalies are retained. And hence a condition of system supervenes which resembles that of the aplastic diathesis. Not that they have any chemical power of increasing the alkalinity of the fluids of the body ; but they so act upon the secretory and excretory functions as to cause an abnormal amount of alkalies to accumulate in the system.

As it is a well known fact that poor ventilation, unwholesome diet and atmospheric changes, do produce a similar condition, then when we find an aplastic condition brought about by natural causes, if we give one of the medicinal agents I have mentioned, in such homœopathic potencies as to set up a dynamic action in the system, then we bring on a conflict between the physiological functions of the tissues, the morbid agent, and the dynamic drug force. Thus while the secretory and excretory functions are fighting to gain the victory over the morbid agent, the dynamic force of the drug steps in and decides the contest. That is to say, the organic functions are ever on the alert to prevent any effete material from entering the system or remaining in the tissues. Hence, when those functions become enfeebled, and are about to be overpowered by the morbid agent, then it is that the dynamic force of a drug arouses the physiological action of the organs and tissues, enables them to overcome the cause and thus restore the system to its normal condition.

Thus you will observe the dual action of drugs. In the crude state they produce on healthy organisms certain changes which have been called physiological. They also act therapeutically by their dynamic force. In other words, crude drugs depress organic functions, while if the same drug be potentized, its dynamic force becomes an organic stimulant. That is to say, the fight, primarily, is between the dynamic drug force and the morbid agent, and during that contest the organic functions are stimulated to action ; and, secondarily, they become the repelling force and are able to

expel both the morbid agent and the dynamic drug force from the system as foreign invaders, and thus the equilibrium of the organic functions is restored.

HYPERPLASTIC DIATHESIS.—If the condition of system, which this diathesis represents, be acid, we must readily infer that the alkalies are the antidote to that condition. The diet in this condition must be strictly vegetable. Animal food, and everything that is calculated to increase the acid condition of the fluids and tissues are contra-indicated. All vegetables and vegetable acids increase the alkalinity of the fluids and tissues; for during the process of digestion the acid properties of these agents are consumed, and the potash and soda, which they contain, enter the circulation, and thus neutralize the acids of the system. It is upon this principle that lemon-juice often acts so beneficially in rheumatism. Soda baths are also beneficial. The alkalies are antidotes to the hyperplastic diathesis. But in this diathesis we have homœopathic agents that are capable of restoring the system to the plastic diathesis without resorting to alkaline antidotes. I mention *calcaria carbonicum*, *lycopodium*, *phosphorus*, *robinia*, and *sulphuric acid*, as some of the most important remedies. You must remember that these drugs produce acidity of the stomach when given in their crude condition. I remark, however, that robinia, or the false locust, is one of our best agents where the stomach is so sour as to set the teeth on edge after belching.

It may seem paradoxical when I tell you that sulphuric acid is an antidote to the aplastic or alkaline diathesis, and yet we recommend it as one of our most potent agents in the hyperplastic or acid diathesis. Nevertheless it is a scientific fact; for if you give medicinal doses of sulphuric acid to an alkaline patient, you change his condition to the normal or plastic diathesis; and by a continuation of the agent you at last produce the hyperplastic diathesis. On the other hand, if you give potentized doses of the same drug to a patient who has not taken any acids, you convert a hyperplastic or acid

diathesis into the plastic. We know this to be a fact, and we explain it upon homœopathic principles. That is to say, if the physiological action of sulphuric acid on the system is to develop an acid condition of the tissues, then the same drug, potentized, will by its dynamic force upon the organic functions, change the hyperplastic or acid diathesis into the plastic. In other words, its physiological action is to change the tissues to the acid condition by chemical action, while its potentized dynamic force so acts upon the organic functions as to cause an elimination of surplus acids, and thus bring the system into the plastic state. In this way we run no risk in changing the hyperplastic or acid diathesis into the aplastic or alkaline diathesis, which may be done by giving crude alkalis to antidote the acid condition of the system.

Having examined a few of the conditions of system by which diseases are modified, we come next to notice some of their causes.

CAUSES.

Etiology or the cause of disease has ever engaged the attention of the profession, and the subject has been well elucidated. But there seems to be some confusion in regard to their classification. It seems to me that they can be better understood by classifying them under two grand divisions—*predisposing and exciting*.

PREDISPOSING CAUSES.

By predisposing causes we understand a predisposition of the system to morbid impressions. The aplastic, hyperplastic, and tubercular diatheses, are predispositions to pathological changes, and the cause of that predisposition is the predisposing cause of disease. As the alkalinity of the aplastic diathesis is the predisposing cause of asthenic grades of inflammation and malignant disease, so is the acidity of the plastic and hyperplastic diatheses the predisposing cause of

sthenic grades of inflammation and of hypertrophy. Now it is evident to every observer, that patients do often remain long in either of those diatheses without contracting disease; but so soon as a specific, or an exciting cause, is brought to bear upon those conditions, the patient is prostrated by some affection. If his diathesis be scrofulous, rheumatic, or gouty, then those conditions are the predisposing cause of scrofula, rheumatism, and gout; yet he may never have either unless he is brought under the influence of the exciting cause.

EXCITING CAUSES.

The exciting causes of disease are very numerous, and it will be unnecessary to mention all of them at this time, as we shall direct attention to many of them under the discussion of each disease. For convenience of description, the exciting causes of disease may be divided into general, specific, and toxicohæmic; and they may be seen in the following table:

EXCITING CAUSES.....	}	<i>General</i>	}	Mechanical,
				Electrical Changes,
				Vicissitudes of Climate,
				Cold,
				Heat,
				Light,
				Atmospheric Impurities,
				Unwholesome Diet,
				Moisture, &c.
		<i>Specific</i>	}	Certain Poisons,
				Contagious Virus,
				Miasmata.
		<i>Toxicological</i>	}	Toxicohæmia

General causes of disease are those which act generally irrespective of the diatheses. By specific cause we understand that agent which is capable of generating a particular disease; that is to say, the virus of small pox, or any other contagious distemper, can only produce one disease, and that

always of the same generic character. I now refer to primary diseases, for it is a well known fact that specific diseases are capable of exciting into action a chronic disease which has long lain dormant in the system, or they permit secondary affections, called sequela, to follow in their train.

By toxicohæmia, we understand blood-poisoning. All causes, which change the elementary properties of the blood, and render it deleterious to the tissues, and unfit to supply the organs with nutriment, are termed toxicohæmic. It is an interesting field, for study, to inquire into the *modus operandi* of those causes upon the system so as to produce the various modified forms of disease.

To illustrate the difference between general and specific causes, I point first to the effects of cold. It produces no particular disease, but simply excites to action the peculiar diathesis under which the patient is laboring at the time of his exposure. If a patient is in the lithic acid, or rheumatic, diathesis, and if the skin and kidneys are making a vigorous effort to throw off the effete material at the time that he is exposed to a sudden change of temperature, the excretions are checked, the poison is reabsorbed, and produces an irritation or inflammation of the tissues surrounding the joints, which is called rheumatism. But, on the other hand, if susceptibility be increased, general plethora of the capillary system be present, reflex action vigorous, and if the patient be in the plastic or hyperplastic diathesis, then a certain amount of exposure to cold will produce internal congestions, and inflammations, especially of the mucous membranes and of the lungs. The grade that the inflammatory process will assume, will be in accordance with the plasticity or aplasticity of the patient. And the nomenclature is given in accordance with the part affected. The specific causes act independently of cold or any other agencies than their own zymotic properties, and they are only controlled or modified in their progress and severity by the diatheses.

The exciting causes might be more appropriately divided

into general and zymotic. Zymotic is a Greek word and means a ferment. It is now applied to those diseases which are supposed to be produced in the system by a fermentive process set up by microbific agents called bacilli. It may be interesting to inquire into the nature of a ferment, and see if there is any analogy between the action of the leaven of organic matter, and the leaven of animal effluvia and contagion. It has been shown that if certain organic substances of the vegetable and animal kingdoms be brought in contact with certain other elements, and a certain amount of heat and moisture be present, that a chemical change takes place, called catalysis or a catalytic transformation. This change does not affect the organic substances; simple contact is sufficient to change the elements with which they are mingled. But if from any cause the organic matter begins to decay then it induces in certain other substances a change called fermentation. If the mucus of the bladder, which contains an organic substance, is exposed to the atmosphere, it attracts therefrom certain elements which cause decomposition, and as the decaying organic matter comes in contact with urea of the urine, fermentation takes place, and it is converted into carbonate of ammonia. The same thing has been known to take place when the urine was retained in the bladder until decomposition had taken place. In the same manner does the organic matter of grape juice act upon the sugar, and gives rise to fermentation by which alcohol and carbonic acid are produced. It has also been proved that the organic substances are the only ones capable of undergoing putrefaction. This change has been known to take place within the body, and pus globules have been detected in the blood. These facts furnish a key to the action of zymotic agents on the system by which disease is produced.

It is believed that as soon as a minute portion of the poison of a contagious disease, or of miasmata, is introduced into the system, and comes in contact with the organic elements of the tissues, that a putrefactive process takes place by which

fermentation is set up and a blood poison is generated, from which the system is inoculated, and a disease is developed whose symptoms, course, and termination are in keeping with the general characteristics of the specific agent.

If the theory of diatheses and zymoses be true, then our duty at the bedside will be plain, and we will have no difficulty in selecting the remedies for each.

I wish to remind you of the fact that, in the past, the medical profession has, unfortunately, run nearly every thing to extremes. They are now obscuring the cause of disease by laying so much stress on bacteriology. As you are now beginning the study of bacteriology be careful that the enchanting field may not bewilder you and lead you to extremes as to the cause of disease. If you have a patient who yesterday was in robust health, and in the hyperplastic diathesis, and who was caught in a snow storm in the afternoon, and to-day is prostrated with rheumatism, would not common sense tell you that the hyperplastic or acid diathesis was the predisposing, and the snow storm the exciting cause of rheumatism. You do not need the microscope, or a knowledge of bacteriology to tell you the cause of rheumatism; chemistry comes to your aid in this case.

When you come to study zymotic or specific diseases then your microscope and knowledge of bacteriology comes to your relief. Even in those cases you must make an intelligent examination to arrive at a correct conclusion. If you find bacteria, you do not know whether they are the cause or the product of the disease. I presume that there is no doubt that the morbid agent of zymotic diseases is an animalcule called bacillus, which sets up a fermentative process that develops the disease which results in a culture of bacteria. Life and human organisms are a grand mystery. It would seem that all organized bodies are composed of living animalcules called bioplasts, and hence the distinction between them and bacteria must be made.

DIAGNOSIS.

DIAGNOSIS is the distinction of disease ; or it is an inquiry into the symptoms and character of disease ; so as to enable us to weigh and compare the different pathological conditions, and determine to which class of diseases certain symptoms belong.

You should make yourselves familiar with the general characteristics that belong to all disease ; and then study carefully in detail the special or differential symptoms belonging to each particular malady. You should always make it a point to examine your patients carefully, whether the symptoms indicate a grave or a mild character of disease or not ; for by so doing you are often enabled to detect the incipency of a dangerous complication, which you are able to arrest, but which if neglected until your next visit may have made such rapid progress as to be beyond the reach of remedial agents. You should examine all the organs, secretions and excretions, within your reach, and ascertain the condition of the bowels, urinary organs, tongue, and pulse ; and get a correct history of the case as to its mode of invasion, duration, and severity of its symptoms

Pulse.—The pulse is an important element both in diagnosis and prognosis. A frequent, full and soft pulse, is an indication of an acute febrile disease, especially of the eruptive fevers and pneumonia. If in addition to the foregoing characteristics the pulse imparts to the finger a vibratory or wiry feel, it is diagnostic of erysipelas. If you study with care the pulse of an erysipelatous patient, and practice the finger to its peculiar beat, you may tell the character of the

disease before the swelling and redness, which are characteristic of erysipelas, make their appearance. A frequent, quick and small pulse, is characteristic of phthisis and anemia. A pulse rather frequent, full, and soft, indicates plethora and overloading of the heart with blood. A frequent, large, hard, and quick pulse, indicates inflammation, or an inflammatory fever. A slow, languid pulse indicates prostration. And, finally, if at the close of any disease, with the above condition of the circulation, you should find the pulse becoming quick, feeble, and fluttering, then the prognosis is unfavorable and you may look for a speedy dissolution of your patient.

It requires a good deal of care and practice to understand the pulse correctly. It is difficult to impart a knowledge of the pulse by written instructions. It is only at the bedside, that you can gain the necessary qualifications for it.

A very ingenious instrument, called the sphygmograph, has been invented by Marey, by which the pulse wave may be delineated on paper, also its frequency and the cardiac impulse may be detected. But even this requires a great deal of care to arrive at correct conclusions; for it is sometimes impossible to use the instrument on children and nervous patients; so you see, with all the aids at your command, you must rely on your own judgment and sense of touch to obtain a satisfactory result.

Thermometer.—The thermometer is an important aid in diagnosis, by which we gain a correct knowledge of the temperature of the body. There are two modes of using it; the bulb is either placed under the tongue, or axilla. The latter is probably the preferable site. In the healthy subject, the average temperature of the body is 98.5° an allowance of 1° being given for difference of latitude; so then if the temperature rises above 99.5° or, falls below 97.5° , we infer that a morbid action is going on in the animal economy; except in the very old, it may fall to 97° and still be healthy. Different diseases produce different degrees of temperature. In typhoid fever it is from 101° to 103° . If it rises to 105°

the disease is of a grave character ; and if it still goes up to 106° the patient is in great danger, and generally dies. If it rises to 104° in pneumonia and rheumatism the symptoms become alarming. In scarlet fever, the temperature may rise to 105° or 106° when the disease is at its height ; but when it goes above 106° , we look upon the patient with solicitude.

The thermometer may aid us materially in prognosis, as well as in diagnosis. Thus, the increased frequency of the pulse may be due to fever or debility ; if to the former, the temperature will be increased, but if to the latter it will be diminished ; so if the pulse is quick and weak from exhaustion, then your prognosis must be very serious. Then again, a patient may be found in a profuse perspiration ; and it may be either caused by a previous febrile excitement, or the source of exhaustion. If from the former, the thermometer shows an increased temperature ; but if from the latter, it is diminished and the prognosis is very grave.

It is believed that when a gradual deposit of tubercular matter is going on in the lungs, a rise of temperature of the body may be observed by the thermometer. If this be so then the thermometer becomes a means of diagnosis in the incipient stages of phthisis.

Tongue.—The tongue is a good index to morbid action, and therefore diagnostic. A dry tongue is an indication of febrile action in which the secretory functions are arrested. If it is dry and brown in the center, it is diagnostic of inflammation of some portion of the alimentary canal. In typhoid fever, the tongue is covered with a thin, dirty white coat. Miasmatic diseases give it a thick coat inclined to a yellow cast. In scarlet fever the tongue is red and shining, with the papilla elevated and resembling a strawberry. When the blood is deficient in red corpuscles the tongue indicates it by its pale color. The unfavorable prognostic signs as derived from the tongue, are a dryness of a livid color, red, shining and raw and a heavy coating of a dark hue. The favorable signs are a returning moisture and clearing from the tip and

edges. If it cleans from the center, convalescence is pretty sure but slow. If the shining begins to coat, it is favorable, and when the pale tongue begins to change to a red, it is an evidence that the blood is returning to its normal condition.

The excrementitious matter is a means of diagnosis. By an examination of the stools we are able to detect an increase or deficiency of bile; and we are able to determine the location and character of an intestinal lesion by the feces. Thus if the stools are thin and watery, we infer that the small intestines are the seat of trouble; but if they are frequent and contain mucus and blood, then we know that the colon is involved. By an analysis of the urine we are able to detect the presence and character of many pathological conditions, which would otherwise remain obscure.

The character of the ejections from the stomach often enables us to determine the nature of the disease. I will refer to these subjects again when I come to the symptoms of disease.

The other important aids that will greatly assist you in your diagnosis, are inspection, measurement, pressure, palpation, succussion, percussion, and auscultation.

Inspection.—By inspection the color of the skin, expression of the eye, flush of the cheek, movements of the patient, distortion and pallor of the features, and hypertrophy and atrophy of the muscles, are all detected.

Measurement.—By measurement, you ascertain whether one limb is longer or shorter, larger or smaller, than the other; and by it you detect the inequalities and expansion of the chest. By placing a tape line around the patient above the nipples, and causing him to contract the chest, by throwing the air from the lungs, you measure and note the size on the tape; he is then directed to inflate the lungs to their utmost capacity; the difference between those two states shows the expansibility of the chest. In examinations for life insurance, if the applicant can not expand two inches, he is rejected, because there must be some disease or contraction of the chest if he cannot expand two inches or more.

Pressure.—By pressure you are able to detect tenderness or inflammation of the internal organs. Pressure is made with the open hand or ends of the fingers. If a slight pressure upon the abdominal cavity creates pain, it is diagnostic of irritation or inflammation of the muscles of the abdomen; but if it requires pretty hard pressure to create pain, then you may know that the internal organs are involved. If the pain is very acute, and accompanied with fever, the inflammation is in the peritoneum. I wish to impress upon you this diagnostic sign, for you will often question patients with regard to pain or suffering, and they will tell you they have none, when upon a close examination by pressure you often detect a great degree of lesion. To illustrate this point and to show the importance of a correct diagnosis, I take the liberty to relate a case that came under my observation. A gentleman called on me, stating that he had been afflicted for three months with a cough, slight fever and a general prostration of the nervous system; he had been treated for bronchitis, by two physicians, without any relief. Upon a careful examination I found the right kidney to be highly sensitive and hypertrophied. By the appropriate remedies for that pathological condition, the irritation was relieved and the kidney reduced to its normal size and function; the cough disappeared and the patient was restored to health. Thus you see the importance, both of the application of pressure and of a correct diagnosis, as to whether some of the symptoms may not be of a reflex character.

Palpation.—Palpation or the touch is used to ascertain the amount of heat, dryness, moisture, and other qualities of the skin. By it we examine the normal and abnormal qualities of the pulse, and detect fluids in the cellular and muscular tissues. If you press upon a swollen limb, and it feels doughy and indentations of your fingers are left, then you may be sure that dropsical effusion has taken place beneath the integuments. You can detect thrills and vibrations; and by this means diagnosticate the character of tumors. If you place your hand flat upon one side of a tumor and strike it

lightly with the other, if it contains pus or fluid you can detect it by the vibration communicated to the hand that is in contact with the tumor.

Succussion.—Is the act of giving the chest or abdomen a sudden jerk, by which a shaking motion is communicated to the contents of the cavities, so that if air and water be present a splashing sound is produced, which reveals the pathological condition of the parts. It may be produced by placing the hands upon either side of the abdomen or chest, and move them quickly from side to side.

Percussion.—Is the act of striking those parts which invest cavities for the purpose of eliciting sounds by which we may judge of the physiological and pathological condition of the viscera contained within. By practicing percussion on the healthy subject the ear is educated to the normal sound, so that when an abnormal sound is produced, it may be readily detected. There are two methods by which percussion may be practiced—immediate and mediate. The former mode is practiced by striking the surface of the body with the ends of the fingers; the latter by placing some firm substance upon the parts to be struck. The instrument used in practicing mediate percussion is a flat piece of ivory an inch or an inch and a half in diameter, or what is still better, a piece of hard, rubber of the same dimensions. This little instrument is called a pleximeter, and with it is used a small hammer made of wood, ivory, or metal, and the ends are covered with felt or caoutchouc, so as to modify or destroy the sharp click or metallic sound, which is produced by bringing two hard substances in contact by force. But I think, as a general rule, that the best pleximeter is one or two fingers of the left hand, and the points of the three first fingers of the right to be used as the hammer. It requires a good deal of care to practice percussion correctly and with profit. The patient should be seated in the upright position, with the shoulders thrown back, and the chest may be covered with a thin and closely fitting fabric. If you use the finger as a pleximeter, it should fit

tightly against the parts so as to render the muscles tense; you then place the ends of the three first fingers of the right hand on a line with each other, and bring them down perpendicular on the pleximeter with a quick blow, the force being regulated by the wrist. In order to compare the sounds elicited on both sides of the chest the corresponding positions must be used alternately. After examining the anterior part of the chest, and noting the difference in the sounds, if any, the patient is made to lean forward, and the posterior parts are examined and compared in the same manner as the anterior. When you percuss the sides and axillary spaces, the arms should be elevated above the head. The sound elicited by percussing over a healthy lung, is a hollow sound, resembling somewhat the one produced by striking the head of a barrel half filled with water. If the chest was empty, or contained nothing but air, then the sound would be clear, but containing as it does a spongy substance filled with air, we elicit a sound neither dull nor clear but one better understood, when once heard, than can be explained. The sound produced by percussing over all parts of a healthy lung approximates so nearly a clear sound in contradistinction to that of a dull one, that we adopt the expression of a clearness or dullness on percussion. You can appreciate the difference by first percussing your chest and then the muscles of your thigh. Having fixed these points in the mind, and having once heard the clear sound produced by percussing the healthy chest, we are able to measure the departure therefrom, and the increase of dullness in pathological conditions. As we shall call your attention to this subject again when we come to speak of the diseases of the chest, we will then point out the modification of sounds, and the morbid condition that gives rise to them.

We now direct your attention to an important aid in diagnosing diseases of the chest; one that is always practiced in connection with percussion, and without which you can know but little of the various stages and progress of the diseases of that region. I refer to

Auscultation.—Auscultation is the act of applying the ear to the chest in order to listen to the physiological and pathological sounds produced within. Like percussion it is both immediate and mediate. The former is practiced by applying the ear directly to the chest ; the latter by the use of an instrument called the stethoscope. They are of two varieties—single and double. The single one I only mention to condemn ; for it is uncertain, inconvenient to use, and far inferior to the naked ear. The double instrument is a valuable companion at the bedside, and under certain circumstances it is almost indispensable. In the use of this instrument a great deal of care is requisite ; for if it be pressed too tightly it will cause pain to the tender parts ; if it is not held level, and with some degree of firmness, you will get an uncertain sound. And then again, if you permit any movement of the instrument against the clothing or muscles a friction sound is produced, and conveyed to the ear through the tubes and obscures the sounds in the chest. Before proceeding to auscultate, the room should be made comfortably warm and free from noise ; the chest should be bare or covered with a thin covering and free from friction ; each part should be examined and the sounds compared as recommended in percussion. You should practice on the healthy subject, so as to become familiar with the normal sounds of the chest, and then you will be able to detect any departure therefrom. The sounds heard in auscultating the chest may be divided into three primary divisions, to-wit : natural respiratory murmur, vesicular rale, and bronchial rale. They may be seen to a better advantage in a tabular form, thus :

PRIMARY SOUNDS.	{	Natural Respiratory Murmur, Vesicular Rale, and Bronchial Rale.
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The first is the natural or physiological division of sounds heard in the healthy lung. The second and third are abnormal sounds, and show a morbid condition of the parts within

the chest. Each of those divisions may be again subdivided, showing the different sounds in health, and the degrees or stages of morbid action.

		ABNORMAL.		
	NORMAL.	{		
	Vesicular.		Exaggerated, Prolonged, Diminished, Irregular and Remittent.	
NATURAL RESPIRATORY MURMUR.	{	Bronchial, Tracheal.	}	Tubular.

Thus the natural respiratory murmur is divided into the vesicular, bronchial, and tracheal. The first departure from this normal condition, may be expressed in six degrees or conditions to-wit: the vesicular murmur may be exaggerated, prolonged, diminished, irregular, and remittent; and the bronchial and tracheal may be tubular. The natural respiratory murmur is the sound produced by the ingress and egress of air through the trachea, bronchi, and lobules of the lungs. The sound, heard over the different parts of the lungs, is called vesicular, because it is produced by the rushing of air into the pulmonary cells or vesicles. It denotes that the lobules are permeable to air, and are therefore in a healthy condition. The vesicular murmur has been compared to the sighing of a gentle breeze. The bronchial and tracheal respiratory murmur is produced by the passage of air through the larynx, trachea, and bronchi. It resembles the rushing of dry air through a large empty space. The vesicular murmur may be exaggerated or increased by an exaltation of the respiratory movement, or whatever increases the rush of air into the pulmonary cells; thus, if a part of the lung be congested, the other portion must perform a double office; consequently, the respiration will be more rapid, and the sound louder, in the healthy lung; thus demonstrating the fact, that a pathological change has taken place in some part of the chest. The

sound may be prolonged by any cause that retards the egress of air from the vesicles. On the other hand, the sound may be diminished by any pathological change in the bronchial tubes or lobules, by which the air is permitted to enter the cells in a diminished quantity and force. Sometimes the murmur is irregular, owing either to spasm of the ultimate bronchial tubes, or obstructions in the bronchi. Spasmodic asthma furnishes a fine illustration of the irregular vesicular murmur; at one breath the air is almost entirely excluded from the vesicles, while at the next, by a powerful effort at inspiration, the spasm is broken and the air rushes in and out of the cavity of the lobules. Sometimes the cause is not sufficient to produce an interruption or irregularity, but only a gradual rise and fall of the impulse; in this condition the murmur is said to be remittent. The bronchial and tracheal respiration may be changed by congestion or consolidation of the ultimate bronchial tubes; consequently, the sound must come only from the larger tubes, producing a tubular or metallic sound.

The importance of having a correct knowledge of the natural respiratory murmur, its subdivisions and pathological changes, cannot be overestimated; for it is only by a correct knowledge of this division of auscultation that we are able to detect the first symptoms, or incipency of phthisis, at which time it is desirable to detect, if ever, its presence; that being the only stage in which much, if any, hope may be entertained from medical aid.

We now invite your attention to the second and third divisions of our subject, or the beginning of that condition of morbid sounds which we denominate rale. Rale is a French term, denoting *rhonchus*, or a rattling sound.

I have already stated that the rale was a primary morbid sound and was of two varieties; to-wit, vesicular and bronchial; these terms denote the location of the sounds. The vesicular rale may be subdivided under three headings, and may be seen at one view in the following table:

VESICULAR RALE. { Crepitant,
 { Sub-Crepitant,
 { Crackling.

The crepitant rale is a creaking noise, heard in the congestive stage of pneumonia. When the cavities of the ultimate bronchial tubes are diminished in size by congestion of their tissues, the air forces its way into the agglutinated air-cells, and causes their walls to separate and press against their neighbor at each act of inspiration, and thereby produce the crepitation. It may be compared to the sound produced by throwing salt on a hot surface; also to that produced by rubbing a lock of hair between the thumb and finger near the ear. The sub-crepitant rale is a coarser sound than the crepitant. It is heard under similar circumstances and differs only in this, that the congestion has progressed so far as to produce an exudation of lymph into the lobules and air-cells, which gives a bubbling sound that nearly obscures the fine crepitations of the former. The crackling rale is so much like the crepitant that it is very difficult to distinguish the two. The sounds of the former are finer and more diffused. It is an indication of tubercular deposit, and is generally heard in the apex of the lung, while the latter is heard in the base of that organ, and is supposed to be diagnostic of pneumonia. The third division of auscultation, or the second degree of morbid sounds, we have denominated bronchial rale; because they are heard in the bronchi. There are two rales produced by morbid conditions of the bronchial mucus membrane, called the dry and the moist. These again may be subdivided into the sonorous, sibilant, mucous, and sub-mucous; and are thus grouped.

BRONCHIAL RALE. { *Dry.* { Sonorous,
 { { Sibilant.
 { *Moist.* { Mucous,
 { { Sub-Mucous.

The sonorous rale, or rhonchus, as it is sometimes called, is heard along the track of the larger bronchial tubes. It de-

rives its name from the Greek word *rhonchæ*s, which means snoring. It therefore resembles the sound produced when a person is sleeping. It has also been likened unto the cooing of a pigeon. The sound is no doubt caused by the dryness of the mucous membrane of the bronchi, and is a diagnostic symptom of dry bronchitis. The sibilant rale comes from *sibilo*, I hiss, I whistle; therefore it is a hissing or whistling sound; and is caused by the rushing of air through the smaller bronchial tubes. It may be produced in the larger tubes when their calibre is diminished by congestion. Both the sonorous and sibilant rales indicate dryness of the mucous membrane of the larger and smaller bronchial tubes. The mucous rale is heard over the larger bronchial tubes, and it is caused by the passage of air through the fluid contained within the tubes. As the air becomes entangled in the mucous secretion, it produces a bubbling sound, which is characteristic of bronchitis. The same sound may be heard if blood or pus is in the tubes; which is often the case in hemorrhage of the lungs; bursting of tubercular abscess; or the suppurative stage of pneumonia. But the history of the case, and the general symptoms, will enable you to distinguish the character of the secretion. Then again if the fluid be mucus, the rale is louder and coarser owing to the difficulty the air has in passing. But if it be pus or blood the sound is not so loud, but more wavy. The sub-mucus rale differs from the mucus only in degree and location. The sound is chiefly heard in the smaller tubes, and from this fact the bursting bubbles are less; consequently the sound must be weaker. There is a slight creaking sound produced by the movements of the lungs against the pleura; but if the pleura is dry, a rough sound is heard called the friction sound; and it is diagnostic of pleurisy. There is a vibratory sound heard by the contraction of the muscles, which you must not confound with those of the chest.

Voice Sounds.—Which are heard in auscultation, are certain impressions communicated to the ear by the transmis-

sion of the voice through the trachea and chest. They are valuable diagnostic aids, in connection with the other sounds to which your attention has already been called. These voice sounds are susceptible of division into vocal resonance, and abnormal sounds, and these again may be subdivided, as may be seen in the following table.

FIRST NORMAL RESONANCE.	{	Tracheophony, Bronchophony, and Pectoral Resonance.
SECOND ABNORMAL VOICE SOUND.	{	Bronchophony, Ægophony, Pectoriloquy, and Amphoric Resonance.

You will observe, by looking at the first division of the table, that the normal resonance or voice sounds are three. By vocal resonance we understand the normal sounds communicated from the voice through the walls of the chest to the ear of the auscultator. Each division of the chest develops a different sound, corresponding to the capacity of the parts to transmit or absorb sound. Thus, if you place the stethoscope over the trachea, and cause the patient to speak, the sound passes directly through the tubes to the ear, and you are able to distinguish the articulations of the voice. This is called tracheophony. If you move the stethoscope to the top of the sternum, or over the track of the larger bronchi, the voice is still distinctly heard; but you are scarcely able to distinguish the articulations of the voice. This we denominate bronchophony. Then again, if you carry the instrument over different portions of the lungs, the voice is not heard, but a vibratory sound is communicated to the ear, which may be distinctly felt by laying the hand flat upon the chest. This sensation is called pectoral resonance or vocal fremetus. Any pathological change that may take place in the trachea, bronchi, and lungs, alters the tone of these sounds, and they are then termed morbid or abnormal. They are divided into four classes

as may be seen by reference to the second division of the table.

You will probably be a little puzzled, at first, to know why I have placed bronchophony both in the normal and abnormal division of sounds. It is not because there is any change in the sound ; but it simply shows that a morbid change has taken place in those parts, and permits the sound to be heard ; whereas, in their normal condition it could not be heard. Thus for instance, bronchophony is heard in all parts of the bronchi, until the tubes are lost in the substance of the lungs. The lung substance surrounding the tubes being spongy and filled with air, the sounds from the tubes are intercepted or absorbed, and do not reach the ear. But if the tissues are condensed, they then become a conducting medium of sounds from the bronchi, to the ear placed over that part of the chest. The sound then is really a bronchial sound, as much so as if heard over the larger bronchi, except that the difference in the size of the tubes will make a corresponding diminution in the sound. Therefore, when bronchophony is heard over any portion of the chest beyond its natural boundaries, it becomes a diagnostic sign, and indicates a morbid condition of the lung substance. *Ægophony* is supposed to be produced by the sound of the voice passing through a liquid before reaching the ear. The sound is so peculiar, that it has been likened to the bleating of a goat. If there is a cavity in the lung, and you apply a stethoscope over the morbid part, and the patient is made to count one, two, three, the sound passes directly through the tubes of the instrument to the ear. This sound is called *pectoriloquy*, and it is an evidence that a tubercular abscess has taken place and a cavity has been the result thereof. It differs from bronchophony in this, that while in the former the sound is distinct and the articulations almost perfect, in the latter, while the voice sound is clear the articulations are very indistinct. But if that cavity communicates with the bronchi, by a small aperture, then the voice enters that chamber, and

reverberates from side to side, and does not reach the ear as bronchophony and pectoriloquy ; but produces a tingling metallic sound called amphoric resonance. If a cough is produced by any of these morbid changes, it is named in accordance with the character of the sound. Thus if bronchophony be heard, then the cough is said to be bronchial. If pectoriloquy is the morbid sound the cough is called cavernous. But if the cavities have firm walls and narrow outlets then the cough is amphoric.

There are other sounds heard in the chest by auscultation ; but as they are confined to the heart in its normal and abnormal condition, I will reserve my remarks on that subject until I come to speak of the diseases of that organ.

PROGNOSIS.

This means foreknowledge, and signifies our ability to foretell the cause and termination of disease. It is an interesting study, and one with which we should be familiar ; for it is pleasant to yourselves, to the patient, and friends, for you to be able to give a correct idea of the final result of each case. But let me warn you to be on your guard ; for much of your reputation and success hangs on this point. If you should give an unfavorable prognosis, and the case should turn out favorably, the patient and friends would lose confidence in your ability. But, then again, if you should predict a certain result, and it comes to pass in the manner and time you stated, then you would be looked upon as a very knowing and skillful physician. Therefore, your prognosis should always be guarded. Prognosis is better understood by studying it in connection with each disease. There are, however, some general prognostic signs that we may examine in this place. If, in all forms of disease, the pulse has been frequent or irregular, and the tongue covered with a heavy fur, or if it is preternaturally clean and dry, and they undergo a change, the prognosis may be favorable or unfavorable in accordance with

that change. Thus, if the pulse becomes more regular and less frequent, and the tongue begins to clean, or the clean shining tongue begins to moisten and fur, then your prognosis may be favorable. But if the pulse becomes more frequent and fluttering, the tongue becomes dry, and sordes gather around the teeth, the mind wandering, the patient slipping down in the bed, and picking at imaginary objects, then your prognosis must be most unfavorable. And, finally, if the *alæ-nasi* are contracted, and the muscles around the mouth look pinched, and the pulse is so quick and feeble that it can not be counted, then you may look for a speedy dissolution of your patient. If you draw your finger, with some degree of firmness, across the forehead of your patient, and it leaves a red streak, you may know that the circulation is still vigorous in the capillary system. But if the print of the finger is left pale or unchanged, and no appearance of a return of blood to the part, then you may be sure that there is but little vitality left, and consequently the patient can only survive but a few hours.

It is difficult or impossible to prognosticate many diseases until after they have passed a certain stage, called the turning point or crisis. The disease at this period may assume a favorable or an unfavorable change, and the symptoms are said to be critical. Therefore, you should reserve your opinion until after this period in those diseases which are known to be subject to this rule.

DEATH.

Death, the terror and dread of all mankind, takes place in one of three ways—notwithstanding the numberless causes and means by which it is produced. That life which animates the animal mechanism and controls the vital functions, makes its exit either through the brain, lungs, or heart; that is to say, death enters, overpowers it, and compels it to retreat through one of those avenues. Therefore, death is only a relative term to express a dissolution of the body; for when

ease or cause which produces those pathological conditions. The first of those conditions is anæmia.

ANÆMIA

Signifies privation of blood. Now all of the organs and tissues are nourished and stimulated by the blood ; so if from any cause the supply be cut short, or deprived of its tonic properties, debility and death will be the result. If a person be wounded in any of the main arteries, or hemorrhage takes place from any cause, he dies because there is not blood enough left to stimulate the heart to continue its action. Or it may be so deficient in the red corpuscles, and so impoverished as to be incapable of arousing the energies of the heart, and the patient dies with all the symptoms of anæmia. And then again, the stimulus may be sufficient to urge on the functional activity of the organs ; but from some cause the muscular walls of the heart lose their power of contractility ; the organ fails to respond to its accustomed stimuli ; circulation is arrested thereby, and death takes place by asthenia.

ASTHENIA.

Means debility or a want of strength ; and it is generally induced by toxic hæmia. The poison may be taken directly into the system, or a blood poison may be generated from the leaven of contagion by zymosis. In either case the morbid agent is conveyed to the tissues by the circulation, and acts locally on the organs. It destroys the contractility of the muscular walls of the heart, thereby arresting the circulation ; or it may so expend its force on the functions of the cerebellum as to cut off the supply of nerve force, which presides over the heart's action, and thus produce paralysis of the muscular fibers of the heart. In either case death takes place by syncope induced by asthenia. Death by asthenia is sometimes caused by reflex action. Cases are on record where the heart has been ruptured by sudden and unexpected news, acting so powerfully upon the mind as to create such a shock to

the nervous system, that the delicate muscular fibers were torn asunder. All of the organs and tissues are supplied with nerves, that center in the cerebellum ; and which directly or indirectly preside over their functions. So if the mind, which has charge of this delicate but powerful apparatus, be suddenly overwhelmed with some unexpected event, then the nervous centers and nerve fibers are surcharged, and a sudden shock is communicated to the muscles and organs over which they preside ; increasing their power of contractility, and the blood is thrown into the heart with such an increased momentum, that the organ in attempting to expel its contents is destroyed by its own effort. The circulation is cut short, and the patient dies of syncope.

The anatomical condition of anæmia and asthenia differ in this ; that in the former, the heart and lungs are found to be nearly empty and collapsed, owing to the deficiency of blood in the system. In the latter, the lungs are found empty because the heart having lost its power of contraction could not propel the blood into them ; and the respiratory function being partly under the control of nervous influence, respiration was kept up and the blood was carried out of the lungs, and by the force of gravity falls into the heart, which is found engorged. The left side is filled with scarlet or arterial, and the right with purple or venous blood. A broken heart is no myth. It is stated that a sea captain after a long voyage was returning home, and his mind was wrought up to the highest pitch of expectancy to see his beloved wife. As he approached the shore he was seen standing upon deck with spy-glass in hand scanning the wharf to see his beloved wife, but saw her not. As he landed he inquired of a friend about his wife, and when told that she was dead he fell lifeless upon the wharf. A post-mortem revealed the fact that the internal tissues of his heart were torn to shreds.

APNŒA.

This denotes absence of respiration. It is that condition called asphyxia by the older writers, or in common phrase it

is suffocation. There are many morbid conditions of the system that may interfere with respiration by excluding atmosphere from the lungs. All diseases of the pharynx, larynx, bronchi, and lungs, or indeed all morbid conditions that hasten an increased flow of venous blood into the lungs, and that prevents its being arterialized, are a cause of apnœa. The venous circulation is arrested in the pulmonary capillaries, stagnation of the blood takes place, and death is the result, unless speedily relieved. This then is the condition in which death takes place through the lungs. The lungs are found filled with dark venous blood, because oxygen is excluded by which it is arterialized; and the respiratory movements being thereby arrested, there is no flow of arterial blood into the heart, and its action being rapid, the left cavity is almost entirely empty, while the vena cava and right side are filled with dark venous blood. Thus you see, that the anatomical condition of asthenia and apnœa are entirely different, and therefore clearly demonstrates the fact, that death does take place both through the heart and lungs, and from entirely different causes. In the former the heart ceases to beat before respiration stops; in the latter the respiration is arrested before the heart's action.

The third mode by which death enters the system is through the brain, and is the effect of that condition we call coma.

COMA.

Is that morbid state of the cerebral system, which is characterized by a profound state of sleep, or stupor, from which it is difficult to rouse the patient. As the nervous centers or cerebellum preside over the functions of respiration, circulation, digestion, assimilation, secretion, excretion, and sensation, it will be readily seen what the result would be if coma supervene. Death beginning at the brain spreads to every tissue and organ. Respiration is embarrassed, circulation is languid, sensation is diminished, digestion and assimilation

are perverted, the secretory and excretory functions are deranged; and life ebbs away, and the patient is said to be in a comatose condition. Death through the brain, or by coma, is of frequent occurrence. All diseases of the cerebro-spinal system, and many of the vegetable and animal poisons, produce death in this way.

Thus then, it may be demonstrated that death must take place, whatever may be the character of the disease, through a failure of the circulation, respiration, and a prostration of the nervous centers. These modes open up an interesting field for study and investigation; for if we know certainly the mode and channel through which death is approaching, we may often obstruct its way, and check its untimely visit, by the use of the means at our command.

What are we to understand by the term death? Authors tell us that it is the extinction of life. That, however, is not true from a biological stand point, for life force must be as eternal as God himself, and it cannot be extinguished. Pasteur, the learned French biologist, says that he found life in what was called dead matter. Death, then, is only a separation of soul and body, and not an extinction, or annihilation of life force. When life ceases to animate the human organism, then the body begins to disintegrate; its form is changed, and gives place to its ultimate elements. That force which causes separation of soul and body has been termed death. As before stated that term does not express the true meaning of the process. But being a force set in motion by disease and which causes dissolution, it has been expressed by the word death as the shortest term expressive of the process of separation.

DISEASES.

This then brings us to the consideration of disease and its treatment. Before taking up that subject I want to say a few words to you on the subject of your conduct in the pres-

ence of your patients. You should not enter the sick-room of a male or female in an abrupt or too familiar manner. Enter quietly with a bright and cheerful countenance, and thus inspire your patients with hope from the beginning.

Your appearance will first excite the patient and cause the pulse to rise to 100° or 120° , whereas after the patient is composed it may be only a little above the normal. Hence if you examine the pulse on first entering the room you may make a mistake in diagnosis, both as to the pathological condition, and the proper remedy.

There should be no whispering in the room, but every one should speak in a clear tone so that the patient can hear, distinctly, every thing that is said. No noise should be allowed in or near the sick room. In a word, the patient must be kept quiet, and made as comfortable and happy as possible. Let no long-faced despondent persons enter the room under any plea. Keep out all company except those who have the care of the patient. Never refuse to admit a minister of the Gospel to the sick room; for his presence will often do more good than your medicine. Faith and hope constitute the anchor of eternal rest, and they often become grand psycho-therapeutic agents for the body. Therefore cultivate them in the minds of your patients.

Vulgarity is an element that should never enter the sick-room. No smutty jokes should ever be allowed. It has been said, by some one, that of all men, a physician should be a gentleman. You as physicians will often have committed to your confidence the most delicate secrets of a family, and you should hold them as sacred as your own honor, and no consideration should tempt you to divulge them.

A physician should be sober, kind, and attentive to his business. You should never take whiskey, opium and cocaine before visiting a patient, especially if the case is obscure and hard to diagnose. If you cannot diagnose the symptoms of the disease correctly, then you will be unable to diagnose the indicated remedy. You must remember that the above men-

tioned narcotics befog the memory and render the physician incapable of becoming master of the situation.

Diseases may be classified under three grand divisions and all the ills to which man has become heir may fall under the head of one or the other of those natural orders. They are called general, constitutional, and local diseases.

The following tabular view will illustrate the classification and their subdivisions.

	DIVIDED.	SUB-DIVIDED.
FIRST GENERAL DISEASE OR IDIOPATHIC FEVERS,	Continued . . .	Simple or Irritative Fever
		Typhoid Fever,
		Typhus Fever,
Periodical . . .	Relapsing Fever,	Diphtheritic Fever,
		Milk Fever,
		Intermittent Fever,
Eruptive . . .	Remittent Fever,	Yellow Fever.
		Variola,
		Rubeola,
CONSTITUTIONAL DISEASES.	Eruptive . . .	Scarlatina,
		Dengue,
		Erysipelas,
		Plague.
		Tuberculosis,
CONSTITUTIONAL DISEASES.	Tuberculosis,	Rheumatism,
		Gout, and
		Syphilis.

The distinguishing characteristic of general and local diseases is this, that in the former the fever is primary; and if any inflammatory action, or pathological change, is set up in any organ, it is secondary, or the result of the specific fever. But in the latter, the local lesion is the primary cause, and the fever is secondary; or, in other words, the fever in general disease is idiopathic, while in the local it is symptomatic.

General disease first pervades the whole system, all the

functions are more or less affected by it, and it generally selects an organ or tissue upon which to spend its force. Whereas local disease manifests itself first in some particular part, as its base from which to operate and bring the system under its control. Hence it is that so many diseases receive their nomenclature from the character of the local lesion. Constitutional disease is the result of a peculiar diathesis, inherited or acquired, which may act as a predisposing cause of a distemper that may be developed by a specific or an exciting cause.

Your attention is now directed to the diseases included in our first division. And the first subject that demands our consideration is the nature and cause of fever. The question naturally arises in the mind of the medical student, what is fever? It may be answered that it is a disturbance of all the functions of the system called innervation, altered circulation and secretion. But as to the nature of fever we know but little. The subject has engaged the attention of the profession from the days of Hippocrates to the present time, and still our knowledge is imperfect. Many theories have been advanced, from time to time, to explain its nature. The first of which was the humoral pathology as taught by Hippocrates and Galen. They believed that it was the result of a deranged condition of the fluids. This opinion prevailed until the days of Celsus, when he modified it somewhat, and claimed that fever was simply a disease of the whole body. Sydenham took a similar view, and taught that a disease was no more than a vigorous effort of nature to throw off the morbid matter, and thus recover the patient. That is to say, fever is the result of that antagonism set up between the morbid agent and the vital properties of the elementary tissues of the body. If the plastic condition of the patient be normal, and his surroundings favorable, then nature overcomes the offending difficulty and casts it out of the system, and resolution takes place immediately. But if the aplastic and hyperplastic diathesis be present and zymosis vigorous,

then nature is overpowered and a pathological change takes place, both in the fluids and solids, by which an idiopathic or a symptomatic fever is the result. This I believe to be the true theory, yet we know no more about how the temperature is increased than we do about the heat that is generated by the union of two chemical elements. The humoral theory prevailed until the days of Hofman and Cullen. The former was the first to point to the solids as the seat of disease ; and he taught that fever was the result of a powerful reaction which was set up in the system by an effort of nature to overcome the spasm of the capillaries produced by morbid action of the nervous system. Cullen, however, was the first to overturn humoralism and enlist the attention of the profession to the nervous theory. He believed that the etiological agent acted as a sedative upon the nervous centers, thereby diminishing their energy on the functional activity of the organs and tissues ; that a powerful reaction takes place by an effort of the vital affinity of the parts to overcome debility, and by that act heat or fever is produced. Thus the controversy has continued from age to age with able advocates on either side ; but the profession is fast settling down on the belief that the blood is the laboratory where heat is generated by catalysis.

CAUSE OF FEVER.

The exciting cause of fever may be general and local. If general, they are said to be epidemic ; if local, endemic. An epidemic influence is an electrical change or condition of the air in which a number of individuals, remote from each other, may be attacked by a certain form of disease, and run a similar course in each. An endemic disease is one that is produced by local causes, and confined to certain persons or local districts. There are also contagious causes. We understand contagion to be a zymotic agent which is conveyed into the blood, where zymosis takes place, and a blood poison is generated, by which the whole system is brought under its influ-

ence ; and the patient is then in that condition by which the disease can be communicated to others by contact or otherwise.

The continued fevers are caused by decomposition of animal matter, animal effluvia, deoxydation of the air in narrow streets of large cities, jails, and emigrant ships. Periodical fevers are caused by decomposition of vegetable matter. Eruptive fevers are caused by the leaven of contagion.

The general diagnostic distinction between continued and periodical fevers consist in this, that the continued come on slowly with mild symptoms for a week or ten days before the patient is fairly prostrated. The pulse is only moderately quick ; tongue is covered with a thin whitish fur, increasing in thickness towards the center. There are slight chills ; an aversion to motion both mental and physical ; and susceptibility is impaired. If vomiting occurs it is only an ejection of the drinks ; no bile or offensive matter is thrown up. On the other hand, periodical fevers come on suddenly with violent chills and shivering, and a high fever and severe pain ; susceptibility is unimpaired, tongue covered with a thick darkish fur which is sometimes a little yellow. So if you are called to see a patient, and find that he was taken very suddenly ill, who but a few hours previous was apparently well, then you may know that you have not a case of continued fever, and must look to the list of periodical and local maladies for your diagnosis.

CONTAGIOUS.

Of the continued fevers only the typhus and relapsing are contagious, and they are only contracted by those who are in the aplastic condition. There is no positive evidence that typhoid fever is contagious. It was so considered by the older authors, but it was because they were unable to draw the line of distinction between typhoid and typhus. Since the days of Louis the distinguishing characteristics have been made plain. The fact of several members of the same family having typhoid fever is no evidence of its being contagious. Neither is the

fact of persons visiting the patient from a healthy locality, and then returning home to have the disease, an evidence of their having contracted it by contagion—unless we call all causes of disease contagion. It simply proves that they remained long enough under the influence of the local cause to change their diathesis, and place them in that condition which is susceptible of endemic diseases. Then again, the care and anxiety manifested by the family for the sick member, loss of sleep, bad ventilation of his room, and the constant breathing of the exhalations from the patient, are predisposing causes, and any person being kept in that condition for any length of time must evidently take the fever, or undergo a pathological change of a typhoid character. But if the patient is kept clean and his chamber thoroughly ventilated night and day, there is no danger of any one contracting the disease by visiting him for a short time each day. For the system must first be brought under the control of the same endemic or epidemic influence, before it can be attacked by the same form of disease. But, on the other hand, contagion is liable to attack any person with the smallest amount of exposure. That is to say, if a person is in the aplastic diathesis, and he takes but one inhalation from the sick room, then a disease will be developed similar to the one from which the exhalation sprang. Such is not the case with non-contagious diseases. A surgeon may visit a case of traumatic erysipelas and dress it daily without having the least symptom develop in his person, and yet if a patient with a fresh wound is placed in the same ward, erysipelas will probably develop in the wound within twenty-four or thirty-six hours. Thus, then, we must keep in mind the difference between contagion and infection or inoculation. For in either case timely warning from the attending physician may prevent the spread of disease, or save some one from inoculation. Many patients often have to suffer from a want of proper nursing owing to the fact that many physicians classify all diseases as contagious, and hence the fear of nurses.

There is a wide difference between the virus of contagion and the agents of endemic and epidemic diseases, and until we are able to make this distinction we are liable to commit an error in regard to the contagiousness and non-contagiousness of certain forms of disease.

I have thus dwelt at considerable length on the history of medicine, diatheses, etiology, diagnosis, prognosis, elementary principles of pathology, modes of death, and classification of diseases, in order to lay a firm foundation upon which to build the true science of Homœopathic medicine, and thus prepare the student to enter upon the study of diseases and their treatment in a scientific and practical manner. This then brings us to the consideration of practical medicine.

PRACTICE OF MEDICINE.

INFLAMMATION.

I NOW call your attention to the subject of inflammation. According to my arrangements, or classification, inflammation would come under the head of local diseases, but as we often meet with it as a complication, or result of a general disease, I deem it best to take up the subject and discuss it, before going any further, so that you may understand the nature and treatment of inflammation in whatever disease, stage or condition you may find it. Inflammation comes from *inflammo*, to burn. It is that pathological condition of an organ or a part, which is characterized by heat, redness, swelling, and pain. It may be either acute, sub-acute and chronic. It may also be active or passive, and is preceded by a morbid condition of the tissues called irritation and congestion.

Symptoms.—Inflammation is characterized by five stages. 1. Heat, and diminished flow of blood through the part. 2. Fever. 3. Infiltration of serum through the tissues and decay of cells. 4. Suppuration. 5. Gangrene.

The primary symptoms may be seen in the following table.

INFLAMMATION.	{	Irritation, Congestion, Heat, Redness, Swelling, Pain.
HEAT IS PRODUCED BY	{	Irritation, Congestion.
CONGESTION CAUSES	{	Redness, Swelling, Pain.

Irritation comes from *irrito*, to excite, or in other words, it is a morbid irritability of the elementary tissues, and is caused by an over stimulus of the elementary properties of the tissues. That excess of stimuli may be directly communicated to the part by a morbid condition of the blood, or by reflex action.

You will notice that I use the term *stimuli* to express the plural of stimulants furnished by the elementary properties of the tissues. This term was used by Moeler to express the difference between the normal stimulants of the organic functions, and the artificial stimulants used in medicine. I think the term so appropriate that I continue its use. Properly speaking the term stimulants refers only to alcoholic and other medicinal agents. While the term stimuli, as used by Moeler, refers only to the physiological agencies which stimulate the organic functions or excites them to a normal action. You must not forget that external agencies may so affect the physiological stimuli as to produce a morbid stimulation, and hence irritation and congestion will be the result.

Congestion is that abnormal condition of the capillaries of a part in which they are greatly distended. If the blood accumulates slowly, it is said to be a *passive* congestion; but if there is an increased flow of blood to the part it is said to be *active*. The increased flow of blood to the part causes an accumulation of fibrin in the part, consequently circulation is increased, and infiltration and effusion takes place, producing swelling and pain.

We may have irritation and congestion without inflammation; but we cannot have the latter without the former. Some of the most troublesome cases that we have to deal with are from irritation. The irritation of the stomach, spine, and uterus of nervous females are good illustrations. But a part cannot remain long in a congested state, without inflammation supervening. Therefore, in all threatened cases of inflammation we should endeavor to arrest the disease in the congestive stage by the means hereafter to be noticed. The

four stages of inflammation may be seen in the following table :

STAGES	{	1. Heat, diminished flow of blood through the part.
		2. Infiltration, and decay of cells.
		3. Suppuration.
		4. Gangrene.
DIAGNOSIS.	{	1. Stage, irritation of the part,
		2. Stage is known by pain and swelling,
		3. Suppuration is announced by rigors,
		4. Gangrene, the parts look dark and discharge an offensive ichor.

The first symptoms we have, then, is an irritation of the organ or tissue, with a diminished flow of blood through the part, and an increased circulation to the part ; which so modifies the functions as to cause a feeling of cold or chilliness ; the pulse is full, and becomes bounding as the disease advances ; the tongue is furred and dry, and at last becomes brown. The second stage is known to have taken place by the pain and swelling. The infiltrated serum and cells undergo a change, and decay. The third or suppurative stage is known to have set in by the supervention of rigors. In this stage, disintegration of the fluids first takes place ; then the tissues easily break down, and undergo a putrefactive process by which pus is formed. If the pus is contained within a circumscribed cavity, it is called an abscess ; but if the parts are open and sloughing, it is called an ulcer. It is sometimes difficult to tell whether the fluids from internal organs contain pus or not. Healthy pus contains pus globules, albumen, and oil. It may be distinguished by placing it under the microscope, when the pus globules may be seen floating in the fluid. The fourth stage, or gangrene, may or may not supervene an attack of inflammation. It depends on the diathesis of the patient. If gangrene sets in the parts look dark and discharge an offensive ichor. If this condition is not speedily corrected, the pulse grows quick and feeble, the patient is depressed, subsultus tendinum comes on, and death closes the scene.

Cause.—The *predisposing* causes are certain temperments and diatheses, and debility by whatever produced. The *exciting* causes are wounds, operations, toxicohæmia, heat, cold, and whatever irritates the parts.

Pathology.—Inflammation produces : 1st. Perversion of the fluids of the parts, and of the affinity of the tissues and fluids ; 2nd. Disorders, sensation and motion, producing neuralgia of the part ; 3rd. Irritation in some distant organ ; and, 4th. Disordered blood.

There are three grades of inflammation, which produce the following pathological condition or results :

PATHOLOGY OF INFLAMMATION,

1ST, STHENIC	{	<i>Accumulation of Blood,</i>	<i>Dep. of Material.</i>
	{	Susceptibility, Normal	1st, Hyperplastic.
	{	Vital Affinity. Increased.	2nd, Plastic.
2nd, ASTHENIC	{	<i>Accumulation of Blood.</i>	
	{	Susceptibility, Increased	1st, Plastic Mat'l.
	{	Vital Affinity. Diminished.	2nd, Aplastic.
3rd, SPECIFIC	{	<i>Accumulation of Blood.</i>	
	{	Susceptibility, Increased	Aplastic.
	{	Vital Affinity, Perverted	Malignant.

Sthenic comes from the Greek word *sthenos*, which means strength. It is a term expressive of organic excitement, and is therefore used to express the character of those diseases which are produced by accumulated excitability.

The sthenic grade is characterized by high arterial excitement, and is found in the plastic and hyperplastic diatheses. The deposit in the inflamed parts corresponds with the plasticity of the patient.

It will be observed, that in each grade there is an accumulation of blood in the parts. But the character of the inflammation and the deposit depends upon the susceptibility and vital affinity of the tissues and the diathesis of the patient. Thus, in the sthenic grade, susceptibility is normal and vital

affinity is increased ; thereby giving a hyperplastic and plastic deposit of an organizable material. This accounts for the large firm swelling that accompanies this grade, and for the large growth of tumors. There is a building up of the tissues instead of breaking them down as is the case in the other grades.

The asthenic is a lower grade of inflammation ; consequently the arterial excitement is not so high. It may attack the plastic and aplastic diatheses. In either case, if susceptibility is increased, and vital affinity is diminished, we will have a deposit correspondingly.

Specific is a term used to express a low grade of inflammation, which only attacks the aplastic diathesis and which is produced by some peculiar virus. In this grade susceptibility is greatly increased, and vital affinity perverted ; and there is a deposit of aplastic material which is incapable of taking on, or assisting in organic life, and readily putrefies. Inflammation of the sthenic grade with hyperplastic deposit seldom or never suppurates, but ends in resolution, leaving the parts sometimes thickened ; or it may end in death by an infiltration of serum into some of the internal organs. The asthenic grade, with plastic deposit, mostly ends in resolution, or suppurates very slowly with a hard inflamed base, inclined to a purple crimson.

The specific grade is aplastic, and suppurates easily, and often ends in gangrene. The inflamed parts are soft and inclined to a scarlet tint. Rheumatic inflammation is an example of the hyperplastic grade ; carbuncle of the plastic ; and erysipelas and malignant small-pox of the aplastic. If inflammation of the sthenic grade takes hold of the plastic diathesis, when it is removed it leaves the parts in a more normal condition than either of the others.

Treatment.—The first indication is to diminish the flow of blood to the part and overcome morbid susceptibility ; 2nd. To ward off suppuration ; 3rd. To counteract specific action.

I. STHENIC GRADE.—*Aconite, apis, belladonna, gelsemium, veratrum viride* These are the only agents we need in the sthenic grade of inflammation in the hyperplastic and plastic patients; for suppuration never takes place in the hyperplastic diathesis, and rarely in the plastic. Absolute rest is of the highest importance in the treatment of inflammation. The patient should be kept in the horizontal position, and have a constant supply of fresh air. All company should be excluded except the nurse and those whom the patient wants to see.

ASTHENIC GRADE.—*Aconite, apis, arsenicum, gelsemium, hepar sulphuris, silicia.* These agents in the higher potencies will often ward off suppuration, but if they fail, then if given in the lower potencies, they will hasten the suppurative process.

SPECIFIC GRADE.—*Arsenicum, calcarea carb, china, sulph.*

NOURISHMENTS AND STIMULANTS.—Beef essence, coffee, with malted milk, cooked fruits, rice soups, etc. Give animal diet for aplastic and specific grades. Give more vegetables in hyperplastic and sthenic grades.

SIMPLE CONTINUED or IRRITATIVE FEVER.

This is the first of the group of idiopathic fevers to which I call your attention. It is a disease which manifests all the characteristics of fever in general, except in its modification. It sets in with feelings of indisposition; coming on rather abruptly, and after lasting for a longer, or shorter period, slight chilliness is felt creeping over the body, amounting to a momentary shudder, and a feeling as if cold had been suddenly applied to the back. This feeling is soon succeeded by flashes of heat, which become general; the head and face are hot and dry; the eyes are red; the pulse becomes frequent and bounding. These symptoms last from twenty-four to forty hours, and disappear rapidly with or without treatment.

The exciting cause of this disease is supposed to be exposure to cold or vicissitudes of climate ; fatigue, mental anxiety, or errors in clothing and diet.

Treatment.—The treatment of this disease is very simple, often a glass of ice water or lemonade, with cold sponging is sufficient to arrest the fever in a few hours. But generally it needs medication, and the therapeutic indication is to lessen the amount of heat, diminish the rapidity of the circulation, and remove the irritation. These indications are readily fulfilled by the use of *aconite* and *gelsemium*.

I wish now to impress one important fact on you before we go any further, and that is, never treat any disease by its name or in a promiscuous way. But treat every case in accordance with its pathological and general symptoms. In other words, examine every patient carefully, and gather every symptom, and then compare them with the physiological symptoms produced by medicines. In this way you make your diagnosis between the remedies, so as to ascertain which of the medicinal agents will produce physiological symptoms similar to those of the patient. That question being satisfactorily settled in your mind then you are prepared to treat the case intelligently and successfully. It matters not at what stage of the disease you are called in, you must treat the case in accordance with the symptoms present. That is to say, if there is fever with a full bounding pulse, with intense thirst for large draughts of water at short intervals, then *aconite* is your remedy, it matters not at what stage of the disease those symptoms are developed. But if you find a patient with fever, and the face is flushed, red and swollen, or of a purplish hue, and if he complains of intense thirst, but only takes a sip or two at a time, and craves it often, then *arsenicum* is the remedy par excellence.

I remember being called to see a case of inflammation of the eyes ; after using the remedies recommended for sore eyes for two days, with but little improvement, I was told that the patient had intense thirst for small quantities of water

at short intervals. I then had the key-note of the case and gave *arsenicum*, and the disease began to abate in a few hours. If a patient has fever, face red, eyes red and staring, head hot, with delirium, and restlessness, then you must look to *belladonna* for relief. On the other hand, if a feverish patient craves large quantities of water at long intervals, and is averse to exercise, or feels worse when moving, then *bryonia* is homœopathic to that condition, and will, almost always give speedy relief. A *gelsemium* fever patient is averse to exercise, feels languid, with pain in the back, and back of head. *Gelsemium* seems to be more adapted to fevers in warm climates, while *aconite* acts better in cold climates. *Veratrum viride* is a grand fever remedy; it is indicated where there is brain trouble, and nausea, with a full, hard pulse, with violent pain in the back part of head.

These six fever remedies will cover all grades of fever, if the organs are not so far involved by pathological change, as to retard their functional activity.

The following are six valuable fever remedies :

Aconite.—Full bounding pulse, intense thirst for large draughts at short intervals.

Arsenicum.—Fever, flushed face of a red, swollen and purplish hue, and wants a sip of water at short intervals.

Belladonna.—Fever with delirium, head hot, face red, eyes red and staring, with restlessness.

Bryonia.—Fever, patient worse when moving, craves large draughts of water at long intervals.

Gelsemium.—Fever, averse to exercise, feels languid, with pain in back, and back of head.

Veratrum viride.—Full bounding pulse, nausea, with pain in back part of head.

While I shall mention, alphabetically, the therapeutic agents that may be called for in each particular disease, yet you must select the indicated remedy to cover the totality of the patient's symptoms in each particular case.

I have, thus far, said nothing as to the potency or dose to

be given. That subject should be left to the judgment of each practitioner. I can say this, however, as I had practiced allopathy twenty years before I became a homœopath, it was difficult for me at first to get above the second potency. I soon learned by experience that I had far better success from the third to the thirtieth in acute diseases, and from the thirtieth to the two hundredth for chronic cases.

TYPHOID OR ENTERIC FEVER.

This is an idiopathic disease, which is characterized by a forming stage, in which the zymotic agent is at work in the system from one to ten days before the fever is fully developed. After the stage of febrile excitement has been established, the fever is continuous, and the disease runs its course with a diversity of symptoms that are characteristic of typhoid fever and its complications. This disease has long been known, but was imperfectly understood, until after the research of Louis, who established the fact of its constant anatomical and pathological peculiarity. The writers who preceded him described it as a variety of typhus, and many of the European authors still so regard it. But their individuality or non-identity is settled beyond the shadow of a doubt. The nomenclature of this disease is vague. Writers have diligently sought for a name expressive of the pathological condition, but, as yet, none has been found free from objection. Probably the one that is least objectionable is "enteric;" but this does not convey a definite idea of the character of the disease under consideration. The term typhoid has become so popular, both among the people and profession, that it will be somewhat difficult to change it. But the distinction must ever be kept in view, between this fever and that secondary condition of many diseases, called the typhoid state. Typhoid fever is primarily a disease of the blood—that is to say, a zymotic action is set up in that fluid, by the presence of the typhoid ferment, or bacterium, by which the fever is developed. It

would be natural to suppose that all the tissues of the body would be more or less affected by a disease so general in its character. But it seems to have an affinity for certain localities, through which the vital powers are more readily reached, and so depressed as frequently to cause the death of the patient.

In whatever country typhoid fever prevails, or whatever the character of the epidemic, it has phenomena peculiarly its own. But each epidemic may differ in its local manifestations. At one time, the disease may expend its force upon the organic functions collectively, while in other cases it may select a particular organ for its base of operations. The abdominal, cerebral, gastric, and respiratory apparatus are the parts most generally affected by typhoid fever. I will, therefore, call your attention to six varieties or conditions, which demand special consideration. The first stage or premonitory symptoms are similar in all; the complication or variety is soon developed, and gives to the disease its peculiar characteristics. The predisposing cause so depresses the vital affinity, and increases the susceptibility of the fluids and solids, that the morbid agent, in passing the rounds of the circulation, selects the weakest part, and there concentrates its forces.

For convenience of description, I make the following tabular view of this disease and its subdivisions:

TYPHOID FEVER.	{	Simple Typhoid, Typho-enteric, Typho-cerebral, Typho-gastric, Typho-pneumonitis, Typho-malarial.
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SIMPLE TYPHOID.—I will first notice the clinical history and symptoms that belong to typhoid fever, independently of the complications to which I have referred. The approach of this disease is so gradual, that we are often unable to tell the precise time of its beginning. The patient complains of a general indisposition and lassitude; there is an aversion to

exercise, both mental and physical; the appetite is impaired; the bowels are generally loose; there may be but one stool during the twenty-four hours and that is thin and watery. If the bowels do not move the patient complains of borborygmus—a gurgling sound—and a small amount of physic will produce the thin and watery stools so characteristic of this disease. There is a little tenderness in the right iliac region, which may be overlooked in the early stage, unless a close examination be made by pressure. It is often so mild that the patient does not complain, and is not aware of any trouble in that region, until his attention is called to the fact by the physician. Headache is often present, but this seldom in the early stage; the tongue is covered with whitish fur; the pulse is only a few beats above the normal standard; slight pains are felt in the back and limbs. The patient often continues about his employment, in this condition, from one to ten days, when the symptoms grow worse, and he is compelled to take his bed. He then complains of a sense of chilliness, and sometimes of a severe chill, followed by fever and a dry, husky skin. The temperature of body ranges from 98.5° , in the morning, to 100.5° , in the evening; the pulse is from 90 to 110 per minute; the appetite is entirely lost; the bowels move more frequently; and the temperature continues to rise to 101.5° , in the morning, and to 104.5° , in the evening, as the disease advances. If the temperature rises to 105° , the disease is of a grave character; and if it goes above 105° , the patient is in great danger, and generally dies. The tongue becomes thickly coated; sordes gather around the teeth; the countenance assumes a dull expression; a low, muttering delirium sets in; the patient is nervous and has a buzzing in the ears, which so affects the hearing as often to produce deafness; he sometimes dozes, and starts up in a state of alarm; he is easily aroused, and answers questions, but soon relapses into a somnolent condition. If the abdomen be examined closely, between the seventh and fifteenth day of the progress of the disease, a few red spots will generally be

found upon it, which may extend to the breast, and also to the extremities. This is called the rose-colored eruption, and is one of the characteristic signs of typhoid fever. As the disease advances, the patient becomes delirious; the feces are passed involuntarily; he becomes comatose, picking at the bed-clothes or imaginary objects; slipping down in the bed; the skin is bathed with a clammy sweat; the pulse grows quick and feeble; subsultus tendinum is observed; and death often takes place in from six to twenty-one days, from the time the patient takes to his bed. Although this is the course of the fatal cases, yet a large majority of the patients, if seen in time, and the appropriate treatment adopted, begin to improve about the ninth, fourteenth, or twenty-first day. The tongue begins to clean from the tip and edges; the pulse grows less frequent; the skin is cooler; the mind becomes clear; the patient sleeps, awakes, and finds himself refreshed; the bowels return to their normal functions; there is a desire and relish for food; and convalescence is established. The tongue sometimes, instead of cleaning from the tip and edges, throws off its coat in flakes from the centre. In this condition, the prognosis is favorable, but the convalescence is more tedious.

This, then, is the beginning, progress, and termination of simple, uncomplicated typhoid fever. But a more dangerous variety often prevails, or the simple may merge into or put on a more violent form, which is denominated Typho-Enteric.

TYPHO-ENTERIC.—This differs from the former in the degree of lesion in the intestine only. In this variety the diarrhea is the first and most constant symptom. The patient complains of tenderness of the bowels; the stools are frequent, thin, and watery, and of a brownish cast; the abdomen becomes tympanitic, with a gurgling sound in the right iliac region, when pressure is made upon that part; the urine is scanty and highly colored, and is sometimes suppressed or retained in the bladder. The tongue, which at first was covered with a thin, whitish fur, now becomes brown and dry in

the centre, with a thicker coat; the tip and edges are of a crimson hue, and sordes gather around the lips and teeth. As the disease progresses the abdomen becomes more distended; the stools are more copious and contain dark, fetid blood, which is an evidence of disintegration of the structures of Peyer's glands. Sometimes the hemorrhage is so great, that the patient is prostrated in a few hours; but more generally, ulceration of the coats of the ilium takes place gradually, with increased tenderness of the bowels; and after a longer or shorter continuance of these symptoms, the patient is suddenly seized with a violent pain in the right iliac region; he looks distressed and anxious. These symptoms point to perforation of the intestine, with extravasation of its contents into the peritoneal cavity, which produces inflammation of the peritoneum, and may cause death in from one to six days. However, ulceration and perforation of the ilium does not always cause death. There are many cases of recovery on record. Patients often complain of a feeling as if though their bodies had been severed at the umbilicus; and they are constantly trying to get the pieces together. They also complain of a pricking sensation as if the flesh had been pierced by thousands of needles.

The next variety in the catalogue of complications is the cerebral type, or Typho-Cerebral.

TYPHO-CEREBRAL.—In this the head symptoms are more marked than in any other. The patient complains constantly of headache from the incipiency of the disease; and as the fever and temperature of the body increases, he becomes wild and excited, and is soon delirious, and talking incoherently. The head is sometimes hot and dry; the patient cannot sleep, and imagines that he is away from home, and is constantly arising from his couch, and attempts to make his escape through an open window or door, or sometimes falls helpless on the floor from exhaustion. The question naturally arises, whether the head symptoms are the result of

inflammation, or of functional derangement. It is believed that the latter is the pathological condition, in the majority of cases. For while persons have died, apparently, from the effect of the cerebral symptoms, post mortems proved the fact that the brain and its appendages were free from inflammation, and that the characteristics of typhoid fever were manifest in the ilium; thus proving, beyond a doubt, that whatever may be the complication or symptoms, the specific agent by which the system is depressed, after changing the condition of the blood, selects the glands of Peyer as the point from which its influence is communicated to the various organs and tissues, either directly through the circulation, or by reflex action.

I do not wish to be understood as saying that there are no cases of inflammation of the brain and its meninges ever found in typhoid fever; for there are exceptions to all general rules. But, in this disease, depression of the functions is the rule, and inflammation is the exception.

According to my observation, the inflammatory or non-inflammatory character of the cerebral symptoms, in typhoid fever, may be established by the thermometer. In this disease, the temperature varies in accordance with the degree of activity of the typhoid poison. There is always a difference of from 1° to 2° F., between the evening and morning temperatures; and this difference is always observed, whether the evening temperature is rising or falling. The temperature gradually rises in the evening and falls in the morning, until the former reaches 104° , and the latter 103° . When the temperature has reached these points, which is from the third to the sixth day, there is a decrease, and it often falls as low as 99.5° , in the morning, and 100° , in the evening. This fluctuation continues for a longer or shorter period, when the temperature may again go up, until it reaches 105° , in the evening, and 103° in the morning. Thus the fluctuations take place from time to time, and the oscillations of temperature, between the evening and morning, continue with the

same degree of regularity, until the beginning of the stage of convalescence, when the difference of oscillation may reach from 3° to 5° . But, on the other hand, in local inflammations, there is a gradual rise of the temperature, until the inflammation has reached its acme. And as the inflammation begins to decline, the temperature falls rapidly until the standard of health is again reached.

The reason that there is not so great a lesion of the ilium, in the typho-cerebral type of typhoid fever as there is in the typho-enteric, is because the force of the disease is called from the bowel to some distant organ. And there it may exert such an influence over the organic functions, as to increase susceptibility, destroy vital affinity of the parts, and produce death by depression of the vital powers. A somewhat common and very dangerous complication is called Typho-Gastric.

TYPHO-GASTRIC.—Soon after the characteristic symptoms of typhoid fever have been developed, the patient complains of nausea and vomiting, and of a load and pressure in the epigastrium. When vomiting occurs, it is only an ejection of the fluids that have been taken into the stomach. The fluids that are thrown up are sometimes of a yellowish cast, owing to regurgitation of bile. The pulse is quick and full; the skin is dry and hot; the tongue is covered with a dirty white fur, and is a little brown in the center. This form of typhoid fever is the most dangerous; and it may be mistaken for gastritis. It frequently destroys life in a few days. Owing to the fact that there is such a strong impression made upon the stomach; the bowels are not so loose as they are in the other varieties; and thus we may overlook the intestinal symptoms. If, however, they be examined carefully, the tenderness may be detected near the ileocæcal valve.

Another variety of typhoid fever often occurs in certain latitudes during the winter and spring, which has been named Typho-Pneumonitis.

TYPHO-PNEUMONITIS.—I have placed typhoid-pneumonia in the classification of continued fevers, because the idiopathic fever precedes the inflammation of the lungs; and the pneumonia is symptomatic, and therefore secondary to and a complication of typhoid fever. Whereas, in pneumonia proper, we may have a typhoid condition supervening the disease of the lungs; therefore, one is the result or consequence of an idiopathic fever, and the other the effect of a primary local lesion. This disease has frequently prevailed as an epidemic, in some portions of the United States, and it is sometimes attended with very fatal results. After the usual premonitory symptoms of typhoid fever have lasted for a longer or shorter period, the patient complains of a sense of chilliness, followed by a dryer and hotter skin; the secretions are locked up; the tongue is dry and of a brownish cast; the face is flushed and of a bluish tint; the pulse is strong, full and rapid; the countenance is dull and the respiration is quick. This latter symptom is peculiar to pectoral troubles, and calls our attention to a complication of pneumonia. If the ear be applied to the chest, a crepitant rale may generally be heard in the lower and posterior lobe of the right lung; there is but little or no pain, and but little cough in the early stage. If there is pain, it is dull, and not the sharp pain of pneumonia proper. Sometimes the symptoms are so slight, that the complication may be overlooked without the aid of auscultation. But as the disease advances, the force of the idiopathic fever seems to be concentrated on the lungs; and we have cough and difficulty of breathing, as in primary pneumonia, but there is a greater degree of prostration.

The last complication of typhoid fever to which I call your attention is Typho-Malarial.

TYPHO-MALARIAL FEVER.—This disease prevails endemically and epidemically in malarial districts only, and partakes both of typhoid and malarial fevers. After the usual though aggravated symptoms of typhoid fever have lasted from three

to seven days, the patient complains of a cold sensation or severe chills, with aching of the back and limbs; the tongue becomes coated in the center with a thick, brown fur; the edges and tip have a glossy, red appearance. The bowels may be inclined to constipation or diarrhea, but generally the latter. The patient is nervous, and as the disease approaches its acme, delirium sets in, and he soon sinks into a profound stupor, and death often takes place, in from seven to fifteen days after the chills make their appearance. There is one peculiarity about this disease that may lead the physician into error in diagnosis. The patient is found perspiring freely, and has all the appearance of having a malarial fever; he complains of being chilly even while in this condition; and the pulse is never less than 110, and may reach 140, while he is sweating profusely; the tongue is still dry, in this stage, and the temperature is not reduced. It has been observed that the cases which perspire copiously are the most dangerous and difficult to treat. As a general rule, if the patient perspires freely, the diarrhea is easily controlled; but when the skin becomes dry, the bowel affection is very troublesome. The gastric and cerebral functions are generally deranged in this form of the disease; nausea and vomiting are almost always present. There is no regularity in the appearance of the rose-colored eruption; it may show itself on the seventh day, and from that to the twenty-sixth. I have generally found sudamina over the body, instead of the rose-colored eruption on the abdomen.

Some writers have described another variety, which comes on suddenly, with chills and remissions, similar to remittent fever, and followed by typhoid symptoms. I am inclined to believe that these are aggravated cases of remittent fever, which merge into a typhoid state. For in the cases which I have seen, there seemed to be a commingling of the symptoms of typhoid and remittent fever, throughout the whole course of the disease—that is to say, the primary and general symptoms were characteristic of typhoid, and the incidental

fevers were those of remittent. During the summer of 1863, I treated seven cases in the northern part of Illinois. They were well-marked cases of typhoid fever in the beginning, and continued so through the first five or six days, after which the patient complained of chilly sensations, followed by a hotter and dryer skin. The pulse would often reach 140 per minute. This febrile excitement would sometimes continue for twelve or eighteen hours, when the patient would break out into a copious perspiration. I have seen patients perspire freely for twenty-four hours, and then the skin would become hot and dry for the next twenty-four or thirty hours. I noticed that during the most profuse sweatings, the patients complained of being chilly, and would draw the covering around their necks. The pulse would fall only a few beats in this stage. The patients were inclined to be drowsy, but were easily aroused, and would soon relapse into a dreamy or half-conscious state. The apparent regularity of the sweating stage, and the character of the perspiration, gave evidence of the presence of marsh miasmata in the system. But every other symptom pointed unerringly to a typhoid poison. One of those patients died, and the others were from fourteen to twenty-one days before convalescence was established. Some cases run from three to six weeks. The liver is frequently deranged in this disease. The fluids ejected from the stomach are often colored with bile, and the conjunctiva has a yellowish cast. Hiccough is often a troublesome symptom, and is much more frequent in this than in the other varieties of typhoid fever.

Causes.—The cause of typhoid fever is not well understood. There is no doubt that a specific agent is formed by the decomposition of animal matter, or a chemical change takes place in the exhalations from the human body, during sickness or close confinement, which acts as a predisposing cause. The exciting causes are vicissitudes of climate, errors in diet, mental anxiety, and whatever tends to increase susceptibility of the system, and induce that peculiar condition

called the aplastic diathesis. When the disease occurs under these circumstances, and is confined to particular localities, it is said to be endemic. The epidemic form may be produced by an electrical change in the atmosphere, by which the vital powers of the inhabitants of cities and large territories are so depressed as to form a favorable medium by which the specific agent readily diffuses itself through wide districts; and all those who are affected by the predisposing cause, are easily brought under the control of the exciting cause, and are prostrated by the fever. The morbid agent, bacillus, whatever it may be, does not affect or produce zymosis in the plastic system; and the individual must first be brought under the epidemic influence, or his condition changed, before he is liable to an attack of typhoid fever. If, in certain geographical districts, the atmosphere becomes damp and heavy, with thick fogs remaining during the greater part of the day, and continues for several days together, typhoid fever will be the prevailing disease, and will give all the evidence of an epidemic.

This disease is thought to be most prevalent in autumn and winter. If it prevails in malarial districts, during the latter part of summer or early autumn, it is liable to put on a typho-malarial type. It appears that no age or sex is exempt from typhoid fever. From the investigations of Louis, it is found to be more frequent in those from twenty to twenty-five years of age. But it frequently occurs in children, at the age of eight and nine years. There are many persons who believe this disease to be contagious, but some of the ablest practitioners of Europe and America discard the theory. There is no doubt that the idea originated from the fact that it is sometimes difficult to draw the line of distinction between typhus and an epidemic of typhoid fever. There is no positive evidence that typhoid fever is contagious. It was so considered by the older authors, but it was because they were unable to draw the line of distinction between typhoid and typhus. Since the days of Louis, the distinguishing characteristics have been made plain. The fact of several members of the

same family having typhoid fever, is no evidence of its being contagious. Neither is the fact of persons visiting the patient from a healthy locality, and then returning home to have the disease, an evidence of their having contracted it by contagion—unless we call all causes of disease contagion. It simply proves that they remained long enough under the influence of the local causes to change their diathesis, and place them in that condition which is susceptible of endemic diseases. Then, again, the care and anxiety manifested by the family for the sick member, loss of sleep, bad ventilation of his room, and the constant breathing of the exhalations from the patient, are predisposing causes; and any person being kept in that condition for any length of time, must evidently take the fever, or undergo a pathological change of the typhoid character. But if the patient is kept clean, and his chamber thoroughly ventilated night and day, there is no danger of any one contracting the disease by visiting him. For the system must first be brought under the control of the same endemic or epidemic influence before it can be attacked by the same form of disease. But, on the other hand, contagion is liable to attack any person, with the smallest amount of exposure. There is then a wide difference between the virus of contagion and the agent of endemic and epidemic diseases. And until we are able to make this distinction, we are liable to commit an error in regard to the contagiousness and non-contagiousness of certain diseases.

During the winter of 1858 and 9, from two to three hundred students visited the typhoid fever wards of Mercy Hospital in Chicago, and notwithstanding the fact that they remained in those wards two hours every second or third day during a long epidemic, yet not one of them took the fever. One of our students, however, who did not attend the hospital, but spent late hours at night in the dissecting room, contrary to the advice of the faculty, took the fever and died. Thus demonstrating the fact that he remained so long in the dissecting room that his system was brought to the lowest de-

gree of aplasticity compatible with life. He being in that condition, and typhoid being epidemic, the morbid agent, or bacilli, of the atmosphere as readily enters his system as if he had come in contact with them in the wards of the hospital. Thus the dissecting room was the predisposing cause, and the typhoid bacilli, in the atmosphere, the exciting cause of the development of typhoid fever; and vital affinity being at so low an ebb the organic functions succumbed to the typhoid poison.

Since preparing my lecture on typhoid fever I see by the medical journals that bacteriologists differ as to the cause of that disease. The Germans believe that typhoid fever is always caused by a single germ. This is the germ of Eberth, or it is sometimes called the Koch-Eberth germ. This bacillus forms an invisible growth on the potato. The Germans believe that typhoid fever is always caused by this germ and by no other. On the other hand, some of the French bacteriologists believe that typhoid fever is caused by the bacillus coli communis, which is normally present in the intestines, and which, under certain conditions, acquires especial virulence, and sets up inflammatory action in the wall of the intestines. From this we would infer that the bacillus coli communis is a normal ingredient of Peyer's glands and they have their physiological functions. It would seem from this that it is only when their vital affinity is reduced by the aplastic condition of the system that external epidemic influences cause them to set up a fermentative process and thus produce inflammation, and the disease is thus set in motion.

Your patients will care but little what causes typhoid fever, and will anxiously inquire whether you can cure it or not. After all it is more important to inquire into the therapeutics of a disease than its etiology.

Morbid Anatomy.—The almost constant pathological peculiarity of typhoid fever is to be found in the ilium, as the result of the fever poison. An irritation and congestion are set up in the glands of Peyer, which give them a thickened or

enlarged appearance; and as the system is fully brought under the influence of the idiopathic fever, inflammation sets in; disintegration takes place; the glands become softened, and easily break down; the follicular structure is lost; and ulcers of varying size and color are the result. These ulcers have a tendency to heal even where perforation has taken place, and under appropriate treatment do frequently heal, and the patient recovers. This fact has been proved by post mortems, where patients have died of some other disease, many years after an attack of typhoid fever.

It would be natural to suppose that, from the general effects of the blood poison, and the long continuance of the disease, the various organs and tissues of the body would undergo a pathological change before death. This we find to be the case. The liver, spleen, and mesenteric glands are found softened and enlarged; the kidneys are in a morbid condition; the pharynx, œsophagus, bronchi, lungs, stomach and heart, are more or less changed in color and structure.

Diagnosis.—The diagnosis of this disease is sometimes difficult, owing to the fact that many of its symptoms are similar to those of other idiopathic fevers, and simulate those of local disease and morbid states. There are, however, some differential symptoms which serve and direct us to a correct conclusion.

The watery evacuations and tympanitic bowels; tenderness over the iliac region, with a gurgling sound; the thin, dirty white fur on the tongue, which after a few days becomes brown; the rose-colored rash on the abdomen; complete loss of appetite; the peculiar dullness of mind, and apathetic or dejected expression of countenance; and enlargement of the spleen, are all diagnostic symptoms of typhoid fever, when taken in connection with the history of the case. The latter symptom is supposed to be pathognomonic, if it can be shown that the spleen was not enlarged previous to the attack then under consideration.

The disease and conditions most likely to confuse the phy-

sician are the following: Typhus fever, enteritis, typhoid condition, remittent fever, gastritis, general debility, meningitis.

TYPHUS.—The differential diagnosis of typhoid and typhus fevers may be summed up as follows:

TYPHOID.	TYPHUS.
1. Forming stage from one to ten days.	1. Forming stage from one to three days.
2. Diarrhea.	2. Constipation.
3. Susceptibility to the action of purgatives.	3. No tendency to diarrhea, or excessive purgation from purgatives.
4. Countenance pale, or of a reddish tint.	4. Countenance of a dusky hue.
5. Abdomen tympanitic, with tenderness, and a gurgling sound upon pressure in the right iliac region.	5. Abdomen flat; and if there is tenderness, it is general, and not confined to the right iliac.
6. Coffee-ground stools.	6. Dark, offensive stools, but not watery.
7. Hemorrhage from the bowels frequent.	7. Hemorrhage from the bowels seldom.
8. Rose-colored eruption disappears upon pressure.	8. Petechia of a livid hue and but little affected by pressure.
9. Ulceration of the ilium is a constant pathological peculiarity.	9. No constant pathological peculiarity.

REMITTENT FEVER.—This fever may sometimes baffle us in our diagnosis, unless we are on our guard. But if we remember that periodical fevers come on abruptly, and with great severity, and that typhoid fever begins slowly, and gradually increases in severity, and is always accompanied with diarrhea, or a predisposition to it, we need not have any doubts as to the character of the affection. And then again, there is a decided remission and exacerbation in remittent fevers sometime during the twenty-four hours; whereas in typhoid the fever is continuous, except in that variety which we have designated as typho-malarial, in which there seems

to be a blending of the symptoms of the two. But generally, if we have a correct knowledge of the clinical history and symptoms of these diseases, the careful observer need not make any mistake.

MENINGITIS.—The symptoms of the typho-cerebral type of typhoid fever and meningitis may be mistaken for each other, unless the practitioner is familiar with the characteristics of the two affections. But the suddenness of the attack; the flushed face; the quick, full, and bounding pulse; throbbing of the carotid and temporal arteries; the sharp pain in the head, with convulsive movements; the injected eyes, and constipation of the bowels, all distinguish the latter from the former.

ENTERITIS.—This disease may be distinguished from typhoid fever by remembering that in the former, the inflammation of the intestines is the primary disease, and precedes the fever, and the inflammatory action is more extensive over the abdomen; the pain and tenderness are local, and confined to the ileo-cæcal region; and the bowels are loose from the beginning. In enteritis, there is but little prostration, until the disease has progressed for some time, or passed into the typhoid state. The spleen is normal; and there is no mental wanderings, no rose-colored spots on the abdomen, nor sudamina on the body; while in typhoid fever the reverse is true.

GASTRITIS.—Unless the physician is on his guard, a dangerous form of typhoid fever may escape his observation, or be obscured by gastric derangement, and the patient may be lost before he is aware of the nature of the malady. Functional derangements of the stomach are not accompanied with febrile excitement. But gastritis and typho-gastric are followed and preceded by fever. In the former the fever follows as a result of the inflammatory process set up in the stomach, pain and tenderness being the first symptoms manifest to the

patient; and after a longer or shorter period, the fever is developed. In the latter, the fever is the primary symptom, and the gastric disturbance is secondary. Nausea may be one of the earliest symptoms in the forming stage of typhoid fever; but tenderness and excessive vomiting are not experienced until the fever and temperature begin to rise. Gastritis may generally be traced to some error in diet, or the act of swallowing some irritating substances; whereas, the history of the case, its gradual approach, with all the phenomena that accompany continued fever, will point unerringly to typhogastric.

General debility simulates typhoid fever in its prostration of the organic functions, but the pathognomonic symptoms of the latter are wanting in the former; and by gaining a correct history of the case, and tracing the debility to its source, there need be no error committed in diagnosis.

TYPHOID CONDITION.—It has ever been a source of annoyance to the young practitioner to trace the boundaries which separate typhoid fever from a typhoid condition. But if the distinction be firmly fixed in the mind that typhoid fever is a primary disease, and that a typhoid condition is a secondary morbid state, there need be no difficulty on this point. A typhoid condition may supervene an attack of any disease; therefore, our first duty is to trace the case to its origin, weigh every symptom, and see whether they belong to a primary disease or a secondary state. If the clinical history and symptoms of the case point to a primary disease, then what is the character of the affection, is it a general or a local trouble? This question can only be satisfactorily settled in proportion to our knowledge of the symptoms and peculiarity of those diseases, and our capability of weighing and sifting testimony. As we take our seat by the bedside of the patient, the question often arises whether it is a case of typhoid fever, or is it a typhoid condition? If in tracing the history of the affection, we find the symptoms and peculiarities of the

former present, then we know that the case is one of typhoid fever. But if, on the other hand, the historical and most prominent symptoms are wanting, we infer that the morbid change is one of a typhoid condition, and is the result of some other malady, which must be diagnosed in accordance with the primary symptoms.

Prognosis.—The prognosis of this disease is generally favorable; a large majority of the cases recover with proper sanitary regulations. Yet it should be guarded; for there is no case so favorable that may not disappoint us. In the midst of convalescence, when all symptoms point to a speedy recovery, some untoward occurrence often takes place, and the patient sinks in a few hours. The unfavorable symptoms are an increased frequency and feebleness of the pulse, a comatose condition of the patient, involuntary discharges, subsultus, contraction of the muscles around the mouth and nose, picking at the bed-clothes or imaginary objects, slipping down in the bed, and a cold clammy sweat; all point to a speedy dissolution of the patient.

The indications of a favorable issue and a speedy convalescence are, a diminution in the frequency of the pulse, a gradual fall in the morning and evening temperature, the skin becomes cooler, consciousness returns, the tongue begins to clean from the tip and edges, the secretions return to their normal condition, the tympanitic abdomen begins to subside, and there is a returning relish for food.

Treatment.—The treatment of typhoid fever has been, and is still, a subject of discussion. The four methods of treatment, or the therapeutics advocated by some of the older writers and physicians, and many of the present day, are venesection, brandy, emetics and cathartics. A moment's reflection will suffice to discard them all. And first, by bleeding, we draw off the very materials which we most need to sustain the patient, to build up the tissues, and to carry him safely through the future progress of the disease. Furthermore, it has been demonstrated that we cannot shorten the

progress of the disease by venesection, but rather prolong the cure. I do not deny that bleeding has done good in typhoid fever of the sthenic grade, by checking the flow of blood to the parts, and thereby preventing or arresting inflammatory action. But I should not like to risk the prostrating effects of venesection, when we have a sure anti-febrile agent in the *veratrum viride* and *gelsemium*; and especially as they do not exhaust the elementary properties of the tissues as by bleeding.

There are many persons who advocate strongly the use of brandy or alcoholic stimulants, so called, in typhoid and typhus fevers. But we have only to compare the pathological condition of the blood and vital forces in those diseases, and the physiological effects of alcohol, to show the impropriety of its use in those fevers. Experimenters are agreed that the blood, in typhoid and typhus fevers, is imperfectly decarbonized; the fibrin is impaired in its coagulability; the functions of the nervous and muscular tissues are greatly depressed; susceptibility is increased; vital affinity is diminished; and the plasticity of the blood in a measure destroyed. Alcohol, while in the human system, diminishes the decarbonization of the blood; it retards the coagulability of the fibrin, produces an anæsthetic or depressing effect on the nervous centers, and diminishes organic changes (Davis). The first or temporary effect of alcohol on the system is that of an arterial excitant, and its secondary effect is that of a powerful sedative. All investigators agree that alcohol is not digested, when taken into the stomach, and cannot therefore act as food, but passes through the circulation, and is thrown out of the system as a foreign substance; not, however, until after it has left its fearful inroads upon the tissues and organic functions. With this view of the subject, I discard almost entirely the use of alcoholic liquors in my practice, especially in low forms of disease; and I have never yet found occasion to regret it. In a lecture of W. T. Gairdner, Professor in the University of Glasgow, he said that he did not object to the moderate use

of alcoholic liquors in certain stages of typhoid and typhus fevers. But he condemned its indiscriminate use in such strong terms, and backed his opinion with such powerful reasons, as to convince any one that it is not only contra-indicated, but that it is positively injurious in almost every stage. I quote from Braithwait, Part 5I, Page 22. He said:

“To give wine, whiskey, or beef tea, while withholding milk, is simply, in my opinion, to destroy your patient soon, because you are thereby superseding the natural appetite (or what remains of it) for a nourishing and wholesome diet, by a diet—if it can be so called—which so poisons the blood, and checks the secretions, and alters for the worse the whole tone of the nervous system, and of the digestion and assimilation. I believe that infinite mischief has been done in typhus fever, and in all fevers, by giving wine, and withholding or not giving milk.” And further along he remarks: “You must absolutely make up your mind to feed your patient naturally, and not stimulate him.” You must remember this is the language of an old school medical professor.

Dr. Richardson, of London, England, experimented upon himself forty or fifty years ago, to demonstrate the effect of alcohol on the human system. He took an ounce of brandy, after taking his temperature and counting his pulse. He repeated the dose every hour, and found that from the beginning his pulse arose from seventy-five beats per minute to one hundred, and his temperature fell from 98.5° to 98°. He continued the experiment until fully under the influence of the brandy, when he found his pulse running from 120 to 140 per minute, and his temperature fell below 98°. Thus showing that while his nervous system and arterial circulation were terribly excited, the organic functions were greatly depressed. Or, in other words, while he thought that he was being stimulated and exhilarated he was, to all intents and purposes, dying while under the influence of the brandy. That experiment demonstrated the fact that alcohol is an organic depressent instead of a stimulant.

One of the most important items to be observed in the treatment of typhoid fever, is the proper regulation and promotion of the hygienic agents, viz. : air, aliment, excretions, sleep, cleanliness, and affections of the mind. Without pure air and a free ventilation, our best efforts in medication will prove abortive. In typhoid fever, the patient's apartment should be ventilated both night and day. It is not only necessary to have windows let down from the top, but a free draught of air should constantly be made to pass through the room, night and day, so as to carry out all the exhalations from the patient. It is not necessary that the draught should blow directly on the patient, nor is it always safe, except in warm weather; then the patient may not only lie in the draught, between two doors or windows, not only with impunity, but with benefit. But if the weather be damp or cold, it will be best to screen the patient from the direct influence of the air, and kindle a little fire in his chamber.

Cleanliness is another important consideration in the treatment of typhoid fever. When the patient is feverish, and the skin is dry, his body should be sponged once a day, or oftener, with cold water, containing chlorate of potash; and the linen of his person and bedding should be changed every day. The chlorate of potash in the water acts as a disinfectant to the exhalations and thus acts as an antidote to the aplastic condition of the patient. The excrements should be immediately removed from the room and the apartments purified, in addition to free ventilation, by some antiseptic. In a word, the patient's bed chamber should, if possible, smell as fresh and pleasant as a drawing-room. Only in this way can we hope for a quick and favorable action of our medicines, and a speedy convalescence of our patient.

The diet of a patient with typhoid fever is a subject of the highest importance, both in its character, mode of preparation, and its use. It must be nutritious, small in quantity, and unirritating in quality. In all the varieties of this disease, the milk porridge is the best diet that can be given. It

is nutritious, pleasant, and agreeable to the stomach. Pure fresh milk, free from still-house and brewery swill, may be alternated with the milk porridge. Rice boiled in milk is palatable and easy of digestion; but when we require an organic stimulant as well as nourishment, there is nothing equal to beef-essence well salted. We get a large amount of nutriment in a small bulk of material. Leibig, Armour, and Lyll's, beef extracts are very convenient preparations. As convalescence progresses, soft boiled eggs may be allowed in moderation, but the patient's return to solid food must be gradual, and with great care. Many convalescent typhoid patients have been sacrificed by indulging in solid food. Malted milk is an excellent diet for a convalescent patient.

The excretions, sleep, and affections of the mind, which are under the control of physiological laws and the will, and which are so conducive to health, are so morbidly affected in this disease, that the patient loses his power of regulating them; and the secretory, excretory, and nerve functions are so perverted, that remedial agents are necessary to assist nature in restoring the organs to their normal action.

The indications for treatment in this disease: 1. To lessen febrile excitement and allay morbid heat. 2. Promote the excretions. 3. Antidote or neutralize the fever poison, and eliminate the effete matter from the system. 4. Overcome morbid susceptibility and irritability. 5. Arrest and heal local lesion. 6. Increase the vital affinity and tonicity of the system.

Treatment OF SIMPLE TYPHOID.—When we give the treatment for simple typhoid fever you must remember that it embraces the uncomplicated cases. In the first stages *baptisia tinctoria* is the first remedy to be given. It is almost the universal opinion of observing physicians that *baptisia* will moderate the course of all cases of typhoid fever, and cut many cases short in from seven to fourteen days. The principal indications for the use of this remedy is a dark red and besotted expression of face. The patient is restless, tossing from side to side. The body seems to be scattered around and the patient

is trying to gather up the pieces. The excretions are fetid. The indications for *arsenicum* in this form of typhoid is a cadaverous, yellowish, or leaden color of the face. The tongue and lips are dark and dry. Intense thirst, drinking often, but little at a time; patient is restless and fears death. Diagnosis between *arsenicum* and *rhus tox*. *Rhus tox* patient tosses from side to side, while an *arsenicum* patient only moves the limbs. *Bryonia* is indicated in simple typhoid fever where the tongue is covered with a dirty white, or yellowish fur. Intense thirst for large quantities of water at long intervals. The patient wants to keep quiet, as he is worse when moving. That is a grand characteristic of *bryonia* in all diseases. In some forms of typhoid fever the bowels are constipated in the early stages; the stools are dry and hard. In this condition *bryonia* is indicated. *Rhus tox*—tongue dry, red and smooth, or red at tip in shape of triangle. Severe pains in limbs, worse during rest.

Treatment OF TYPHO-ENTERIC.—The treatment of this variety must be conducted upon the same general principles as that of simple typhoid fever, for the former is only a higher grade of the latter, or it has a more local character. Indeed, this represents the true enteric or typhoid fever. Therefore, our especial attention must be directed to the pathological condition of that portion of the ilium occupied by Peyer's patches. Our first effort should be to check the bowels, and thus prevent or check ulceration of the intestines, and thereby prevent death by perforation. In order to accomplish this, we must arrest the morbid secretion and action of the bowels; for the constant passing of acrid secretions over the inflamed mucous membrane of the intestines, increases the inflammation, and hastens ulceration and death unless speedily relieved. In this condition we must call to our aid *arsenicum* which is indicated by dark green mucous stools, or dark, black watery stools, very offensive; cutting pain in the bowels, with tenesmus. Sudden and rapid prostration.

In addition to the symptoms calling for *rhus tox* to which

I have already referred, it is called for when the stools become thin, yellow and slimy.

Ipecac. is demanded where there is nausea, with grass-green stools; or when dysenteric stools supervene.

Veratrum album is indicated where there is involuntary blackish watery stools, with cold sweat on the forehead.

In this form of typhoid fever there is often a profuse and dangerous hemorrhage from the bowels, which, if not speedily arrested, may prove fatal in a few hours.

Nitric acid, carbo veg., ipecac. and terebinthina are the most reliable remedies in hemorrhage from the bowels in typhoid fever.

Nitric acid is called for when the discharges are involuntary of black decomposed blood of a cadaverous smell.

Carbo veg. is indicated where the stools are composed of foul blood and mucus of a cadaverous smell, usually in the last stage of the disease.

Ipecac. is called for when there is nausea with bloody stools and cutting burning at the anus.

Terebinthina is indicated for hemorrhages from the bowels, with ulceration.

Treatment OF TYPHO-CEREBRAL.—The treatment of typhoid fever of the cerebral type must be conducted on the same general plan that has been already indicated. But our attention must be early directed to the delirium or head symptoms; for without sleep the patient will die, and that speedily.

Apis is indicated where the patient is unconscious, with muttering delirium, an eruption on the chest and abdomen, sliding down in the bed.

Baptisia is indicated in the first stage of this complication on account of fever and head symptoms. The stupefying headache with confusion of ideas are prominent indications for the use of *baptisia*.

Belladonna, as a rule, is the first remedy to be thought of in this complication. Especially when the face is flushed and bloated, with red, sparkling eyes, and dilated pupils.

Throbbing headache, with violent pulsations of the carotids. Intolerance of noise or light. Delirium, with a wild look; he wishes to strike, bite, or quarrel. Starting, jumping during sleep, with desire to escape. Sleepiness, but cannot sleep.

Bryonia is indicated for a red, burning, swollen face. Oppressive, stupefying headache, or pain as if the head would split, worse from the least motion. Delirium day and night, with strange fancies, and desire to escape from bed and go home. Cannot sit up from nausea and faintness.

Hyoscyamus has brown-red, swollen face. Tongue red, brown, dry, and cracked. Lips look like scorched leather. Furious delirium, which continues while awake. Loss of speech and consciousness. Muttering, with picking at the bed-clothes. Great restlessness, jumping out of bed, and endeavoring to escape. Eyes red and sparkling, staring, rolling about in their orbits. Twitching and jerking of the limbs; subsultus tendinum. Paralysis of sphincter ani and vesical.

Opium.—This remedy is indicated by a swollen and purplish color of the face; extreme drowsiness and coma, with stertorous breathing; delirious talking, with eyes wide open; pulse full and labored, or slow and frequent; impending paralysis of the brain; involuntary stools, and retention of urine. Never give less than ʒox.

Stramonium.—As the head symptoms of typhoid fever are usually arrested by some one of the remedies already mentioned, I will only refer to one grand characteristic of *stramonium* to-wit: jerking of the head up from the pillow, and letting it drop back.

Zincum.—This remedy is indicated where there is entire loss of consciousness; does not recognize his relations; delirium, with staring eyes and efforts to get out of bed; position on the back, and sliding down in the bed; subsultus tendinum, grasping at flocks, and feeling around as if searching for something; constant trembling of the hands, and coldness of the extremities; small intermittent pulse; impending paralysis of the brain.

Treatment OF TYPHO-GASTRIC.—The treatment of this type or complication requires a good deal of judgment, both as to the selection and use of remedies. Our first object must be to quiet the gastric irritation.

Apis produces an inability to talk or put out the tongue, which is cracked, ulcerated, or covered with vesicles. Dryness of the mouth and throat, with difficulty of swallowing; great soreness in the pit of the stomach and abdomen; constipation, or frequent, foul, bloody mucus and involuntary stools. Thus you see, when the cerebral, gastric, and enteric types invade the same patient, then *apis* becomes an important homœopathic remedy.

You should become familiar with all of the remedies I have mentioned under each grade of typhoid fever, so as to be able to make a judicious selection of a remedy for each type.

Arsenicum.—Constant licking of the lips, which are dark, dry, and cracked, with sordes on the teeth; tongue dry, shriveled, bluish, or black, with inability to protrude it; intense thirst, drinking often, but little at a time.

Colchicum.—This remedy is called for when the lips, teeth, and tongue are covered with a thick brown coating. Region of the stomach extremely sensitive to pressure; diarrhea; stools whitish, watery, offensive, involuntary. Cold surface, tongue and breath; mottled skin and bluish nails.

Mercurius.—The region of the stomach and liver very sensitive and painful; green-yellow stools.

Phosphorus.—This is indicated where there is thirst for cold drinks, but the patient vomits them as soon as they get warm in the stomach.

The diet, in this grade of typhoid, should only consist of a few spoonfuls of milk porridge or ice cream. If the stomach is very irritable, it would probably be better not to give anything by the mouth except the medicines; and allow the patient to swallow small pieces of ice, if he is thirsty. It will be better to nourish the system by means of beef extracts.

One or two ounces of the solution may be thrown into the rectum, every four to six hours.

A great deal of care is to be taken during convalescence; for there are probably more relapses in this variety than any of the others. Therefore, the patient should be restricted to a nutritious but unirritating diet for a long time, until the digestive organs regain their tone.

Treatment OF TYPHOID-PNEUMONIA.—The treatment of this complication differs only from that of simple typhoid, in our efforts to overcome the pathological condition of the lungs.

Veratrum viride is one of the first remedies to be thought of in this complication; for it is beneficial for fever, and congestion of the lungs. If the cough and bloody sputa indicate *phosphorus*, then it must follow the *veratrum viride*. If the cough is hard and harassing, then you must think of *bryonia*. If the cough becomes loose and great rattling in the chest, and dyspnœa, without expectoration, then *antimonium tartaricum* will be your sheet-anchor.

Treatment OF TYPHO-MALARIAL FEVER.—Typhoid fever of this type is sometimes a most difficult disease to treat, owing to the variable character of its symptoms. At one visit we find our patient sweating profusely, with symptoms pointing to remittent fever; when we examine the pulse, we find it often ranging from 120 to 140 per minute, and at our next visit we find all the indications of a continued fever. The diarrhea, tympanitic bowels, dry skin, and habitude of mind, is an evidence that a typhoid poison is at work in the system. So the conflict seems to be between the morbid agent of typhoid fever on the one hand, and marsh malaria on the other, as to which shall gain complete possession of the system. For this reason, the case is somewhat troublesome to manage. But all we have to do is to select the homœopathic agent for the symptoms as they arise. We will have to vary our treatment between that of typhoid and remittent fevers. *Arsenicum*, *gelsemium*, and *muratic acid*, act very beneficially

in this complication. When the eyes are yellow, or if the patient is vomiting a yellowish or greenish matter, then *mercurius* and *podophyllin* are indicated.

To relieve your mind of the complicated treatment to which I have referred, I may mention the fact that you rarely find all the symptoms mentioned in any one case, and, as a rule, only two or three of the remedies are ever indicated in a single case. In a majority of cases *baptisia*, *arsenicum*, *bryonia* and only *rhus tox.* are indicated.

MILK FEVER.

This is a continued fever, and is known by the term milk-sickness. It is so called because it is generally produced by drinking the milk of cows which are affected by a peculiar condition called the *trembles*. Either the milk, butter, and cheese made from the milk, or the flesh of the animal, are capable of communicating the affection to the human species.

It occurs only in the southwestern portions of the United States, and that only in isolated localities.

Symptoms.—Like the other continued fevers, it is apt to come on slowly, with a feeling of indisposition, a general muscular weakness, and a torpid condition of the bowels, with an offensive breath from the beginning. Some patients are irritable and delirious, while others are listless and drowsy.

After the premonitory symptoms have lasted for a longer or shorter period, the disease is fully ushered in by nausea and vomiting, which is extremely distressing. There is excessive thirst, and the matters vomited consist of an acid fluid of a greenish or brownish color, which assume the coffee-grounds character before the close of the disease. The bowels become so constipated that the feces in the rectum become hard and dry; the abdomen has a hard contracted feel. There is but little fever at first, yet the skin is dry and slightly icteric from the beginning. The tongue, which at first is white, becomes of a yellowish or brownish cast as the disease reaches its height.

Dr. Wm. H. Byford, who once lived in a milk-fever district, and from whose lecture I obtained my knowledge of the disease, describes the odor of the breath as being almost intolerable. He compares it to that produced by the mixture of the fumes of chloroform and the breath of a mercurialized patient. He describes two varieties, the inflammatory and the congestive or malignant. The former is of the sthenic grade; the pulse is frequent and full; the skin is dry; the patient complains of a great degree of tenderness and pain in the epigastrium and abdomen. The bowels, instead of remaining constipated as at the beginning, become loose and tympanitic, and give all the evidence of enteritis. The patient often flexes his thighs to relieve the tension of the abdomen. The stools become tinged with blood and mucus, and are thin and watery; the tongue becomes red and dry, and sordes gather around the teeth; the respiration is quick and laborious, the pulse becomes weak and fluttering, the patient becomes comatose, and death often closes the scene in two or three days.

The congestive or malignant variety is more speedily fatal; death often occurs in twenty-four hours. This type of the disease differs from the former only in this, that the morbid agent, attacking an aplastic patient, concentrates its force on some of the vital organs, by which they are overwhelmed by all the symptoms of blood-poisoning, and the patient dies in the congestive stage.

Causes.—As to the cause or causes of this disease I will say but little, for the views of medical men are still conflicting. But this much is settled, that animals, which feed on certain pastures in particular geological regions, are affected by a peculiar condition which causes a loss of appetite, the animals' eyes are red, and they wander through the pasture careless and indifferent to objects around them. They appear weak, and if caused to exert themselves often fall dead. But generally they linger for some time, begin to tremble, fall in convulsions and die. As the symptoms are sometimes slow in

developing in the animal, the milk may be used for sometime before it is known that the animal is infected.

Whatever may be the character of the morbid agent, whether it is organic or chemical, it undoubtedly enters the system as a zymotic agent, by which a change is produced in the fluids of the body, and a blood-poison is set in motion which is capable of producing a specific disease corresponding to the generic character of the virus.

Diagnosis.—The incessant vomiting, obstinate constipation, the hardened condition of the abdomen, and muscular weakness are diagnostic symptoms of milk fever.

Prognosis.—The prognosis is favorable or unfavorable in proportion to the plasticity or aplasticity of the patient, and the amount of the poison that has been taken into the system. Some seasons the cases are mild and all recover. The cases of an inflammatory character are quite dangerous; while those of the malignant type are very fatal unless promptly treated.

Treatment.—The first indication to be fulfilled in the treatment of milk fever is to allay the vomiting and open the bowels with an enema of warm water. This helps to eliminate the poison from the system.

Aconite.—Vomiting of bile, of green masses, with bitter taste, anxiety, heat, and thirst.

Argentum nitricum.—Vomiting of a brownish mass, mixed with coffee-ground-like flakes.

Arsenicum.—Vomiting of a brown and black substance; intense thirst for small draughts of water; tenderness in the stomach; prostration.

Baptisia.—This remedy is indicated for the offensive breath, and a typhoid condition of fever.

Gelsemium is indicated for fever, and extreme muscular weakness.

Ipecac.—Nausea and vomiting of grass-green substance. *Mercurius cor.*, is an excellent remedy for soreness of the abdomen, stools tinged with blood and mucus.

Opium.—Patient becomes drowsy and comatose.

Rhus tox.—Tongue dry, patient restless, stools watery and of a reddish cast.

Veratrum viride.—Fever, nausea and vomiting.

TYPHUS FEVER.

This is also called Petechial Fever, Putrid Fever, Camp Fever, Ship Fever, Jail Fever, Hospital Fever, or Nervous Fever.

This disease is characterized by a malignant type of one of the continued forms of fever. Fortunately, it is rarely seen except in unhealthy and overcrowded cities, in camps of an army, and in crowded jails poorly ventilated.

Symptoms.—The patient complains of indisposition from one to three days before the disease is developed. The rigors are extremely severe. The patient has a succession of slight rigors, is seized with a severe one, which is usually succeeded by dry heat of the skin, thirst, quick pulse from 100 to 130 or more. White, dry, often tremulous tongue, scanty and high-colored urine; sometimes he vomits, has a heavy look or stupor, dull muttering delirium, prostration, and muscular pains; toward evening irritability, restlessness, and delirium increases, and if sleep occurs it is disturbed by dreams, or sudden starts. Dr. Buchanan in describing this disease says: "In an average attack the patient lies prostrate on his back, with a most weary and dull expression of face, his eyes heavy, and with some dusky flush spread uniformly over his cheeks. In the advanced stage of a severe attack, he lies with his eyes shut or half shut, moaning, and too prostrate to answer questions, to protrude his tongue, or to move himself in bed; or the mouth is clenched, the tongue and hands tremble, and the muscles are twitching and half rigid. The dryness of the mouth, the sordes on the teeth and lips, the hot dry skin, and the deafness, are other symptoms which strike an observer so immediately as to deserve to be included in the physiog-

nomy of the disease." Dr. Maclagen reports that the average maximum of recovered cases, registered by the thermometer, is 104.3° , the highest recorded 105.2° , the lowest 103° , 106.4° to 109° having been observed in fatal cases. In ordinary cases, the highest temperature is gradually reached on the fourth or fifth evening; the decline is often gradual, commencing from the thirteenth to the seventeenth day. The rash of typhus fever resembles stains produced by mulberry juice, which disappear on pressure.

Pathology.—As a general thing there is no pathological lesion of any of the organs. The aplasticity of the patient, and the virulence of the morbid agent, is so great as to overwhelm the nervous system and to produce death before lesion takes place. The intestines sometimes show a tendency to ulceration.

Cause.—Any surroundings that will induce the aplastic diathesis is a predisposing cause of typhus fever. The exciting cause is due to a morbid agent or bacillus generated by a chemical change of animal effluvia where people are crowded in unhealthy localities, in jails, ships and camps.

Diagnosis.—The history of the case, and the surroundings of the patient, will help you in your diagnosis. If the patient was ailing from one to three days before the rigors and fever developed, then you know that the case is not typhoid fever, for that disease comes on more gradually. The patient is complaining from seven to ten days before he takes to his bed. In this disease there is diarrhea, or at least the bowels are not costive, and there is always tenderness and a gurgling sound in the right iliac fossa upon pressure, which is not the case in typhus fever. And then again the bowels are costive in the latter case, at least in the early stages.

Prognosis—FAVORABLE. An abatement of febrile heat and thirst; a gentle, warm moisture diffused equally over the whole surface of the body, succeeded by increased fullness and strength, with diminished frequency of pulse; the absence of delirium and stupor; the absence of extreme pros-

tration of strength; the petechia or hemorrhage being of a florid red color.

UNFAVORABLE.—Early, furious, and persistent delirium, with complete sleeplessness; coma-vigil; convulsions; extreme contraction of the pupil; involuntary twitching of the muscles of the face and arms. In the advanced stages of the disease, hemorrhages break out from different parts of the body; blood is effused under the skin, forming petechia, maculæ, and vibices. The abdomen grows swollen and tense, and the excretions become extremely offensive, and are passed involuntarily; the feces are black, the urine is passed in bed, or retained; the features are changed and sharpened; low muttering delirium takes the place of the excitement of the first stage, accompanied by subsultus tendinum and picking of the bed-clothes; there is great prostration of strength, difficult deglutition and respiration; gangrenous aphthæ appear about the mouth and throat; the pulse sinks and intermits; the extremities grow cold, and covered with a viscid cold sweat; hiccough ensues, and death soon follows.

Treatment.—For the febrile symptoms we must look to *aconite*, *baptisia*, *bryonia*, and *gelsemium*. You will recollect that *aconite* is called for, where there is intense thirst for large draughts of water at short intervals, headache, throbbing of carotids, soreness of the bowels, thickly-furred tongue, foul taste.

Baptisia is indicated where the patient feels that his body is scattered around, and he is trying to gather up the pieces.

Bryonia called for when the patient craves large draughts of water at long intervals; he wants to remain perfectly quiet, and has a tired feeling.

Gelsemium.—This is a valuable remedy in typhus fever, both for the fever and the nervous prostration. This agent like *bryonia* produces a tired prostrated feeling.

Cerebral Symptoms.—In this complication *Belladonna*, *hyosciamus*, *stramonium*, *terebinthina*, and *veratrum viride* will fulfill the indications.

Belladonna.—The face is bright red, the eyes are staring and glistening; the tongue is partially paralyzed, thirst is intense; there is furious delirium, the patient picking at the bed-clothes.

Hyosciamus.—This is an invaluable remedy in typhus fever where the head is painful, the tongue is dry, brown, and glazed, the teeth are covered with sordes; delirium supervenes, and the patient desires to escape.

Stramonium.—Loquacious delirium, with desire to escape out of bed; no desire for water, although the mouth is very dry; blackish diarrhea, smelling like carrion.

Terebinthina.—This remedy is called for when there is a tendency of the kidneys to produce uraemic poison of the brain.

Veratrum viride, is not only a valuable agent in febrile symptoms; but it is also indicated for cerebral symptoms, where there is headache, dimness of sight, nausea, weakness and restlessness, with drowsiness, throbbing of the temporal arteries, hard quick pulse.

SLEEPLESSNESS, can generally be overcome by the use of *coffea*, *belladonna*, *gelsemium*. Stupor is best combated by *opium*, thirtieth potency. It is called for where the face is of a dark-red hue, hot and dry. The breathing is stertorous; the pupils are contracted.

Extreme prostration is overcome by *muritic acid*, and *arsenicum*. If there are any pulmonary complications you must look to *bryonia* and *phosphorus*.

PUTRESCENCE.—The odor of typhus patients is characteristic; it is offensive, pungent, and ammoniacal. Nurses, familiar with typhus, are able to recognize it by this symptom alone, and they estimate the amount of danger by the badness of the smell. This condition is best overcome by the use of *carbo veg.*, *arsenicum*, *rhus tox*, and *baptisia*.

The patient should be sponged with cold or tepid water containing chlorate of potash. If the skin is hot and dry then cold water may be used; but if the skin is dark and cool then

tepid water should be used. The diet, in this fever, must be the same as recommended for the aplastic diathesis. That is to say, it should be nourishing but unirritating, consisting of beef essence, soft eggs, and milk. If stimulants are required, *china*, *beef extracts* and *strong coffee* are the best; for they are organic stimulants. Dr. I. D. Johnson in his Therapeutic Key in speaking of stimulants in typhoid fever says: "Alcoholic stimulants should be totally discarded, as they only exhaust the vital forces, which they have no power to restore."

RELAPSING FEVER or FAMINE FEVER.

This disease belongs to the type of continued fevers. It is rather abrupt in its invasion. It takes its name from the fact of its lasting about a week, and then abruptly subsides with a copious perspiration. It again returns as abruptly from the fourth to the tenth day from the first attack. It has another intermission when it passes through the same stages. It does not occur very frequently; but is quite common in some parts of Europe.

I simply call your attention to this disease so that you may become familiar with all classes of disease whether you are ever called to treat them or not. The people expect you to know all that is knowable in medicine, and hence you must be prepared to answer all questions put to you.

Symptoms.—The disease comes on suddenly, the rigors and headache are very severe. There are pains in the limbs resembling those of rheumatism. The pulse ranges from 110 to 140 per minute. The temperature 102° to 107°. The tongue at first is furred, moist and white, but later it becomes dry and brown. Nausea and vomiting of bile is of frequent occurrence. On the seventh day a profuse perspiration supervenes, which is called the crisis. The patient is apparently convalescing, and seems to be progressing rapidly for four or five days, when suddenly another attack supervenes, and runs the same course. This disease is apt to be complicated with

pneumonia, bronchitis, hemorrhages, ophthalmia, and tonsillitis.

Causes.—The real cause of this disease is not known. It is said that famine will produce it. Bad ventilation, filth in crowded tenement houses are supposed to be sources of relapsing or famine fever; in other words, apparently, the same conditions that induce typhus fever will cause relapsing fever. There is, however, a difference in the bacillus or morbid agent. It may be possible that while typhus fever may prevail at one time under the same local conditions, yet the atmospheric changes at other times may produce relapsing bacilli.

Diagnosis.—The suddenness of the attack distinguishes it from typhoid and typhus fevers. The continued character of the fever is evidence that it has no relation to remittent fever.

Prognosis.—The epidemic of 1870 in Liverpool and Glasgow proved very fatal. It is said that it does not occur in tropical climates.

Treatment.—*Aconite*, *bryonia* and *arsenicum* are the indicated remedies for the different stages. *Baptisia* must be given if any typhoid symptoms supervene.

The diet and nursing require the same attention as recommended in typhus fever.

DIPHTHERIA.

It has been known as *cynanche maligna*, *cynanche gangrenosa*, putrid fever, and putrid sore throat.

This is an idiopathic disease with a tendency to local inflammation of the mucous membrane of the air passages—especially of the pharynx. It is not a new disease as some have supposed. But it has prevailed in some portions of the world for ages—earlier than B. C. 460. It makes its appearance as an epidemic in certain latitudes, and after prevailing for a longer or shorter time it abates, and only a few endemic cases may be seen for a year or two, when it may break out

again. Thus, it may alternate for three or six years and then disappear indefinitely. But generally, sporadic cases may be seen for years after the epidemic influence has disappeared. Indeed diphtheria has come to be a very common disease in certain portions of the United States.

Symptoms.—The patient first complains of lassitude followed by soreness and stiffness of the fauces; aching of the back and limbs; and all those train of symptoms which precede febrile excitement. If the fauces be examined at this stage, they will be found a little inflamed. But there is nothing to distinguish the case from one of ordinary sore throat. Soon, however, the patient complains of chills alternated by flashes of heat; the head and back become painful; the tonsils become enlarged and of a crimson hue; the voice is thick and nasal; the tongue is covered with a whitish coat; the eyes are watery; the pulse is quick and small; and the glands about the neck are swollen. At this stage of the disease there is a white fibrinous exudation thrown out upon the mucous membrane of the tonsils and surrounding structures. It affects the nasal passages, trachea, and bronchial tubes. The diphtheritic inflammation and exudation often attack the larynx from the beginning. In this case the symptoms resemble those of pseudo-membranous croup.

The primary symptoms of diphtheria continue from two to seven days, when the membranous exudation gradually separates and leaves superficial ulcers of the tonsils with an abundant flow of fetid saliva. The ulcerations heal in from three to seven days; the flow of saliva becomes more natural; the tongue begins to clean and becomes moist; the fever abates; the skin becomes soft; and convalescence is established. This is the course and result of nine-tenths of the sporadic cases of diphtheria. But the epidemic form does not always pursue this mild course. The patient is often prostrated from the beginning of the febrile stage. The exudation spreads, or makes its appearance on all portions of the mucus membrane from the nares to the ramifications of the bronchi.

The tonsils and cervical glands continue to enlarge, and frequently become ulcerated and gangrenous. These ulcers discharge shreds of exudation and a muco-purulent matter. Respiration is often difficult and rattling, owing to the swollen condition of the tonsils, and the exudation lining the air passages. The patient becomes drowsy and tosses the extremities from side to side; and frequently becomes delirious. The urine is frequently loaded with albumen; the pulse grows quick and feeble; the breathing becomes more difficult; the vital powers give way; and death often takes place about the second week. In these cases death takes place by asthenia. If death takes place during the first week it is caused by apnoea and is the result of laryngeal complications. Death may take place suddenly by heart-clot.

As to the cause of diphtheria but little is known. We know that an epidemic influence, or an electrical change, is the predisposing cause of this disease. But we are unacquainted with the elements which compose that influence. If we reason from the result obtained in the treatment, and the effects of remedial agents upon this disease, we must infer that there is a zymotic agent introduced into the blood; and by its presence induces zymosis in that fluid. This fermentative process so alters the fluids of the body, as to produce an impairment of the elementary properties of the tissues; and the system is so completely under this influence that the least exposure to the exciting cause induces that pathological change, on the mucous membrane of the air passages, known as diphtheria. Bacteriologists have discovered in the exuded membrane what is termed Klebs-Lœffler bacillus.

Pathology has fully demonstrated the fact that diphtheria is a general disease with a local manifestation. The diphtheritic exudation has been discovered upon ulcers of the leg before it made its appearance in the fauces. It has also been found lining the hearts of patients who died after the disease had been arrested in the throat by local means.

The constant tendency of this disease is to diminish vital

affinity, and increase susceptibility, and thereby change the chemical and physiological relations existing between the elements of the solids and fluids of the body. And thus they are readily broken down and converted into sanies, pus, and whitish fibrinous shreds. This fibrinous material is thrown out upon the mucous membrane in patches, and is called diphtheritic exudation.

Diagnosis.—The diagnosis of this disease is sometimes a little difficult in the early stage, before the exudation has made its appearance. But as it is not long in showing itself after the general symptoms have been developed, there is not much difficulty in diagnosing the case. Diphtheria may be distinguished from tonsilitis, in view of the fact that, in the former, the tonsils are not so much enlarged, in the early stage, as they are in the latter. And while in tonsilitis it is more painful to swallow a large morsel, in diphtheria the patient complains more from swallowing a small one. And, then again, in tonsilitis, the lymphatic glands, in the parotid and submaxillary regions, are not enlarged, if ever, until the disease has progressed for some time; while in diphtheria they are swollen from the beginning. If diphtheria manifests itself first in the larynx, it is sometimes difficult to distinguish it from ordinary croup. But if we remember that the latter is primarily a local trouble, and that the hoarseness and whispering voice precede the fever; and that the lymphatic glands about the neck, and the tonsils are generally free from enlargement and inflammation in the early stage, while the reverse is true of the former, there need not be much trouble in diagnosing.

Ulcerated throat may be distinguished from diphtheria in view of the fact that the ulcers are in round spots on the tonsils, and generally there is but little odor. While in diphtheria the exudation covers the tonsils, pharynx and uvula in patches and the breath is very offensive.

Prognosis.—The prognosis of diphtheria will be favorable or unfavorable in accordance with the character of the

epidemic, or the sanitary condition of the place in which it occurs. During some epidemics, and in certain localities, this disease has proved to be a terrible scourge to the inhabitants—especially among children. But whether from the increased knowledge of the pathology of the disease and the facility of its treatment, or the decline of its malignancy, the profession can manage it much more satisfactorily latterly than they could formerly. But it must be remembered that during an epidemic there is no case, however mild in the beginning, that may not prove fatal. On the other hand, there are but few endemic cases that die if they are seen in time and are properly treated. The sources of danger are from laryngeal complications and exhaustion. If the respiration is laborious, and the pulse becomes very frequent and small, a speedy dissolution may be looked for. Constant vomiting is an unfavorable symptom; and if albumen is abundant in the urine death is almost certain to follow sooner or later.

The first indications of a favorable result are: the fever abates; the skin becomes cool and moist; the tongue begins to clean from the tip and edges; the voice becomes more natural; and the patient sleeps more quietly, and when he awakes he feels refreshed.

Sequelæ.—The most dangerous sequelæ that may come on during the early period of convalescence is an affection of the heart. It is frequently clogged with fibrinous exudation, and death may take place suddenly, from cessation of the heart's action.

Erysipelas frequently follows in the train of an epidemic of diphtheria. As a general rule erysipelatous forms of inflammation prevail in a neighborhood long after diphtheria has lost its epidemic character. Paralysis is of frequent occurrence after an attack of diphtheria muscæ volitantes and other affections of the eyes are also frequent sequelæ.

Treatment.—As a rule, the indication for treatment in the first stage of diphtheria is *belladonna*. It is indicated where the fauces and tonsils are of a bright red color, and very dry.

The patient is restless and drowsy, yet cannot sleep. He is nervous and starts in his sleep, or wants to leave the bed. There is more or less delirium or wandering of the mind.

Biniodide of mercury is an invaluable agent in this dreaded disease. It is especially indicated where the throat is covered with a pseudo-membrane of a slightly pinkish tint. The tongue is heavily coated with a slightly pinkish fur. I wish to say that the 3x potency of this agent has almost been specific in simple ulceration of the tonsils of a slightly pink tint. *Biniodide of mercury* and *belladonna* are about the only remedies needed for that condition of the throat.

Cyanide of mercury is called for where the exudation is a clear white and ptyalism is present. The exudation pervades the nares. The pulse becomes small, and rapid or intermittent.

Apis follows this remedy where there is great debility from the beginning. The membrane is of a grayish color. The eyes are swollen, and the ears are painful when swallowing. The parts affected have a stinging sensation which resembles that of the sting of a bee.

Arsenicum is indicated where there is intense thirst for cooling drinks, but the patient takes but a sip at a time. There is great prostration, and the discharges are fetid.

Arum triphyllum has for its indications a raw sore throat; the mouth emits a putrid odor. Burning, ichorous discharge from the nose, excoriating the nostrils and upper lip. The corners of the mouth are cracked.

Bryonia.—This remedy has parched, dry, and cracked lips. He wants large draughts of water at long intervals. He cannot bear to move because it makes him feel worse, and if he attempts to raise up he turns sick and faint.

Lachesis is indicated where the exudation first shows its appearance on the left side. The nose and mouth are excoriated by a fetid discharge. The fauces covered with a diphtheritic membrane. Patient worse after sleeping.

Phytolacca.—The *phytolacca* patient has a dark-colored membrane with excessive fetor.

Permanganate of potash.—For malignant diphtheria with a terrible offensive odor there is probably no agent that can surpass this remedy. It is also valuable as a spray or gargle to remove the offensive odor. A few grains of the crude material to a goblet of water may be used as a gargle, or as a spray from the atomizer, three times a day. But when you use the gargle you must not give any other medicine for an hour afterwards.

When the diphtheritic membrane extends into the larynx then we have all of the symptoms of croup, which is termed diphtheritic. In that case we must resort to other agents whose specific action is in the larynx. To this class belong *chloride of lime*, *bromine*, *kali bichromicum*, and *iodine*.

Dr. Neidhard recommends the solution of the *chloride of lime* in all conditions of diphtheria, but more especially for the laryngeal complication. I am sure that I have saved some patients with this remedy. I put about twenty drops of the solution in a goblet of water with a little sugar, and let the patient take a teaspoonful every hour until he begins to improve, then increase the interval between the doses to every two to four hours. In that strength you will produce an aggravation by continuing to give it too long.

Bromine is indicated where the disease first began in the larynx and then made its appearance in the fauces. The cough is a hoarse, suffocating, whistling sound.

Iodine.—Hoarse croupy cough, with wheezing, sawing respiration.

Kali bichromicum has a hoarse, croupy cough, with expectoration of stringy mucus. Tough, stringy discharge from the nose.

There are other remedies that seem to be indicated in this disease, but those I have mentioned will help you through with a large majority of your cases if you study them well.

I may mention that *lac caninum* has been greatly extolled for diphtheria with white ulcers on the tonsils. *Lachesis* for left tonsil.

Tracheotomy is recommended by some, but I never would advise it in diphtheritic croup, for if the exudation is extending downwards it will pervade the lungs, and the patient will die in spite of an operation, and the operation may induce blood-poisoning. Intubation is now practiced to relieve the patient from the horrors of suffocation.

The *flour of sulphur* blown on the fauces is an excellent local application; it gives great relief to the patient, and is homœopathic to the exudation.

The patient's room should be maintained at a temperature of 68° F. He should constantly inhale warm vapor. The steam from a boiling tea-kettle may be conveyed to the patient's bed through rubber tubing. If necessary a tent may be made of blankets over the head of the patient, and the vapor conveyed under them. As a last resort, you may convey the vapor of slacking lime and *iodine* under the tent. A piece of unslacked lime and ten to thirty drops of the tincture of *iodine* may be put into a tea-kettle of water and gradually heated until a vapor is produced and conveyed to the patient by tin or rubber tubes. You must remember that lime is a carbonate, and when it is slacking it gives off carbonic gas, which is poisonous without an admixture of fresh air to supply the oxygen to the lungs to counteract the deleterious effects of the carbon. The iodine and the lime unite to form the *iodine of lime*, which is a valuable agent for croup. It is supposed that the fumes from the lime has the power of dissolving the diphtheritic membrane.

Ice is very grateful to the patient in the febrile stage. He may be allowed to suck bits of crushed ice. It both quenches thirst and assists in allaying local inflammation. When the skin is hot and dry, bowels costive, and urine scant, warm baths are very beneficial to assist nature in throwing off the poison.

Pine-apple juice is homœopathic to the diphtheritic exudation. That is to say the unripe fruit is capable of producing a sore throat similar to the first stages of diphtheria. The

natives of the islands use but little else than the juice of the ripe pine-apple for diphtheria. I have seen good results from its use.

Diet.—The patient must be nourished from the beginning. Beef essence, milk porridge, and eggs beaten up in milk are the most suitable diet for a diphtheritic patient. You will notice that the diet I have recommended is the most suitable to overcome the aplastic diathesis, as well as to nourish and stimulate the patient.

If the stomach should be irritable, or any difficulty in swallowing, then an ounce or two of the essence may be thrown into the rectum, with a syringe, three or four times a day. If the patient require any other stimulants than the beef essence, then you can give strong coffee and unfermented grape juice. They arouse the organic functions and thereby promote the circulation; and give tone to the whole system. There is quite a contrast between the effects of alcoholic stimulants, grape juice, coffee, and beef essence on the system. Alcohol acts as an arterial excitant, but depresses the organic functions. While, as we have already seen, grape juice, beef essence and coffee, stimulate the organic functions, and thereby promote the circulation; that is to say, the pulse becomes full and more regular. This being true then it is detrimental to the patient to give any form of alcoholic stimulants in diphtheria. It is true that many physicians prescribe them, but I dare not use them after a careful study of their physiological and toxicohæmic effects.

I may remark that there are many brands of beef extracts on the market which are very fine, but many patients prefer the home-made.

Antitoxine, a supposed preventive and cure for diphtheria, is now being discussed pro and con by the profession. While there are many reports favorable for its use, yet there are some adverse reports, and some deaths claimed by its use. So upon the whole, I am inclined to await further developments before I can advise you to use it. It is to be hoped that it

may, in the near future, be shown to be a valuable discovery in diphtheria. But until further developments, I advise you to rely on homœopathy.

Prophylactics—*lachesis* for diphtheria, *belladonna* for scarlet fever, and *pulsatilla* for whooping cough.

PERIODICAL FEVERS.

These fevers are characterized by regular periods of exacerbations which establish the forms of their periodicity. Their effect as a class on the system, is to check secretion, nutrition, and calorification; and consequently destroy vital affinity, and increase susceptibility.

These fevers are classified as follows:

PERIODICAL FEVERS.	Intermittent.	{	Simple Intermittent,
			Inflammatory Intermittent, Pernicious Intermittent.
	Remittent.	{	Simple Remittent,
Inflammatory Remittent, Pernicious Remittent.			
	Yellow Fever.		

INTERMITTENT FEVER or AGUE.

This is an idiopathic disease, and, as its name implies, is characterized by regular paroxysms of fever preceded by a cold shivering sensation. From the end of one paroxysm to the commencement of the next constitutes the apyrexia or intermission. And the period occupied by a paroxysm and the succeeding apyrexia is called the interval. There are many types of this fever, but for all practical purposes they may be classified under three heads—the quotidian, tertian, and quartan—that is to say, we may have a paroxysm every day, every other day, and every third day. Or to make it plainer, we may state that in the quotidian we have a paroxysm every twenty-four hours.

In the tertian, as the name implies, we have a second paroxysm the third day, including the one in which the first paroxysm occurred; or it is forty-eight hours from the beginning of one paroxysm to the beginning of the next.

In the quartan we have a paroxysm every four days, including the one in which the first occurred; or it is the third day from the one in which the paroxysm occurred first. Or to make it still plainer we may say that the quotidian occurs every twenty-four hours; the tertian every forty-eight hours; and the quartan every seventy-two hours. These three forms of intermittents may vary; we may have a double quotidian—that is to say, two paroxysms within the twenty-four hours; we may have a double tertian with two paroxysms within forty-eight hours; and a double quartan with two paroxysms within seventy-two hours. And we may have a triple tertian and quartan. But whatever may be the type, the regularity of their periodicity is the same. The quotidian type generally occurs in the morning; the tertian about noon; and the quartan some time in the afternoon.

Symptoms.—If the plasticity of the system be impaired and the exciting cause vigorous, the patient may be taken suddenly in the midst of apparent health, and brought under the control of the morbid agent without warning. But generally the patient has a feeling of indisposition for some time previous to the development of the pathognomonic symptoms. Whatever may be the mode of attack, there are three well marked stages in the progress of the paroxysm. These are called the cold, the hot, and the sweating stages. They usually succeed each other in regular order, and at stated periods.

Cold Stage.—In the cold stage the patient first complains of a tired feeling; and he has frequent yawnings with a desire to extend the extremities. These symptoms are soon followed by aching and chilliness of the limbs. The patient complains of an icy coldness which pervades the whole body, and throws him into a convulsive or shivering motion. He is unable to control his muscles; his teeth chatter; his body

feels cold, and the rigors are so severe as often to cause the furniture and glassware of the room to rattle. The features are changed, the nails and fingers turn blue; the skin assumes a rough purplish appearance denominated the goose-skin. Nausea and vomiting are often present.

The cold stage lasts from half an hour to two hours and a half, and then gives place to the

Hot Stage.—The skin begins to feel warm, and as the temperature rises it becomes flushed. The whole body becomes hot; and the thermometer shows a temperature ranging from 105° to 106° F. The face looks swollen; the carotids bound; the pulse is frequent and full; the patient often complains of violent headache, and delirium is often present. The tongue is covered with a thick whitish fur; the thirst is great, and there is a loss of appetite. The fever lasts from three to eight hours, when the third, or sweating stage, begins to be developed.

Sweating Stage.—This stage is ushered in by a mild perspiration which first shows itself on the face near the hair. It gradually extends until the whole body becomes bathed with a copious perspiration. The linen and bedding of the patient are saturated; and the skin looks shriveled as a wash-woman's hands. The patient looks pale and feeble. But when the sweating has subsided, and the linen has been changed, and the patient has taken some nourishment, he feels revived; and is often able to resume his avocation as usual, until a return of the paroxysm, when he passes through all of the stages and symptoms as before. But generally the patient feels badly during the remission; the tongue is furred; the appetite is impaired, and the muscles of the body feel sore. The paroxysms recur at the same hour of the day, and often continue to do so for weeks or months, unless their periodicity is interrupted by treatment. Sometimes there is an effort of nature to throw off the morbid agent; and by this effort the periodicity of the disease is changed in its time of occurrence. It frequently occurs an hour earlier, or an

hour or so later. Sometimes the paroxysm skips over the day, and comes on during the night. But whatever time it appears, it retains its peculiar characteristics. It frequently happens that the cold stage is so slight as to escape the notice of the patient. The fever appears to come on without the chill or cold stage. But upon a close examination we will find that the tip of the nose, and ears, or ends of the fingers are cold before the fever comes on. Drainage has done much to change the type of intermittent fever. Periodical neuralgia and other diseases have assumed the periodicity of intermittent fever without having its regular paroxysms.

By whatever means a paroxysm is checked, it has a tendency to return unless the *materias morbi* is removed from the system. The periods at which it is most likely to return, are the seventh, fourteenth, and twenty-first days after the paroxysm has been checked. If a patient passes three weeks without a paroxysm it will not be likely to return during that season. Simple intermittent fever is easily controlled by proper treatment, and it leaves no unpleasant results. It is only when the disease is neglected, or when it assumes an inflammatory type, that the system is left in a morbid condition.

INFLAMMATORY INTERMITTENT.—This differs from the simple variety only in degree; and it is characterized by a higher grade of arterial excitement, a hotter and drier skin; and the fever lasts somewhat longer. And when the intermission does occur the patient does not feel so free from the effects of the disease as he does in the simple variety.

Although this sthenic grade of intermittent fever is called inflammatory, there is not always inflammation present in each case. There may be only an accumulated excitability of the properties of the tissues which gives to the disease its sthenic character. But, generally, there is more or less inflammation of some of the viscera. The spleen, stomach, liver and kidneys are the most frequent seats of irritative or inflammatory action in this disease.

The inflammatory intermittent may be a sequel of the simple, or it may be primary—that is to say, the miasma may localize itself and produce an irritation or inflammation by zymosis or otherwise at the time or soon after the general manifestations of the disease have been developed. Or the idiopathic fever having been fully formed; it expends its force upon the nervous centers and thus the most susceptible part of the organism is morbidly affected.

If the spleen becomes inflamed, there will be pain and tenderness in the left hypochondriac region under the margin of the ribs. If the liver be the seat of inflammation, the pain and tenderness will be felt in the right hypochondrium. The skin and conjunctiva of the eye will have an icteric hue. But if the disease be expending its forces upon the stomach, the pain and tenderness will be felt in the epigastric region, with nausea and vomiting. The region of the kidneys are often found to be tender, the urine scanty and reddish or yellow.

In all of these complications the fever is higher and lasts longer, than it does in the simple variety, and the tenderness continues throughout the paroxysm and the intermission; and it only subsides with the arrest of the paroxysm and removal of the cause.

We come now to speak of another variety of intermittents, and one which is often speedily fatal. This we denominate

PERNICIOUS INTERMITTENT.—There are three modes by which the morbid cause of this disease manifests itself upon the system: 1st. The comatose; 2nd. The algid; 3rd. The typhoid.

In the first variety, after a slight chill, the patient falls into a comatose condition out of which he cannot be aroused for six or eight hours—if ever. The force of the disease is expended directly upon the cerebral functions; and death takes place by coma. This form may be mistaken for simple congestion of the brain.

In the second, or algid variety, the disease comes on as a

simple intermittent. But when we suppose that the patient is going into the cold stage, he will chill a very little; and suddenly the system will relax, and an icy coldness come on, and pervade the whole system except a small space around the heart. In this form of pernicious fever, the malarial poison acts directly upon the organic functions through the circulation; and so affects the vital affinity of the system that death is often produced in from two to eight hours. If the patient rallies soon after the first attack, and means be speedily employed, he can be cured. But if nothing be done until the second paroxysm comes on, he will be likely to die. Yet if our treatment is energetic, and we persevere in our efforts, the patient may rally. But if he is attacked the third time there is scarcely any hope.

In the third variety of pernicious intermittent, which we have denominated pernicious typhoid, the patient, after having a slight chill, is suddenly seized with diarrhea, vomiting, and cramping, which soon prostrate the powers of life; or induce a low typhoid condition. This form of pernicious intermittent is frequently mistaken for cholera.

It is an interesting subject to inquire into the action of malarial poison on the system in pernicious fevers, and see how its fearful results are produced. Some believe that it so acts upon the animal economy as to cause congestion of the lungs, brain, stomach, and bowels—hence the name, congestive chill. But post mortems do not always reveal evidences of congestion sufficient to account for death. There may be engorgement of the capillaries of the organs; but it is not that form of congestion which precedes inflammation. That engorgement is due to enervation and a want of contractile power of the tissues, by which the blood is forced from the organs, and propelled through the circulatory apparatus. That loss of tonicity or contractile power of the capillary system and of the muscles, is due to the powerful impression which the blood-poison makes, either directly upon the organic tissues through the circulation, or indirectly through the nervous

centers. And thus anæsthesia is produced, the vital powers give way, and the patient dies either of a failure of the animal or of the organic functions.

Causes.—Intermittent fever is supposed to be caused by inhaling emanations from vegetable decomposition in marshy districts; and by drinking waters which contain vegetable matter. These two propositions have been fully demonstrated on the prairies of the West. I have known whole families, who were living on the high and rolling prairies, prostrated by the chills. On those prairies the inhabitants have to dig from fifty to ninety feet for water, which when found is perfectly pure and free from surface water. But these prairies are interspersed with sloughs or marshes which, during the hot summer months, give off their malarial poison. This poison must undoubtedly enter the system by inhalation, since there is no other reasonable explanation that can be given of its introduction into the blood in those particular localities to which I have referred.

And then again, we have evidence that the malarial poison has been communicated to the blood through waters taken into the stomach. In proof of this fact, it has been noticed that families in Chicago, who used well water, were regularly attacked by intermittent fever at each recurring season; while their neighbors, who were supplied with pure hydrant water from Lake Michigan, were exempt. We account for that difference in this way. Chicago is located on a flat marshy soil. In some portions of the city water is found by digging from six to twelve feet; and the land is so level that during the fall and spring rains, the earth becomes saturated and the water seeps through the loam into the wells and carries the decaying vegetable matter with it.

It is well known that intermittent fever does not prevail, only to a very limited extent, in the populous portions of cities, where the inhabitants are supplied with pure water; and, therefore, we can account for its occurrence only in ten-

ement houses in view of the fact that the poor are unable to purchase pure hydrant water, and are therefore compelled to use that from wells containing surface water. For further proof of the fact that miasmata may be taken into the system through the water that is used for drinking purposes, a case is related of a company of soldiers who were stationed in the mountains of New York. During the summer nearly the whole of the company were attacked with intermittent fever. As it was rare, if ever, to see a case of malarial fever in that region, the question was naturally asked what produced the disease among the soldiers? An investigation was set on foot to find the cause. It was ascertained that the soldiers were using water for drinking, cooking and bathing purposes, from a rivulet that came from the hills or mountains. Upon tracing this to its source, it was found that the water came from a pond containing weeds, grass and leaves in a state of decomposition.

The soldiers being removed, or provided with pure water, they were soon restored to health, and were not troubled again with chills and fever. This circumstance proved that while vegetable decomposition was going on in the little pond, there was not enough to impregnate the air with the paludal poison. But the water, passing from that little laboratory of vegetable zymotics, held in suspension miasinata; and thus it was conveyed to the stomachs of the soldiery, where a little leaven leavened the whole lump.

I believe that the opinion is now almost universal among the profession, that marsh miasmata is the cause of that class of fevers called malarious or periodical. But the nature of the morbid agent is not well understood. There are two theories in regard to its character. One party believe that it is an animalcule called bacillus, while the other is of the opinion that it is a vegetable organic or zymotic product. I am inclined to believe that the latter is correct; and that when the agent enters the system, and comes in contact with some of the organic elements of the body, decomposition begins to

take place, and a fermentative process is set up, by which the whole system is brought under its influence; and the nervous centers are so affected as to produce a change in the organic functions through which the characteristics of the disease are manifested. It is true the vegetable zymotic product may be a bacillus.

It is a well known fact that moisture, heat, and vegetable decomposition are essential to the propagation and evolution of malarial poison. If either are wanting, we can have no marsh malaria. We may have vegetable decomposition and a high temperature; but we cannot have a cause sufficient to produce malarial fevers without a certain amount of moisture. And these three elements must be united in certain localities, or geographical districts, to produce the agent under consideration. That is to say, the soil must be of that character, that will retain the falling rains for a certain period; in order to give time for the heat of the sun to produce a chemical change in the water, and the decaying vegetable matter, by which an organic element is evolved, and set afloat in the atmosphere to be wafted into the dwellings and lungs of the inhabitants; or be conveyed into the waters, which are used for drinking purposes.

Malarial fevers are known to be more prevalent in marshy districts where the crust of the earth is loamy and underlaid with strata of clay sufficient to hold water for a considerable length of time. The overflowing of level countries, or the filling of sloughs and ponds with water containing vegetable matter, and which are left to evaporate under the influence of a hot sun, are prolific sources of periodical disease. In the early settlement of the western and south-western states, as the prairies were broken up, and the sod was undergoing decomposition under the influence of early rains and a hot summer, nearly all of the inhabitants were prostrated with intermittent and remittent fevers, as often as the summer and autumnal months returned. But so soon as the country was settled up, and the lands were broken or tilled, and the sloughs

were drained, chills and fever were of rare occurrence. I have frequently noticed that when the prairies have been settled, and the virgin soil thoroughly tilled, and the sloughs were drained, so as to retain no surface water, there was not a sufficient amount of miasma generated to produce intermittent fevers; but in their stead, periodical neuralgia prevailed. It has been noticed that when the sloughs and ponds were filled with water during the summer and fall, chills and fever were not so prevalent. But if these sloughs and ponds were drained, or dried up by evaporation before cold weather came on, intermittent fever prevailed until the winter was far advanced. This fact led to the doctrine, that ponds, in malarial districts, should never be drained only in cold weather. Because so long as decaying vegetable matter is covered by a large body of water it cannot be evaporated, and therefore remains powerless for evil.

Diagnosis.—The diagnosis of intermittent fever is generally easy. But as we shall see hereafter it is not always easy to tell whether certain pathological changes are due to malaria or not. The diseases most likely to give us trouble in diagnosis, are remittent and hectic fevers. The chill is shorter and not so severe in remittent as it is in intermittent; and the fever lasts longer in the former than in the latter—that is to say the fever in remittents last nearly twenty-four hours before there is a remission; and even then the patient is not free from fever, it is only an abatement of its severity. But in intermittents the patient is entirely free from fever between the paroxysms.

Hectic fever may be distinguished from intermittent by its history. For it is almost always the result of some constitutional trouble of long standing. And then again, the fever and perspiration do not observe that degree of regularity or periodicity that is observed in intermittent fever.

Prognosis.—The prognosis of simple intermittent fever is always favorable. The inflammatory variety sometimes proves fatal by complicating some of the important struc-

tures. The pernicious variety is an exceedingly dangerous disease. But if the patients are seen at the beginning of the attack, and treated promptly, a large proportion of the cases will recover.

Treatment.—The treatment of simple intermittent fever must be adapted to the stage in which the patient is first seen. If he is seen in the cold stage, he must be covered with warm blankets, and have bottles, or rubber bags, filled with hot water placed about his feet, legs, and back. He may have a cup of warm tea, coffee, or beef extract. It is a dangerous practice to stimulate much in the cold stage, for it will increase the febrile excitement when the hot stage comes on. And if the case should prove to be of the inflammatory type, it would be greatly aggravated by the stimulant. The remedies that are indicated in the cold stage are *aconite*, *camphor*, and *gelsemium*. When the hot stage comes on then *aconite* and *gelsemium* will modify and control the fever. As a general rule *gelsemium* is indicated in warm climates, while *aconite* acts better in cold climates. But the fever remedy must be selected in accordance with the symptoms present. If there is intense thirst for large draughts of water at short intervals, and if there is great fear, then *aconite* is the indicated remedy. But if there is chilliness followed by fever without thirst, then *gelsemium* will be the indicated remedy.

After the chill and fever abates, then we must select the remedy by the symptoms present, to prevent the return of the paroxysm, if the *aconite* and *gelsemium*, already mentioned, are not the indicated remedies to cover all symptoms present.

It becomes an important question as to how medicines act, or upon what part of the human organism do their dynamic force play, in order to arrest chills and fever.

I have already stated that writers agree that miasmata is of vegetable origin; and is propagated by vegetable decomposition, and enters the system, both by inhalation and by water being impregnated with miasma, and taken into the stomach.

But the question is not yet settled, as to the character of miasma. Some believe it to be a catalytic agent by which zymosis takes place, and a blood poison is generated, and conveyed to the nervous centers through the circulation. Thus a peculiar morbid impression is transmitted from the nervous centers to the muscles over which they preside, and produce that singular phenomena observed in miasmatic patients.

Others believe it to be animalcules, called bacilli, which are conveyed through the circulation and deposited in the spleen, and produce by their presence an irritation or inflammation of that organ which serves as a nucleus from which to send forth their poison by reflex action or otherwise to the nerves which preside over the muscles of voluntary action.

Those who have taken the latter view of the subject believe that quinine cures intermittents by its tonic effects upon the capillaries and venous radicals of the spleen, or by causing contraction or diminution of that viscus, and thereby arrest further congestion and inflammation. This is a very plausible theory, for nearly every person living in malarious districts have larger spleens than those living in non-malarial countries. But homœopathy furnishes many agents to cure chills and fevers where the morbid agent concentrates its force on other organs than the spleen. It is true that the symptoms in those organs may be only of a reflex character from the spleen. If that be the case then the question arises how do homœopathic medicines cure chills. I say cure because that is the term in common use. But when I tell you that crude drugs often kill and never cure any thing, then you may ask me why do we give medicines. I answer to assist nature; and hence the proper term to express their action would be assistants. For nature performs a cure by the assistance of the dynamic force of drugs. That is to say, if the morbid agent is located in the spleen, and is sending out its reflex force to overpower the nerve centers, and thus depress organic functions; then if you select a drug whose physiological action is similar to the symptoms produced by the bac-

teria, then by giving that drug in potencies you arouse the flagging energies of the organic functions, and thus enable them to attack the bacteria in the spleen and expel them. The plastic condition of the blood having been increased by the dynamic force of drug action the bacteria are incased with plastic lymph and are carried out of the system through the excretory ducts. I have already told you that the plastic system will not tolerate the presence of a foreign substance.

I will now mention a few of the most important remedies for remittent fever alphabetically. I have already called your attention to the remedies in the cold and hot stages, and now refer to those remedies which have the power of assisting nature in restoring the system to its normal condition. You must remember that each case you are called to treat may require different remedies. That is, you must select the remedy to cover the symptoms in each case.

I may remark that, where the patient is incapable of giving an intelligent history of his case, or if the paroxysms come on at irregular intervals, you check the fever with one of the indicated remedies, and follow with *china* or *arsenicum*, until you can get a correct diagnosis of the symptoms.

Antimonium tart.—Chilliness predominates, desire to sleep, and want of thirst.

Apis.—Chill about 4 P. M. (*lycopodium*), worse in a warm room or near a stove. Sensation in the abdomen as if something would break, if much effort were made to void a stool.

Arnica.—Chill in the evening. Thirst before and during the chill. Sore, bruised feeling all through the body, as if it had been beaten. The bed or couch on which he lies feels too hard. *Sepia* and *sulphur* have similar symptoms.

Arsenicum.—During the fever, great anguish, extreme restlessness and fear of death. After the paroxysm, great prostration. Urgent thirst, drinking often but little.

Belladonna.—Has slight chill, with much fever, or vice versa. Heat and red face, with throbbing of the carotids; choking sensation in the throat, with dry mouth.

Bryonia.—Great thirst during all stages. Violent, dry, racking cough, with stitching pains in the side of the chest; stitching pain in the region of the liver and abdomen. Hard dry stools, as if burnt. Exceedingly irritable; everything makes him angry.

Carbo veg.—Thirst only during the chilly stage. When eating or drinking, sensation as if the stomach or abdomen would burst.

Cedron.—Chill occurs at 5:30 P. M. Numb, dead feeling in the legs; they feel enlarged. The entire body feels numb. *Cedron* is considered a true anti-periodic; that is, the symptoms reappear at regular intervals. It is also good for periodical neuralgia.

Chamomilla.—Face red, or one cheek red and the other pale. Very impatient, can hardly answer one civilly. Pain in the abdomen, with frequent emissions of large quantities of pale urine.

China or quinia.—The paroxysm is preceded by nausea, headache, hunger, anguish, and palpitation of the heart. Thirst before the chill, and during the sweating stage. Chills alternate with heat, skin cold and blue; ringing in the ears, with dizziness and a feeling as if the head was enlarged.

Eupatorium purpureum (trumpet weed).—Chill commencing in the back, and spreading over the body; violent shaking, with comparatively little coldness. Violent pains in the bones during the chill and heat.

Ferrum.—Vomiting everything eaten without being digested. The least emotion or exertion produces a red flushed face; great loss of muscular power.

If you find protracted cases treated by *quinine* in large doses; then a few doses of *nux vomica* followed with *ferrum* will usually give you good results.

Gelsemium.—This is the best remedy you can select for intermittents during the fever in warm climates. It is also advised as a prophylactic. It is indicated for the chill when

followed by restlessness and nervous anxiety. The patient feels tired.

Hepar sulphur.—This is indicated by itching, stinging nettle-rash before and during the chill. It is also called for when fever blisters occur around the mouth. If the patient has been abused by the use of crude mercury, then *hepar* is your remedy. I have already told you that if he has been abused by crude *quinine* then *ferrum* is the remedy after antidoting the *quinine* with *nux vomica*.

Ignatia.—Thirst *only* during the chill. The chill is relieved by external heat. During the fever nettle-rash over the whole body.

Ipecac.—No thirst in the cold stage, but a great deal in the hot. Nausea and vomiting predominates. The apyrexia is marked by more or less gastric disturbance.

Lachesis.—Much chattering of the teeth, with violent headache and soreness in the chest. Patients desire to be held on account of the violence of the chill hurting the head and chest. Can bear nothing to touch the throat or neck.

Lycopodium.—The paroxysm comes on about 4 P. M., and terminates about 8 P. M. Red sediment like sand in the urine. Great fear of being left alone.

Natrum muriaticum.—Chill commencing at 10 A. M., with great thirst, drinking often and much at a time. During the heat violent headache. Dry tongue, and ulcerated corners of the mouth.

Nux vomica.—Paroxysm usually at night or early in the morning. Long lasting, hard chill, with bluish cold face and finger-nails. Great heat, notwithstanding the patient wants to be covered up. During the fever, headache, vertigo, red face, pain in the chest and vomiting.

When you get a patient, from the allopaths, who has been dosed with crude *quinine*, and has the above symptoms, then *nux vomica* will cure without the aid of any other remedy; when you get rid of the surplus of *quinine* you cure the patient. But if he has not the *nux vomica* symptoms, you must give a

few doses to antidote the *quinine* and other crude medicine, before giving the indicated remedy.

Rhus tox.—During the hot stage, nettle-rash breaks out. Restlessness, and constantly changing position. Dry, teasing cough, before and during the chill.

Sepia.—Great coldness of the hands, with sensation as if the fingers were dead. Perfect absence of thirst.

Sulphur.—Has a burning heat on top of the head. Frequent weak spells through the day. Early morning diarrhea. *Sulphur* is what is called an intercurrent remedy. That is to say, if the others do not cure quickly, then it is claimed that a few doses of *sulphur*, where it is not the indicated remedy, will develop the symptoms so clearly that you can readily select the indicated remedy.

Veratrum album.—Severe chill, with feeling of internal heat, or both together. Profuse sweat, often cold and long continued. Great exhaustion and sinking of strength.

There is a form of intermittent fever called dumb ague. That is, there is no regular chill and no regular periodicity of fever. The patient complains of feeling badly, he feels cold sometimes; and then he feels hot. As those cases have only been observed among patients who had been dosed with crude *quinine* and *arsenic*, it is now believed that there is no such disease. But simply *quinine* and arsenical slow poisoning. This is demonstrated by the fact that *carbo veg.*, *cedron*, *ipecac.* and *nux vomica* will generally relieve. *Nux* may be given first, and followed by the others if relief is not obtained.

Treatment OF INFLAMMATORY INTERMITTENTS.—As the fever runs high in this type; and as our efforts must be to prevent the spread of inflammatory action, we must be careful to select the most appropriate agent to meet the present emergency. The remedies indicated are *aconite*, *gelsemium*, and *veratrum viride*. If the carotids are bounding and there is intense thirst for large quantities of water at short intervals, and if the disease is concentrating its force on the stomach, then

aconite is called for. But if there is nausea, and cerebral complications, *veratrum viride* is the indicated remedy. If the patient complains of a tired feeling with spinal irritation and pain in the back part of the head, then *gelsemium* is an invaluable remedy. If actual inflammation of the brain, and its meninges, become involved then you must also look to *bella-donna* for relief.

After the inflammatory fever begins to abate, and if the fever remedy does not cover the intermittent symptoms, then we must select the remedy that seems to be indicated. If there is drowsiness or heavy sleep, with loud snoring during the cold and hot stages; stertorous respiration, with the mouth wide open; congestion of blood to the head, with red and puffy appearance of the face, then *opium* in the 6x to 30x potency will almost invariably give relief. *Eupatorium perfoliatum* (boneset) is indicated when there is a determination to the portal circulation. The paroxysm usually occurs about 7 or 9 A. M. During the chill severe aching in the back and limbs as if the bones were broken. Vomiting of bile at the conclusion of the chill. *Phosphorus* is also indicated for deranged liver.

Splenitis.—This is a frequent complication. The spleen often becomes greatly distended. I saw a case once where the spleen became so large that it filled the left side of the abdomen. That case proved fatal, but I have cured cases that protruded two or three inches below the margin of the ribs. The remedies indicated for enlargement of the spleen are *agaricus*, *berberis vulgaris*, *china*, *ferrum*, *mercurius biniodide*.

Treatment OF PERNICIOUS INTERMITTENT FEVER.—

If the pulse is feeble, the extremities cold, and calorification impaired, then *camphor*, *arsenicum* and *veratrum album*, are called for. These remedies are capable of producing, in over doses, symptoms similar to those of the algid form of pernicious intermittent fever. In these cases you have no time

to lose, for sometimes the patients die within a few hours. If the case be urgent you can apply a mustard poultice along the spine, over the stomach, and on the calves of the limbs. This is done to excite an irritation in the cutaneous surface and thus invite the circulation from the deeper channels to the external capillary system.

If all of these agencies fail and the case is a desperate one, and the circulation very feeble, or the pulse nearly imperceptible, you may strip the patient and dash cold water suddenly over the head and body, and then wipe off quick and roll him in dry hot blankets. If reaction does not take place in fifteen or twenty minutes, or having reacted and then begin to flag, and respiration becomes short, dash again and proceed as before. The second or third dashing generally produces reaction if there is vitality enough in the system to cause it to respond.

The *modus operandi* of the dash consists in this, that when cold water is suddenly applied to the body, it causes contraction of the capillaries, and thereby forces the blood from the capillary system into the deeper channels, and sets in motion the blood in the larger vessels. These vessels being set in motion, act upon the heart and stimulate it to increased action. Thus the whole circulatory system being set in motion, the blood is again sent back through the capillary system with an increased power. And the rubbing which the patient usually receives, and the warmth applied, increase the tone of the cutaneous surface, by which the contractile power of the venous radicals is kept to work in forcing the blood back again into the larger tubes; and thus the patient is sufficiently revived to gain time to remove the cause of the disease and its effects by the use of the means already referred to when speaking of the treatment of simple intermittents.

Treatment OF PERNICIOUS TYPHOID INTERMITTENT.

—In this form of pernicious intermittent, where vomiting, diarrhea, and a low typhoid condition are present, we must treat our patient similar to that of cholera and typhoid com-

bined. We allow our patient to swallow bits of ice from time to time if he is thirsty and vomiting.

Veratrum album is indicated where there is vomiting of black bile and blood. If the matter vomited is grass green, then *ipecac* is the remedy.

Arsenicum is indicated where the patient is vomiting, diarrhea and great prostration. The stools are dark-green, or black, watery and very offensive, with pain in stomach and bowels.

After the patient rallies from the typhoid condition, and if the periodicity of the disease is not broken, then we must select the remedy in accordance with the symptoms as they develop.

I may remark that this type of intermittent fever resembles cholera so closely that it is sometimes hard to diagnose them correctly, especially when cholera is prevailing at the time.

Treatment OF PERNICIOUS FEVER OF COMATOSE TYPE.

—In this type *belladonna* may be indicated by a tendency of blood to the brain, the pupils are dilated.

Helleborus is indicated where the patient is stupefied, head hot, heavy; boring head in the pillow; chilly; fingers cold.

Loss of memory, with complete stupefaction requires *hyoscyamus*.

Gelsemium is valuable for the fever, and a tendency to brain complication.

Opium is indicated when the sleep is heavy, with loud snoring during the cold and hot stages.

In the treatment of pernicious intermittent fever, if you can get your patient to rally, and carry him safely beyond the time for the second paroxysm to return, you will be almost sure to cure him. But if you let the golden opportunity pass unnoticed, or imagine that you have only a simple case to contend with, twenty-four or thirty-six hours may bring the sad reality to your mind, that you have lost your opportunity, and sacrificed your patient.

REMITTENT or BILIOUS REMITTENT.

This is an idiopathic disease of the periodical variety. Like the intermittent it has three grades—simple, inflammatory, and pernicious—and three stages, the cold, hot, and sweating. But it differs from intermittent in this, that the chill is not so severe; the cold stage is shorter; and the hot stage is longer; lasting eighteen, or nearly twenty-four hours. Generally at the end of eighteen hours from the chill, there is a remission which lasts from one to six hours before the next paroxysm comes on.

Symptoms OF SIMPLE REMITTENT.—The patient complains of soreness of the muscles, and distress in the epigastric region, for some time before the fever sets in. He continues about his work; but feels badly, and has but little appetite. At length his head becomes painful especially across the brows; he feels a cold sensation creeping over him, which soon ends in a slight chill that lasts from fifteen minutes to half an hour. The face is pale, and the lips are of a purple hue; the pulse is generally small and irregular in this stage. As the chilly sensation begins to pass off, it is succeeded by flashes of heat; the pulse becomes more frequent; the skin is hot and dry; the head, loins, and limbs are painful; the tongue is covered with a thin yellowish coat; the appetite is impaired, nausea is often present; and the face and eyes are of an icteric or yellowish hue. The fever lasts about eighteen hours, when a remission takes place. The patient becomes drowsy, and passes into a disturbed muttering slumber. After the patient remains in this condition for a short time, there is a slight perspiration breaks out upon the forehead. When he awakes his muscles and head feel sore as though he had been beaten. Sometimes the cold stage and the remission are so slight that we can hardly tell when they begin or end; and unless we are on our guard, we may make a mistake as to the true character of the disease.

Simple, uncomplicated, remittent fever may last from seven

to ten days, alternating with the paroxysms and remissions, and pass off with a copious perspiration, either with or without treatment. But there is another type which is more difficult to manage; this we call the

INFLAMMATORY REMITTENT.—This differs from the simple variety only in the degree of its severity. In the beginning it has all of the characteristics of the former; but as the disease advances the evidence of complication is soon manifest. The pulse becomes quick, ranging from 110 to 120; the skin is hot and dry; the tongue is coated with a thick yellowish fur; appetite is entirely lost; thirst is intense; the bowels are costive, and nausea and vomiting are almost constant. The ejections consist of a greenish or yellowish fluid, of a bitter taste; sometimes it consists only of mucus. The pain, tenderness, and oppression call our attention to a complication or trouble in the stomach. The tenderness of the right hypochondrium; the yellowness of the skin and conjunctiva membrane, and the scanty, yellowish brown urine give unmistakable evidence of congestion of the liver and portal circulation. The headache, which was of a mild character in the simple variety, often becomes intense in this. The patient is sometimes wakeful; and at other times he is drowsy with muttering delirium. The disease continues unabated, and retains its paroxysmal character until about the seventh or fifteenth day, when it either begins to decline or becomes aggravated.

The first indication of a favorable change is to be found in the character of the pulse. It becomes less frequent; the skin feels soft; the tongue becomes moist and begins to clean from the tip and edges. If a paroxysm ends in a copious perspiration, or a bilious diarrhea, or puts on the intermittent character, we may look for a favorable result. Little vesicles often appear about the lips; and they coalesce and form considerable sores. These are prognostic signs of recovery. If at the time specified, the disease does not take the

favorable turn which I have just described, the symptoms become aggravated. The pulse becomes frequent, ranging from 120 to 140 per minute; the tongue becomes dry and brown; sordes gather around the teeth; the disease loses its paroxysmal character, and we have all the symptoms of a typhoid condition.

Hiccough is sometimes troublesome; the urine is scanty, or suppressed; the patient becomes delirious; he imagines that he is away from home among strangers; he picks at the bed-clothes or imaginary objects; the stools are passed involuntarily; the pulse grows frequent and feeble; the patient becomes comatose; and often dies in this condition. However, the disease does not always end in the manner that I have thus described. But, on the other hand, a large majority of the cases may end favorably in from three to four weeks, if they are properly treated.

PERNICIOUS REMITTENT.—This is often a most fatal variety of remittent fever. It begins as a simple remittent; and, often, when we are expecting to see the patient pass into the paroxysm, he suddenly sinks into a low typhoid condition, out of which it is difficult to arouse him. The tongue, which at first was covered with a yellowish fur, now becomes brown in the center; the tip and edges are red, and sordes begin to gather on the gums and lips. After a short time the brown coat comes off, leaving the tongue red and dry. The discharges from the bowels are thin and watery and of a yellowish color; the eyes are stained with bile; and there are frequent vomitings of bilious matter. The bile is the effect of the disease and not the cause. The patient is liable to sink into a comatose condition and die suddenly. But with timely aid he may be brought through the paroxysm and linger for a few days in a low typhoid condition, out of which he is gradually raised and finally recovers.

I have to reiterate the same advice in this case that I gave in pernicious intermittents, that is to arrest the paroxysm as

speedily as possible; for what appears to be a simple attack may at the next paroxysm prove to be pernicious, and the patient be lost before we can have time to arrest the disease.

Cause.—The cause of remittent fever is undoubtedly of miasmatic origin. But it is difficult to explain why it is that of two patients affected by malaria, one should have intermittent and the other remittent fever. As remittent or bilious fever generally prevails at the close of hot summer months, we may infer that heat not only liberates malarial poison; but that it has much to do in changing the diathesis of the patient; or it so affects the functions of the liver as to render it susceptible to the influence of malaria; by which it is readily congested, and prevents the escape of bile through the proper channels. Thus the bile being retained in the liver it is re-absorbed, circulates through the system with the paludal poison; and thus produces the phenomena peculiar to remittent fever. We may have a jaundiced appearance of the skin brought about by the heat of the sun in non-malarial districts; but we do not have the paroxysms and periodicity of fever, as is observed under similar circumstances in malarial districts.

I am of the opinion that it is a catalytic change which takes place by the union of bile and miasmata, that makes the difference between remittent and intermittent fever. It is a well established fact that bilious remittent fever prevails more generally and extensively in the malarial regions of hot climates than it does in cold regions, while intermittent fever is more prevalent in the latter. Thus it appears that there is another element besides marsh malaria necessary to be present to produce remittent fever, and that element seems to be an abnormal product of the liver, induced by an augmentation of solar heat.

Morbid Anatomy.—The most constant pathological change observed after death from bilious remittent, is to be found in the stomach, spleen, and liver. The mucous membrane of the stomach gives evidence of congestion and inflammation. The spleen is enlarged and softened. And the liver

is greatly enlarged, changed in color, and softened. The meninges of the brain sometimes give evidence of inflammatory action. These are the only anatomical changes worthy of note in this disease.

Diagnosis.—The diagnosis of remittent fever is generally easy. The regularity of the paroxysms of this disease distinguishes it from the continued fevers. But, as I have already stated, the cold and sweating stages are sometimes so slight that we have got to be on our guard, or else we might overlook them. But generally the careful practitioner need make no mistake. Remittent fever may be distinguished from the intermittent in view of the fact that the cold stage is longer, the hot stage is shorter, and the sweating is more copious in the latter than in the former. And the patient feels freer from the effects of the disease during the interval in intermittent than he does in remittent fever.

Prognosis.—The prognosis of remittent fever is generally favorable. The simple variety is always favorable unless the constitution has already been shattered by some previous cause. The inflammatory type seldom proves fatal in plastic patients if treated properly. But if it occurs in the aplastic system it is sometimes very troublesome to treat.

The pernicious type of remittent fever is a very fatal disease in some latitudes. But even this is amenable to treatment, and many cases recover. The bilious remittent of hot climates is a much more difficult disease to manage, than the milder forms of the same grade occurring in cold climates.

Treatment.—The simple remittent fever may be treated upon the same general principles as I laid down for simple intermittent.

PRECURSORY STAGE.—*Camphor* for severe chills, chattering of the teeth, pallor of the countenance, sense of internal heat, cold sweats, cramps and purging.

Gelsemium is indicated for cold hands and feet, with oppressed breathing. Chilliness every day at the same hour,

especially in the morning. Coldness of the feet as if they were in cold water.

Hot Stage.—*Aconite*, *belladonna*, and *gelsemium*.

INFLAMMATORY REMITTENT.—In all remittent fevers, I care not what is the type, there is a pathological condition of the portal system, either of the liver, gall duct, or the portal veins. This is known by the fact of the icteric or jaundiced appearance of the skin.

There are many homœopathic remedies that are suitable for portal congestion, but I mention only three that are usually sufficient in this fever. *Mercurius* gives a sensitive liver, jaundice with bad taste, tongue moist and furred, and yellow. *Phosphorus* produces diffuse hepatitis with jaundice, and may be carried so far as to produce malignant jaundice. Just the condition we often find in bilious remittent fever.

Podophyllum.—This remedy has for its symptoms excessive secretion of bile, great irritability, and torpidity of the liver, with jaundice.

Gastric Type OF INFLAMMATORY REMITTENT.—*Arsenicum* is indicated where there is vomiting of bitter, green-yellow liquid, brown, turbid, black bloody matter. Intense heat and burning in the pit of stomach.

Ipecac has vomiting of grass-green substance, with continual nausea.

Argentum nitricum has symptoms similar to the agents already mentioned, and so has *veratrum album*.

Treatment OF CEREBRAL REMITTENT.—*Belladonna* is one of the first remedies to be thought of in this condition, when there is violent throbbing headache, with stupefaction. Heat and red face, with throbbing of the carotids. Choking sensation in the throat, with dry mouth.

Hyoscyamus is indicated where there is delirium without consciousness; does not know his own family. Delirium, with jerking of the limbs, wild staring look, or closed eyes.

Stramonium is indicated where the patient is jerking the head up from the pillow, and letting it drop back.

Opium is indicated when coma supervenes, with loud snoring.

Coffea cruda is indicated when patient cannot sleep. If he is sleepy and cannot sleep then *belladonna* is indicated.

Treatment OF PERNICIOUS TYPHOID REMITTENT.—In this condition *arsenicum*, *baptisia*, and *muriatic acid* are indicated. *Arsenicum* has pale face, shrunken, hollow, and cadaverous, or yellowish, bluish, or leaden colored. Cold sweat on the head. Constant licking of the lips, which are dark, dry, and cracked, with sordes on the teeth. Tongue dry, shriveled, bluish, or black, with inability to protrude it. Intense thirst, drinking often, but little at a time.

You will remember that the indication for *baptisia* is an offensive odor arising from the patient's body, or the excretions are offensive. The patient complains of a feeling as though his body was scattered around in pieces, and he is endeavoring to gather up the pieces. *Muriatic acid* is called for where there is constant sliding down in bed. Low, muttering delirium, groaning in sleep, and picking at the bed-clothes. Inability to protrude the tongue which is very dry. Depression of the lower jaw, boring the head into the pillows, turning up the whites of the eyes.

Veratrum album is indicated where there is nausea and diarrhea. The matters vomited are of a brownish color, often mixed with blood.

The diet and hygienic regulations as recommended in intermittent fever must be observed in remittent fever.

Sequelæ OF MALARIAL FEVERS.—In all malarial regions the inhabitants are liable to be affected by a train of symptoms or morbid conditions; for which we have no name. And many pathological changes of malarial origin are sometimes hard to determine on account of the obscurity of its action. Every practitioner has been consulted by patients in

whom he could detect no disease; and yet the description which the patient gave of his feelings was an evidence that some change was going on in the animal economy.

To illustrate this subject I may remark that I was once called in consultation to see a lady who had paroxysms of vomiting every twenty-one days. Those paroxysms had continued regularly for three months, and each attack of vomiting would continue more or less severely from three to six days. During the interval she was comparatively well except that she was pale and somewhat emaciated. After a careful examination I could detect no lesion of the stomach, and the other organs were performing their regular functions though feebly. The attending physician informed me that he had exhausted the allopathic materia medica of nervines and anti-emetics without any relief. While in consultation, and in doubt as to the cause and the remedies to be used, I noticed that the house was standing on the edge of a slough or marshy land which was half a mile in diameter. Although the ground was covered with snow, and the slough was frozen to a great depth—for it was in a cold latitude and in the month of January—I was satisfied, from the periodicity of the vomiting, that the malaria which had been taken into the system during the fall was the cause of the trouble.

I advised the administration of *quinine* to arrest the periodicity of the vomiting, and she had but one slight attack after that remedy was administered. Don't be startled when a homœopath speaks of giving *quinia*, for it was homœopathic to that case, and thereby it arrested the symptoms. The law of cure was founded upon the action of *quinine*, the alkaloid of *cinchona*, and hence when it is homœopathic to any particular case it will cure in the 3x or 30x potency as readily as the crude drug. When a remedy is capable of producing physiological symptoms similar to those of the disease present, then that agent is capable of arresting those symptoms, whether given in the crude state or in potencies. That is to say, when a remedy is homœopathic to the symptom of any disease it

will relieve those symptoms whether administered by an allopath or a homœopath. But we find by experiment that a remedy acts more speedily and safely when potentized. Therefore homœopaths have as much right to use *quinine* when it is homœopathic as the allopaths have. Hahnemann took drachm doses of pulverized Peruvian bark until he produced a set of symptoms similar to those produced by malaria; hence he cried out, "*Similia similibus curantur*"—like cures like. In view of this fact, and as *quinine* is the alkaloid of Peruvian bark, then have we not the right to claim it as homœopathic and to use it when indicated. Most assuredly we have, and if you can cure a patient with the first, third, thirtieth, or two hundredth potency it is no one's business but your own, so that you prescribe in accordance with the law.

There are three forms of disease, or pathological conditions, which are liable to follow in the train of malarial fevers; or they are liable to occur in persons, in malarial districts, who have not been subject to intermittent and remittent fevers. Those conditions are known as periodical neuralgia, dropsy, and enlargement of the spleen and liver.

PERIODICAL NEURALGIA, or BROW AGUE.

This disease may begin by a sense of coldness, followed by fever and pain in the head or face. Sometimes the cold stage is so slight that it can only be detected by an examination of the fingers, or tip of the nose and ears. Sometimes the fever is considerable, but more generally it is mild or entirely wanting. The pain is in one temple and cheek; or it may occupy the brow alone, or the side of the head. The pain generally comes on in the forenoon, and passes off in the afternoon. Sometimes the pain will begin as the sun rises, and increase in severity as the day advances; and then declines with the day, and when the sun has set the patient is entirely free from pain until the rising of the sun the next morning. The periodicity of the disease is an evidence of its malarial origin.

Treatment.—The remedies usually indicated in this affection are *arsenicum*, *belladonna*, *berberin sulphas*, *cedron*, *chelidonium*, *cimicifuga*, *glonoine*, *kali bichromicum*, *nux vomica*, and *sulphate of quinic*.

Cedron, *berberin* and *quinia*, act as antiperiodics, in the first and second potencies, in all periodical neuralgias.

Stramonium—Headache, morning, worse toward noon, gradually decreasing toward evening, pains terrible. Sometimes patient delirious, talks incessantly, tongue thick and heavy.

DROPSY is not a disease, but a pathological state induced by a morbid condition of the organic functions. I will therefore take up the subject when I come to local diseases. I have already called your attention to the inflammation and enlargement of the spleen, and the typho-malarial condition of the liver.

YELLOW FEVER.

(FEBRIS FLAVA.)

While this fever resembles, somewhat, bilious remittent, and the causes, in many respects, are similar, yet it does not properly belong to periodical diseases. Neither is it strictly a continuous fever; but it is a disease peculiar to itself, and only developed in tropical climates.

Symptoms.—In the first stage of this disease it resembles the premonitory symptoms of other fevers. That is to say, there is a slight indisposition for several days before the fever is developed. Nausea and vomiting are of frequent occurrence. The patient complains of chilliness, sometimes there are rigors with pain in the head and back. The chill mostly occurs in the night, the fever is intense, skin dry and burning, pulse running from 120 to 140 beats per minute, temperature is 101° to 106°, thirst is great. The eyes are burning, red, and watery. The tongue is coated with a brown or yellowish cast. There is often pain in the stomach with

nausea and vomiting of bilious mucous matter. These symptoms last from twenty-four to sixty hours when they abate, and the second stage is developed. In this stage the fever abates, pulse falls from 140 to 70, or 50 beats per minute, the skin is moist, tongue cleans, the patient sleeps, and thus he seems to be convalescing. In mild cases the disease often terminates in complete recovery. But you must be on your guard, for the second stage may be the calm before the storm, which ushers in the third stage. During the second stage the utmost care must be observed as to diet, ventilation and exercise of the patient. If the eyes assume a "lemon tint," the mind is wandering, and the pulse very slow, then you may be sure that the third stage will soon supervene.

The third stage is marked by profound collapse; injection and yellowness of the eyes; burning in the stomach, ascending towards the throat; pain, sometimes severe, in stomach and bowels; dark-colored urine and diarrhea; increasing yellowness of skin; oozing of blood from the gums and throat; and even hemorrhage from various organs; constant tossing about and sleeplessness; delirium, mild and muttering, or furious; eructations, hiccough, and frequent vomiting of yellowish-brown or claret-colored, or tarry-like liquid, or of mucus or phlegm mixed with brown or black specks, or of blood more or less pure. Unless the disease be arrested, the much-dreaded black-vomit ensues, consisting of vitiated blood, and resembling coffee-grounds, or water in which snuff or soot is suspended, to the consistency of thin molasses. Total suppression of urine, or reddish-dark urine, bluish or black patches on the skin, profound coma and convulsions, often precede death. There is one peculiarity about this disease, it renders patients indifferent as to death; they do not seem to care whether they die or not.

Pathology.—The lungs, though they are generally healthy, sometimes show signs of sanguineous engorgement. Traces of inflammation are occasionally noticed in the kidneys or bladder. The liver is variously affected, being sometimes

engorged with blood, sometimes dry, anæmic and of a yellow color, rarely inflamed. The force of the disease is expended on the alimentary canal, especially on the stomach. It contains black vomit. The bowels contain the characteristic black matter. Dr. R. D. Arnold, of Savannah, has always found the liver pale and destitute of blood, and presenting a yellowish color, resembling that of boxwood. In all cases examined by him there was a total absence of bile in the alimentary canal. Microscopic observations by Prof. Clark, of New York, and Drs. T. H. Bache, Rhodes, Darrach and Green of Philadelphia, have shown that a great excess of oil generally exists in the liver, both free and within the proper hepatic cells, in which they frequently replace the nucleus; so that fatty degeneration of that organ may be considered as one of the characteristic lesions in fatal cases of yellow fever.

Cause.—This disease is no doubt caused by a direct specific virus generated in tropical climates with an average temperature of 72° F. The bacillus is supposed to be generated by vegetable decomposition in hot climates. It is evident that the morbid agent of yellow fever is different to that of remittent or bilious fever; for yellow fever is endemic in low districts near the sea in tropical climates; while bilious remittent fever is endemic in the southern states of the United States of America. That is to say, the bacillus of yellow fever cannot be generated in this country; but when they are brought here from the Islands the conditions of climate are sufficient to cause the bacteria to be propagated from individual to individual until a frost comes and kills them, and thus the disease is arrested. In the low lands of Cuba the bacillus are ever present ready to develop bacteria, when the animal tissues are in a certain condition. It is said that they are never developed 2,500 feet above sea level. It is said that the high lands of Cuba are exempted from bacillus, but if any of the inhabitants from the highlands visit the coast they are liable to yellow fever.

I do not know whether I have made the subject sufficiently

intelligible or not; but I want to impress the fact upon you that our whole country is exempt from yellow fever germs unless brought here from their native home in the tropics. When once here they find atmospheric, and other conditions, sufficient to cause the spread of the disease until frost terminates their existence. This being true, then the general government is remiss in its duty in not quarantining our southern coasts to prevent the landing of any vessels from yellow fever districts.

The theory is advanced that a compound salt radical, called cyanogen, formed in the mud of rivers by decomposition, is the cause of yellow fever bacillus. Cyanogen is the component of hydrocyanic or prussic acid. What ever may be the cause, it is evident that the morbid agent of yellow fever may be carried from one country to another and cause an epidemic to prevail.

Diagnosis.—In many respects yellow and remittent fevers resemble each other. But when you remember that in remittent fever there is a slight remission of the fever for a short time, when it again runs its course; and a remission occurs once in twenty-four hours; while in yellow fever it runs its course in from twenty-four to sixty hours and terminates in the second stage, when there is no fever, for a longer or shorter period, until the third stage is developed, when there is no doubt left as to the character of the disease. Post mortem reveals the fact that the stomach is inflamed both in yellow and bilious fevers, but it rarely contains the true black vomit in bilious fever. The liver in yellow fever is often bright-yellow, dry, and anæmic; in bilious, it presents wholly different phenomena. The gall-bladder in the latter is usually distended with black bile, in the former it is seldom distended, and often contains less than in health. The spleen, in bilious fever, is almost always enlarged and softened, in yellow fever it is often little if at all changed.

Prognosis.—In former years yellow fever has been a very fatal disease. In many epidemics 95 per cent. die. The

old school are more successful now than in former years. Some years ago the statistics from various European hospitals showed a mortality of 55 per cent.; while in the same epidemics the homœopathic school lost but ten per cent. in some hospitals, and 12 per cent. in others. That makes a wonderful showing in favor of the new school.

Yellow-fever is specially fatal to drunkards, delicate women, and children. It attacks persons with light hair and fair skin more readily than others. It is very mild when occurring in the natives of the tropics, also in Frenchmen, Italians, and Spaniards. It is more severe in the whites of North America, and still more so in Englishmen, and most fatal to Irishmen and Germans. It prevails mostly in the summer and autumn months. Its average duration is a week, and the most fatal period is from the third to the sixth day. Those who surmount the black vomit sometimes perish from exhausting abscesses, consequent upon the depraved state of the blood. A total suppression of urine may be regarded as a certainly fatal symptom in adults. In all cases terminating fatally, albumen appears in the urine on the second or third day.

Treatment.—FIRST STAGE.—*Camphor* is indicated on account of chills and shivering. The skin feels cold but patients refuse to be covered.

After the fever sets in you must make a judicious selection of the fever remedy. Generally the first to be thought of is *aconite*. But you must remember what I have already told you of the distinguishing, or grand characteristics of each remedy; you remember that *aconite* has a full bounding pulse with intense thirst for large quantities of water at short intervals.

Belladonna has bounding carotids, reddish face, headache, red staring eyes, and inclined to quarrel and fight.

Bryonia is indicated where there is thirst for large draughts of water at long intervals. Patient feels worse when moving, nausea when rising from couch.

Gelsemium is required when there are severe pains in back, and back of head, nausea, and has a tired feeling.

Arsenicum is rarely indicated in the febrile excitement of yellow fever. But you must remember that in all cases where there is intense thirst every few minutes, but the patient only takes a sip at a time, and he is tossing his hands and feet about, then *arsenicum* is your main remedy.

This is a disease that needs close attention, so as to meet any symptom that may arise. If you give your one remedy and do not visit your patient for twenty-four hours you may find new symptoms developed, and beyond the reach of the indicated remedy.

When there is nausea in the first stage, you may have to give *ippecac* or *antimonium tartaricum*. The remedies to which I have already referred, are all that you need for the first stage.

SECOND STAGE.—You will remember that this stage is characterized by a cessation of all of the symptoms. This is called the critical time, for an error in diet and treatment, and the patient will be lost. The patient must have nutritious but unirritating diet, and should remain in bed, and be kept comfortably warm. As soon as the fever abates then you should give *mercurius*, as in this disease there is always congestion of the portal system. If there are dark liquid evacuations from the bowels, then *podophyllum* is a valuable remedy, both for the congested portal system and the peculiar diarrhea. If the patient is restless and cannot sleep at night, then *coffea* will usually give relief.

THIRD STAGE.—When the third stage begins to develop, then it will require prompt action, and a nice discrimination of the remedies to be used. While we usually mention the remedies alphabetically, yet the indicated one may be the last on the list.

Argentum nitricum.—This remedy is often needed in the second stage on account of the vomiting of a brownish mass, mixed with coffee-ground-like flakes, with green fetid stools.

Arsenicum.—This remedy is indicated for violent vomit-

ing immediately after eating or drinking. The substances are brown and black. There is burning in the stomach, with great thirst, drinking little and often. Rapid prostration. Extreme restlessness and fear of death.

Cantharis.—Has highly colored red, or bloody urine, or suppression of urine. Cold sweat on the hands and feet. Constant desire to urinate.

Cannabis sativa has thick turbid urine, or stoppage by mucus.

Carbo veg.—Is indicated for hemorrhage, and great foulness of all the excretions. Patient wants more air, and to be fanned all the time.

Crotalus.—Has hemorrhages from the eyes, nose, mouth, stomach, and intestines. Tongue scarlet-red, or brown and swollen. Fetid diarrhea.

Mercurius.—Is indicated not only in the second stage for congestion of the portal system, but at any stage where there is bloody diarrhea, followed with pain in the rectum.

Sulphur.—Has itching and burning pain in the eyes. Vomiting of bilious, acid, bloody or blackish matters. Burning on top of the head. Frequent weak, faint spells.

Veratrum album.—Violent vomiting of green or black bile, with great weakness after. The stools are thin, blackish or yellow. Intense thirst for cold water. Excessive weakness. Pulse almost imperceptible. Cramps of the limbs, with cold sweat.

Veratrum viride.—Is indicated for congestion of lungs and stomach, with high fever, nausea, and vomiting; sensation as though the lungs could not be fully expanded; burning distress in the cardiac region; hiccough, with feeling as though a ball were lodged in the œsophagus.

Yellow fever is very fatal to females who are *enciente*. Uterine hemorrhages are very common. *Sabina* is indicated when the blood is bright-red. If the blood is dark colored, with uterine pains, then *secale* is called for, and the patient must be kept cool and quiet.

Mental Symptoms.—*Ignatia* has intense depression. *Hyoscyamus*, wild muttering delirium. *Strammonium*, has furious mania.

You must give *china* during convalescence. The diet should consist of milk, black tea, and beef essence. The patient must be kept quiet during the whole course of treatment. Statistics, old school 55 per cent.; homœopaths 10 to 12 per cent.

VARIOLA or SMALL-POX.

This is a zymotic disease of the eruptive variety of general or idiopathic fevers. It is contagious and sometimes epidemic. It has this peculiarity, that it attacks the patient but once during his life-time—there is sometimes exceptions to this rule. The disease is characterized by a continuous fever of three or four days duration, when a remission takes place, accompanied by an eruption of the skin, which is characteristic of a contagious specific virus. The disease manifests itself in three primary forms; and these, together with the modified varieties, and the pathological changes that produce the modification, may be classified thus:

VARIOLA.	{	Distinct, Confluent, Malignant, Varioloid, or Modified, Vaccina, or Prevention.
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Symptoms OF DISTINCT SMALL-POX.—The symptoms of small-pox are ushered in by a chill which lasts about half an hour, and is followed by a high fever. The face is flushed; the head and back are painful; the eyes are red and watery; the stomach is irritable with nausea and vomiting; the appetite is impaired, and the thirst is sometimes intense. These symptoms continue unabated until about the close of the third day, or beginning of the fourth; when an eruption makes its appearance, first on the face and neck. At this

time there is a remission of the fever, and as the eruption spreads over the body, there is a further abatement of the symptoms until the beginning of the fifth day, when the patient is quite comfortable, and is almost entirely free from fever. About the same time that the eruption makes its appearance upon the forehead, it may be observed on the mucous membrane of the fauces; and as it progresses on the face, it also extends from the throat to the sides of the cheeks. The eruption appears at first as red spots resembling flea bites, and they feel like little nubs under the finger—this is characteristic of small-pox, and is therefore diagnostic. The eruption passes through the stages of pimple, vesicle, pustule, and scab in the same order and regularity, beginning with the pimple on the face and extending over the whole body. The papular stage is completed by the middle of the fifth day. About the second day of the eruption the pimples upon the face undergo a change; the apex is filled with clear lymph and become depressed in the center. They are then called vesicles, and are soon surrounded by an inflamed areola. The vesicles take the same course and follow the same order of progress that are observed by the papulæ. They continue to enlarge and become pointed; their contents increase in quantity and are changed in color, and finally become purulent. The vesicles are now said to be mature, and are called pustules. This maturation is accomplished about the eighth day of the eruption. Soon after the pustules are fully formed, they undergo a change; their contents become darker; the areolæ begin to fade; and by the eleventh day the pustules become rough, break, and dry into scabs. By the fourteenth day the scabs begin to fall off, and leave the skin red and indented or pitted. The number of pustules in the distinct variety of small-pox are variable; sometimes they are few, and at other times the whole body is thickly covered; but still they are distinct.

Having traced the eruption from its papular form through its various stages to the maturation of the pustule, and the

exfoliation of the scabs; we must return to the primary symptoms and see what pathological changes take place in the system during the progress of those stages. We have already shown that as the eruption makes its appearance, the fever begins to decline; and by the time the vesicles are fully formed the patient is free from fever, and feels comparatively well. About the seventh or eighth day of the disease, the patient complains of sore throat, the fauces swell, and ptyalism becomes troublesome. About the eighth or ninth day secondary fever sets in, and it varies in proportion to the amount and character of the eruption. During the formation of the pustules the face swells; the mucous membranes are covered with the eruption; and the eyes are so much swollen, that the lids are often closed, and the patient is unable to see. The skin becomes itchy and the patient has a propensity for scratching. As the pustules reach maturity and break, there is an intolerable odor evolved, which if once inhaled will never be forgotten or mistaken. When the pustules begin to dry on the face, those on the extremities have only reached the period of suppuration. The feet and legs swell and undergo the same change through which the face and upper portion of the body has already passed.

If there is no complication in the distinct variety of small pox, the fever begins to decline with the formation of the scabs. The tongue cleans; the appetite begins to improve; and by the time that the pustules are exfoliated the patient is well. The duration of this variety of small-pox is from fourteen to twenty-one days.

CONFLUENT SMALL-POX.—The invasion of confluent small pox is similar to that of the distinct. The fever is more violent in the former, the pulse ranging from 110 to 120 or more per minute. The temperature is often 106° F., and does not fall so low during the remission as it does in the latter. The pain in the head, and lumbar region, and the gastric irritation are much more aggravated and annoying to the patient in con-

fluent than in the distinct. Delirium comes on sooner and is much more violent ; the eruption appears earlier and is thicker, and does not pursue that even and regular course through the various stages from pimple to pustule as we observe in the distinct ; nor are the pustules so perfectly developed. The fauces, and mucous membrane of the mouth, are thickly covered with the eruptions ; and the parts become so much swollen as often to cause the tongue to protrude, and prevent deglutition, and death often takes place by suffocation.

As the pustules mature, they run together and form a solid scab. The face becomes swollen ; the swelling often assumes the erysipelatous form and obliterates every feature. About the tenth or eleventh day of the disease, the scabs begin to turn brown, first upon the face and neck, and extend over the whole body in the same order in which the pustules matured. Beneath these scabs suppuration has been going on, and the face feels soft, and often fluctuates as an abscess ready for the lancet. If these scabs be broken there is a discharge, or oozing of very offensive pus. Sometimes, from the excessive itching, the patient breaks the pustular crust and leaves the parts raw, and discharging sanies and pus.

During the eighth or ninth day, the fever, which had abated during the papular and vesicular stages, returns, and with it an aggravation of all the symptoms. As the pustules are maturing the fever increases, the pulse becomes quick and full ; the tongue becomes dry and brown ; the head is often painful, and the patient delirious. He is often furious and uncontrollable ; he feels that he is among strangers ; and he does not recognise his best and dearest friends. He often leaves his bed and walks into the streets ; and if questioned he tells you that he is going home. At this stage of the disease we are liable to have a complication with inflammation of the brain, or pneumonia, bronchitis, erysipelas, diarrhea, and dysentery may set in with their train of symptoms, and may or may not compromise the life of the patient. If he escapes or survives these complications, there are other trials and dan-

gers through which he may be called to pass. For as the disease advances, and the matter from the pustules is reabsorbed, a blood-poison is generated, and the patient sinks into a typhoid state. The pulse grows quick and feeble; the feces are passed involuntarily; the urine is retained; the patient becomes comatose; he picks at the bed-clothes or imaginary objects; and death comes sooner or later to relieve him of one of the most loathsome diseases with which man has ever been afflicted. The disease does not always end in death. The patient may rally even from the prostrated condition to which I have referred, to be tormented with abscesses, boils, ophthalmic inflammation, ulceration of the cornea, and loss of the sight of one or both eyes; or if he escapes all of these troubles his convalescence is long and tedious; and his life is a burden to him for many weeks.

MALIGNANT SMALL-POX.—This is sometimes called *variola nigræ*, or black small-pox, from the dark color of the pustules, or livid appearance of the skin. This variety differs from ordinary small-pox only in degree. One and the same specific virus is the cause of all of the varieties of small-pox. And the difference in the types is owing either to the peculiar epidemic influence of the atmosphere, or the diathesis of the patient.

If a person, who is in the aplastic diathesis, and lives in an unhealthy location, and sleeps in a dark, damp, and badly ventilated room, be attacked with small-pox, it will be almost sure to put on that form called the malignant type. The symptoms at first may be similar to those of the ordinary distinct and confluent varieties, or even those of the modified form. But suddenly, before or after the eruption appears, the patient sinks into a low comatose condition, and dies in a few hours. But more generally death does not take place until after the seventh day. The patient is generally prostrated from the incipency of the disease. A low muttering delirium is soon developed; the gums and mucous membranes

early show a tendency to bleed; the eruption is imperfectly matured; the pimples look more like the spots of malignant ecchymosis than the red eruption of small-pox. Instead of the vesicles filling with the clear lymph of the other varieties, they are filled with a dark fluid; and instead of passing into the pustular form, they look more like brown blisters. At this stage the pulse becomes feeble; the breathing is laborious; the tongue is brown; subsultus tendinum is observed, and the patient passes away quietly without a struggle.

Pathology.—The pathology of this variety of small-pox consists in this, that the patient being in the aplastic diathesis, or in that condition in which the blood is deficient in plastic material, susceptibility is increased and vital affinity is perverted. And when the specific virus of small-pox enters the system a further change takes place in the blood, by which the nervous centers are depressed, capillary circulation is retarded, decarbonization of the blood is arrested, and death takes place with all the symptoms of blood poisoning.

VARIOLOID, OR MODIFIED SMALL-POX.—Long before vaccination was discovered it was noticed, in almost every epidemic of small-pox, that there were cases of a very mild character. They had all the characteristics of true variola without the eruption; while other cases would have a slight crop of pimples which would pass into the vesicular stage, and dry up without becoming pustular. These varieties were called the crystalline-pox, stone-pox, horn-pox, and wart-pox, according to the character of the vesicular eruption. This mild variety of small-pox is due to the hyperplastic diathesis, in which the system is scarcely susceptible to the specific virus; and when it enters the blood it is surrounded by a wall of plastic material, and is carried out of the system through the skin, upon which it is localized into vesicles. These vesicles dry up and scale off because the elements necessary to the formation of pustules, and the suppurative process are absent from the system. For this reason the disease is modified

or cut short in its progress. The true varioloid is a mild case of variola, which is modified in its symptoms, course, and results by a former attack, or by vaccination.

Symptoms OF VARIOLOID.—The symptoms of varioloid are similar to those of the distinct variety of small-pox. The eruption shows itself as early as the third day. After the vesicular stage is completed, the fever abates and seldom returns as in the other varieties. About the fourth day the temperature begins to fall; and about the sixth or seventh day it is nearly normal. There is no regularity as to the amount of the eruption. Sometimes there may be but one pimple found upon the face or breast; and that passes through all the stages, from papula to pustule, more speedily, and dry up more rapidly than in the other varieties. More frequently the face and body are pretty thickly covered with pustules; and once in awhile they may become confluent on the face. But they soon dry up without producing that intolerable odor, that accompany the other grades. Varioloid runs its course much sooner than the unmodified form of small-pox, and it is seldom complicated. When the eruptive stage is completed, the fever abates and the patient may be said to be convalescing; for the pimples often pass into the vesicular stage, and immediately dry up. Or if they do assume the pustular form, they pass into that stage so mildly that the patient feels no inconvenience, except a little cutaneous irritation.

Causes.—The question has been fully settled in the minds of the medical profession that small-pox is caused by a specific contagious virus; and that this virus is governed in its manifestations by epidemic and endemic causes. The poison may enter the system either through the mucous membranes, or the abraded cutaneous surface.

The question has long been discussed as to what stage of the disease, the patient can communicate small-pox. But, evidence is accumulating that the disease may impart its virus by the effluvia arising from the patient during febrile action, or during the suppurating stage of the pustules; or by the

variolous scabs after they have fallen from the patient. It is no longer doubted that the lymph of the vesicle or the dry scabs may attach clothing, or other fabrics, and be conveyed to the remotest parts of the earth, and then communicate the disease to the inhabitants. The clothing or fabric containing the virus must be well packed or excluded from the atmosphere in order to retain its contagious property for any length of time. It loses its communicability in a short time when exposed to heat or pure air. It is not known how long it takes the atmosphere to destroy the virulency of the morbid agent of small-pox, when that agent is contained either in the lymph of the vesicle, or in the dry scab.

The effluvia, which arises from the patient, is as contagious as either of the others; but so soon as it is mixed with a certain amount of pure air it is rendered harmless. A physician may remain in the sick room until his hair and clothing are filled with the exhalations from the patient; and after walking ten minutes in the open air, he is not capable of communicating the virus to others. But if he should get any of the matter from the pustules on his clothing, it would take several hours in the open air to destroy its communicability.

As I have already intimated, the question is often asked at what time is the patient, with small pox, capable of communicating the disease to others? I answer unhesitatingly from the time that the fever is developed until the patient is freed from the last scab, and his body is washed and his clothing is changed. The period at which small-pox is developed from the time of exposure may be stated at from five to twenty-one days, as exceptions to the rule; but from seven to nine days is the average duration.

The disease is not apt to attack a person the second time; but if it does so, the case runs a mild course and is free from danger.

There is but little known as to the *modus operandi* of small-pox virus in the system. But there is no doubt that the virus is an organic zymotic agent which produces a fermenta-

tive process in the system, by which the fluids of the body are all leavened, and the same characteristics are developed that were observed in the former disease from which the virus was derived.

There seems to be no difference in the communicability of the virus; for the confluent may generate the distinct or modified form; while they, in turn, may produce the malignant. That is to say, there is no difference in the malignancy of the virus; but that its activity or virulency depends upon the diathesis of the patient, or the epidemic influence of the atmosphere, or the sanitary condition of the place.

Morbid Anatomy.—But little may be said about the pathological changes in small-pox. The only characteristic appearance is the eruption on the skin and mucous membrane. If death occurs it takes place either by some inflammatory process, or a typhoid condition of the system. If from the former the pathology of inflammation will be manifest and give the same evidences of inflammatory action in the organs as from ordinary causes. But if death takes place from a typhoid condition induced by the disease, the solids and fluids will indicate the degree of malignancy of the disease.

Diagnosis.—The diagnosis of small-pox is sometimes difficult in the early stage. But the intense pain in the back, irritability of the stomach, and a quick full pulse, are symptoms that may lead us to suspect small-pox—especially if the disease is prevailing at the time. If, about the third or fourth day, an eruption makes its appearance upon the face, we may feel pretty sure that the case is one of variola. And if the eruption feels hard under the finger like little nubs or shot there need be no further doubt as to the character of the disease—it is diagnostic of small-pox.

The distinction between the varieties of variola is to be observed in the character of the eruption. Varioloid can only be diagnosed by the sparseness of the eruption. But when the vesicles are numerous, it is difficult to distinguish between it and distinct small-pox in the early stage. But in

varioloid the symptoms are milder; the fever subsides earlier, and the eruption hardly ever runs the regular course as they do in the distinct.

Prognosis.—The prognosis of small-pox must be grave or otherwise in accordance with the type of the disease. In distinct small-pox the cases generally recover with proper treatment and hygienic regulations. The confluent has been quite a fatal disease; but many cases recover with the improvement in modern treatment. The malignant type is very fatal—recoveries being the exception to the rule. Varioloid is never fatal except when it attacks an already shattered constitution.

There are certain symptoms and conditions by which we are enabled to guard our prognosis. The appearance of the rash at the stated time; its regular course from pimple to pustule; the remission of the fever at the approach of the eruption; and the mildness of the secondary fever; moderate swelling of the face and feet; the moist tongue; mildness of the cerebral wanderings, are all favorable prognostic symptoms. But, on the other hand, a rapid pulse; irregularity in the stages of the eruption; comatose condition with a dark, dry tongue; sordes around the teeth; and any organic complications, are unfavorable symptoms. And, finally, in all malignant cases the prognosis is unfavorable from the beginning.

From the statements of various authors it appears that the average period of mortality in hospital practice is about the eighth day, and in private practice between the twelfth and eighteenth day.

Treatment.—Primary fever requires either *aconite*, *belladonna*, or *veratrum viride*. You remember the distinguishing characteristics of each of the fever remedies. In the mild cases *aconite*, *antimonium tartaricum*, and *sulphur* are the only remedies required. *Aconite* for the febrile stage, *antimonium* for the eruptive stage, and *sulphur* during desquamation, to prevent after effects. These three remedies are strictly homœopathic in a majority of cases. But as we meet

with various types of the disease we have other remedies to meet each indication. As Ruddock has laid down concise rules for each stage and condition I will repeat what he says.

ERUPTIVE STAGE.—*Antimonium tart., thuja, sarracenia, sulphur.*

SUPPURATIVE STAGE.—*Antimonium tart., mercurius, apis, lachesis.*

RETROCESSION OF ERUPTION.—*Camphor, sulphur.*

CONFLUENT AND MALIGNANT CASES.—*Sulphur, arsenicum, phosphorus.*

COMPLICATIONS.—*Phosphorus, antimonium tart.*, for pneumonia; *aconite, bryonia*, for congestion of the lungs; *bryonia, kali bich., antimonium tart.*, for bronchitis; *rhus tox.*, for severe pain in the back; *mercurius*, for glandular swellings; *apis, belladonna*, for dropsical swellings, closed eyes, and swollen throat; *belladonna, hyoscyamus, stramonium, veratrum viride*, for delirium; *arsenicum, baptisia*, for sudden prostration and threatened syncope.

TO PREVENT PITTING.—*Sarracenia*; also picking the pustules on the face with a needle after dipping it in *carbolic acid*. Cover the face to exclude the atmosphere.

DESQUAMATION.—*Sulphur*, with frequent tepid sponging, and strict cleanliness.

SEQUELÆ.—*Sulphur mercuris cor.*, ophthalmia; *hepar sulphur, phosphorus, sulphur*, for boils.

PROPHYLACTICS.—*Vaccination, sulphur, vaccinin, thuja, antimonium tart.*

Apis.—This remedy is indicated where there are erysipelatous redness and swelling, and stinging pain, it matters not where located and in what stage of the disease it occurs. One of the grand characteristics of *apis* is a tight feeling in the abdomen as though something would break.

Antimonium tartaricum.—This agent will produce an eruption on the skin, and pass through the various stages as that of small-pox. In addition to this it is also valuable in the primary fever if nausea and vomiting occur.

Camphor.—Sudden desiccation of the pustules and disappearance of the swelling. Extreme prostration and sinking of the forces. Great coldness of the skin, but cannot bear to be covered.

Opium.—Do not forget that in any disease, when the patient is drowsy, with stertorous breathing, then *opium* is the first remedy to be thought of.

Rhus tox.—When typhoid symptoms supervene in variola then *rhus tox.*, is an invaluable remedy. The tongue is dry and cracked, corners of the mouth sore and ulcerated.

Sarracenia.—There has been no proving of this agent that I am aware of, but it would appear from some clinical experiments that it modifies the course of the disease, and lessens the chances of pitting.

Sulphur.—Teste says: When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, it is not to *arsenicum* that we should have recourse, but to *sulphur*.

Vaccinin and *variolin* have been highly extolled as remedies in this disease. It is said, by those who have used them extensively, that all stages of the malady are shortened, and the disease rendered mild and harmless. They promote suppuration and exsiccation, and prevent all scars.

It is reported that Jenner failed in vaccinating thirty soldiers when they were receiving *sulphur* treatment; subsequently all the men took the genuine cow-pox. This being true then we must infer that *sulphur* is a prophylactic against small-pox. But I imagine that to be able to ward off the virus of small-pox that the system must be brought under the influence of crude *sulphur*.

Patients with small-pox should be kept comfortably warm, but free from direct draught. The room should be well ventilated, and kept clean. Never allow your patients to have

warm drinks, but let them drink cold water in moderation. The diet must be milk, soft eggs, and beef essence. You must remember that your patient is in the aplastic diathesis and requires animal food to increase the plasticity of the blood.

After the pustules burst they may be powdered with starch or baked clay. The clay is a disinfectant, and is very soothing to the patient. I have never tried it, but I am inclined to think that if the pustules were covered with powdered clay so as to exclude the atmosphere, it would prevent pitting.

The patient should never leave his room until the scabs are all off his body, and then his whole body must be washed in warm water and soap, and attired in clean clothing, before he receives company or mingles in society.

All bedding and clothing used in the patient's room should be burned if they cannot be washed. If they can be washed then they should be immersed in hot water and raised to a temperature of 212° . The paper should be taken off the walls, the floor scrubbed, and then close all windows, doors and apertures after burning *sulphur* has been placed in the room. *Sulphur* is supposed to kill the bacteria or microbes.

DISEASE.	PERIOD OF INCUBATION.	ERUPTION APPEARS.	ERUPTION FADES.
Small-Pox	12 days.	3rd day of fever.	Scabs form 9th or 10th day of fever, and fall off about the 14th.
Measles	10 to 14 days.	4th day of fever.	
Scarlet Fever,	4 to 6 days.	2nd day of fever.	5th day of fever.

RUBEOLA or MEASLES.

This disease belongs to the eruptive type of continued fevers, and is contagious. Both children and adults are subjects of the disease.

Symptoms.—Measles begin with catarrhal symptoms, eyes red and watery, sneezing with a watery discharge from the nose. Fever sets in, followed by a hoarse croupy cough, face becomes swollen, tongue becomes dry, the throat is red

and tender. On the fourth day of the fever the eruption makes its appearance on the forehead and face, then on the neck and soon covers the whole body. Even before the fourth day the eruption may be seen in the fauces. The fever increases until the rash is well out, and in favorable cases it begins to abate. If the rash is abundant it is more favorable, and if it remains out three days there is no danger of retrocession. The eruption has a reddish, rough-looking appearance. The average temperature is about 103° , but much lower in mild cases. In ordinary cases the temperature reaches its acme on or about the fourth day. There is more or less bronchial trouble as the disease advances. The inflammation sometimes extends to the substance of the lungs, and produces pneumonia; or to the ramifications of the bronchial tubes, producing capillary bronchitis. The period of incubation is from ten to fourteen days. I, however, once knew a case developed on the thirty-seventh day after exposure to the virus of measles.

Diagnosis.—The diseases which sometimes may simulate measles, are roseola and scarlet fever. The eruption is very much alike, but in roseola there are no catarrhal symptoms. The strawberry tongue is wanting in measles, which is so characteristic in scarlet fever.

MEASLES.

1. Catarrhal symptoms are prominent—watery discharge from the eyes and nose, sneezing, harsh cough, &c.
2. The rash is of a pinkish-red, or raspberry color. The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in scarlet fever.
3. The eruption somewhat rough, so as to be felt by passing the hand over the skin, and is in groups of an eccentric form.

SCARLET FEVER.

1. Catarrhal symptoms are usually absent, but there is great heat of the skin, sore throat, and sometimes delirium.
2. The eruption is of a bright scarlet color, and by drawing the back of the nail over the skin a white streak is produced, which lasts two or three minutes.
3. The rash usually presents no inequalities to sight or touch, and is so minute and closely crowded as to give the skin a uniformly red appearance.

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| 4. Liquid, tender, watery eye. | 4. A peculiar brilliant stare, as if the eyes were glistened by an ethereal lustre. |
| 5. The cuticle is thrown off in minute portions, like scales of fine bran. | 5. Desquamation of the cuticle is in large patches, especially from the hands and feet. |
| 6. The most common sequelæ are diseases of the lungs, eyes, ears, and skin. | 6. The most frequent sequelæ are dropsy, especially after mild cases, and glandular swellings. |
| 7. The eruption appears on the fourth day of fever. | 7. Eruption on second day of fever. |

Prognosis.—The prognosis of this disease is generally favorable in sporadic and uncomplicated cases. But in complicated cases, and in certain forms of epidemics, it sometimes proves a fatal disease. The most dangerous complications are pneumonia, bronchitis, laryngitis, and the aplastic diathesis. In the aplastic diathesis the rash has a dark unhealthy appearance, and in the lowest grade of that diathesis the eruption turns dark, thus showing that the disease has assumed the malignant form called by some black measles. There is no separate disease of measles by that name, but one and the same virus acting on the aplastic diathesis makes the difference.

Treatment.—In the mild uncomplicated cases of measles you will require but three remedies. 1. *Aconite* for fever and catarrhal symptoms. 2. *Pulsatilla* is almost specific. If *aconite* is not indicated by intense thirst, or if it makes no change in the catarrhal symptoms within twenty-four hours, then you must look to *pulsatilla*. It is indicated by red watery eyes, and intolerance to light. There is a thick, greenish or yellowish discharge. (*Aconite* has thin watery discharge with sneezing). *Pulsatilla* has dryness of the mouth *without thirst*. The eruption is tardy in coming out. Cough worse towards night and during the night. There may be nightly diarrhea. Craves cool, fresh air, worse in a warm room.

Cases are on record where the disease, having been suppressed, was followed by troublesome sequelæ of different

kinds which lasted for months; when *pulsatilla* was given, the exanthema reappeared, ran its course, and the patients lost their secondary disorders.

3. *Euphrasia* is indicated by copious watery discharge from the eyes and nose. Sometimes the eyes are quite red, sore, and painful. In that case I have found the following wash very soothing. Tincture *calendula* ten drops; *hamamelis virginica*, distilled, ten drops; water one ounce; mix and wash eyes three times a day.

The foregoing treatment is generally sufficient for the simple variety of measles. But owing to the epidemic influence of diathesis in certain communities, you may have mild or grave complications, which must be speedily met or serious trouble may supervene. I need not refer to those complications in particular, for, as I point out the grand characteristics of the remedies, you will readily perceive what the pathological conditions are which call for those agencies.

Apis.—Confluent eruption and œdematous swelling of the skin. Cough and soreness in the chest as if bruised. Oppression of the chest, with inability to remain in a warm room. Scanty and highly-colored urine. Diarrhea in the morning, stools greenish-yellow.

Arsenicum.—Typhoid symptoms; burning and great dryness and itching of the skin; the eruption disappears too suddenly; constant craving for cold water, drinking often but little at a time; rapid prostration.

Belladonna.—Sore throat, dry spasmodic cough. Starting and jumping during sleep, with flushed face and red eyes.

Bryonia.—Congestion of the chest, stitching pains while moving. Great dyspnoea and quick breathing. Nausea and a faint feeling when rising. Thirst for large draughts of water at long intervals.

Antimonium tartaricum.—This remedy is indicated for loose rattling cough.

Camphor.—For depression of the vital forces. Face pale, and the skin cold, assuming a bluish tint. The eruption is

slow in its appearance and is irregular in its stages. *Camphor* has this peculiarity, the skin is cold, and yet the patient will not be covered.

Coffea.—Is indicated where there is extreme restlessness and wakefulness.

Ipecac.—Is called for where there is suppression of the eruption and constant nausea.

Mercurius.—Must be given where there are glandular swellings. Soreness of the throat, with ulcers on the tonsils, and flow of saliva. Diarrhea, with green, slimy, or bloody stools, with severe tenesmus.

Gelsemium.—If the eruption is slow in making its appearance, or having appeared, and suddenly recedes, and if there are symptoms of convulsions, then *gelsemium* is your main remedy.

Phosphorus.—Is indicated for violent coughing with brick-dust sputa. Pain in left side is of frequent occurrence. The patient is often hoarse, with loss of voice. Sometimes there is a hoarse croupy cough, which is very harrassing and calls for the use of *spongia*. If the croupy cough is accompanied with expectoration of a stringy phlegm, then *kali bichromicum* must be called into requisition.

Sequelæ.—Measles almost always leaves some complication in its train. The lungs, eyes, ears and skin, are the parts usually affected. If there is a tubercular diathesis lurking in the measles patient, it is likely to be called into action. So if you are aware of that fact you should give your patient special care, to see that the eruption is plentiful, and kept out at least two days, and longer if possible. The patient must have fresh air without a direct draught. If the eruption recedes suddenly, then the patient should be put into a warm bath for a few minutes, wiped dry and rolled in warm blankets. At the same time giving the indicated remedy.

I wish to urge the fact upon you to never let your patients have warm drinks of any kind, nor stimulants, for they only

increase the febrile excitement, and thus endanger the life of your patient. I allow my patients cold water as often as they call for it, and why? Simply because it is refreshing; it moderates the fever, and thus lessens the chances of inflammation, and above all, cold water brings the eruption to the surface more readily than any other means. The philosophy of cold water internally is this, the mucous membrane of the alimentary tract is full of the eruption, and by cooling the stomach with cold water the eruption is forced to the cutaneous surface. This is illustrated by the fact that if you take a pitcher in a very hot day and fill it with water containing a piece of ice, in a short time you will notice drops of water standing on the outside of the pitcher. The pores of the pitcher were filled with caloric, the ice coming in contact with the sides of the pitcher forced the heat to the external surface and vaporized it, and finally condensed it into drops of water on the sides of the pitcher.

I remember, when I was ignorant of homœopathy, and had uncertain means to force the delayed eruption, and the patient seemed to be consumed with fever, and the eruption only made a slight appearance, I determined to give my patient ice-cold lemonade. I allowed her to drink half a goblet at once, and if the rash was not out in half an hour to repeat the dose. After the first drink I ventilated her room, covered her with a blanket, and in half an hour she was sleeping quietly and the whole body was covered with a fully developed eruption. I gave her no more medicine, but let her have the cold lemonade when she called for it, and she made a speedy recovery.

The patient should be confined to a light diet, and gradually return to solid food after the eruption has disappeared. The patient should avoid taking cold, because the sequelæ are always troublesome. The bedroom should be free from sunlight until the inflammatory condition of the eyes has disappeared, and then the light may be gradually increased.

Sulphur is a good remedy to give during convalescence.

SCARLATINA or SCARLET FEVER.

The idiopathic eruptive disease known as scarlet fever, is characterized by a fine red rash covering the cutaneous surface; and is accompanied with sore throat. The throat affection is a local manifestation of the general character of the disease, and is therefore an index of the pathological change that is going on in the animal economy. By the different degrees of inflammatory action that are observed in the fauces, and the character of the general symptoms that accompany those changes in the throat, we have three varieties of scarlet fever. They are thus classified:

SCARLET FEVER.	{	Scarlatina Simplex, Scarlatina Anginosa, Scarlatina Maligna.
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I remark that this classification is arbitrary, and only shows the different grades of the same disease. There are general pathognomonic symptoms that are common to all of these varieties; and it is only a difference in the diathesis of the patient, or the epidemic influence that makes the difference in the three grades of the disease.

I will first take up the clinical history and symptoms of the simple variety of scarlet fever, and afterwards notice the differential character of the other two grades.

SCARLATINA SIMPLEX.—Scarlet fever is ushered in by the premonitory symptoms that usually accompany exanthematous diseases in general. The patient feels a little indisposed for a short time, with some pains in the back and limbs. There is usually a slight chill followed by fever; the pulse is quick, the skin is hot and dry, the face is flushed; nausea and vomiting is almost always present in children; and the throat looks a little inflamed, with some tenderness in swallowing. As the fever increases the temperature rises, and about the second day of the fever a red rash makes its ap-

pearance, first upon the face, neck, and breast, and spreads to every portion of the body. The rash is of a peculiar redness, and has been compared to the color of a boiled lobster. The eruption in this variety is more diffused, and it is of a brighter color than in either of the other varieties. The simple variety of scarlet fever is characterized by the absence of sore throat, or if it be present it is of a very mild character. There is a diversity of grades in this variety of the disease. Sometimes we have fever and sore throat without the rash; at other times we have the rash with but little fever and no sore throat. The patient often continues about his room, and is never sick enough to go to bed. But, more generally, the fever lasts for four or five days with considerable severity.

The rash begins to fade with the decline of the fever, and desquamation takes place. Sometimes the cuticle of the whole body scales off—especially the palms of the hands and soles of the feet. During the period of desquamation the skin is itchy, and sometimes irritable. At the end of the fourteenth day the stage of desquamation is usually completed, and the patient may be said to be convalescent. But he is to be carefully watched for some time after this period; for he is still liable to relapses, or to attacks of the sequelæ to which I will refer hereafter.

Having given the clinical history and some of the most prominent symptoms of the simple variety of scarlet fever, I now call your attention to a much more grave character of the disease, which has been called

SCARLETINA ANGINOSA.—This variety of scarlet fever is accompanied, in its incipiency, with all the symptoms of the simple variety, except that the throat symptoms are more early marked. The patient complains of pain and difficulty in swallowing at the time, or soon after the fever is developed. The jaws are stiff, the tonsils are swollen, and they are of a deep red color; and as the disease advances they become covered with an ash-colored exudation, either in patches or

diffused. The disease spreads to the nares, producing a stuffing of the nose with an acrid secretion, the submaxillary and parotid glands swell and often suppurate, and leave discharging ulcers. The pulse is quick, often 120 to 130 per minute, in children, the skin is hot and dry; the temperature ranging from 105° to 106° F. The tongue has a peculiar red appearance with the papillæ elevated. To this condition the term strawberry tongue has been applied because it resembles a red strawberry.

As the disease advances the discharge of saliva and sanies from the mouth and throat become very offensive. The patient becomes feeble, delirium sets in; he becomes restless, and sinks from prostration. But, more generally, the patient dies from suffocation induced by the diseased condition of the pharynx, and extension of the disease to the larynx and trachea. If the patient survives the ravages of the disease he is often left in a wretched condition. He may become deaf in one or both ears, and his voice is often so affected that he is unable to articulate distinctly ever afterwards. I am glad, however, to say that this once terrible scourge of the infantile race is now (thanks to homœopathy) in a measure under the control of the physician, and a large majority of the cases recover if treated in time.

It is sad to contemplate that there is still another variety of scarlet fever that often bids defiance to our best efforts. We refer to malignant scarlet fever, or scarlatina maligna,

SCARLATINA MALIGNA.—This is the name of that variety of scarlet fever which assumes a low typhoid or malignant type from the beginning, or soon after the fever is developed. The pulse is generally quick and feeble; the tongue is brown and fissured, the throat is of a darkish or purplish tint; the tonsils are covered with an exudation of a brownish color; sordes gather around the teeth; the gums bleed at the slightest touch and the breath is offensive, thus showing the septic condition of the blood. Diarrhea is often troublesome from the

beginning of the febrile stage, and as the disease advances the stools are passed involuntarily ; the pulse becomes quick and fluttering ; the skin is bathed with a clammy sweat, and the patient dies in from six to fourteen days. In some epidemics patients, who are in the aplastic diathesis, are stricken down in from thirty to forty-eight hours after the fever is developed. They die from prostration of the organic functions. The rash in this variety of scarlet fever is later in making its appearance than in either of the others, and instead of its pursuing the usual course, as in the other forms, it often assumes the character of ecchymosis ; that is, looks like a bruise.

Sequelæ.—Some of the most obstinate and distressing features of scarlet fever are the sequelæ that often follow in its train. Inflammation, suppuration, and ulceration of the internal ear is of frequent occurrence in the anginose and malignant types of this disease. If this condition is not speedily arrested, perforation of the tympanum and permanent deafness will be the result. Abscesses are liable to occur in any portion of the body, but more generally the parotid and submaxillary glands are the seat of abscess and ulceration ; or the glands may be left tumefied for several months after the patient is apparently well. The joints are often left swollen and painful. Dropsy is, perhaps, the most dangerous sequelæ with which we have to contend, and it makes its approach in a quiet and unsuspecting manner.

I once had a little patient who passed through a very severe attack of the anginose variety, and apparently regained her usual health ; but two weeks after she had been able to go to school, it was noticed that she became short of breath by exercising. Upon examination I found a collection of water in the thorax, producing what is called hydrothorax. But more generally we have anasarca. Sometimes we have ascites, hydropericardium, and hydrocephalus. In the different forms of dropsy the renal functions are generally at fault.

Cause.—The cause of scarlet fever, like the other exanthematous diseases, is produced by a zymotic specific virus.

The disease prevails epidemically and endemically. The virulency of the disease depends upon two causes, viz.: the character of the epidemic influence and diathesis of the patient.

Scarlet fever generally attacks children under ten years of age. But it may attack any age. As a rule a person has the disease but once during his natural life; yet there are exceptions to the rule.

Diagnosis.—It is sometimes difficult in the early stages to distinguish between the premonitory symptoms of scarlet fever and the other eruptive fevers. But the peculiar redness of the throat, frequent vomitings, and the condition of the pulse, are symptoms that may lead us to suspect the character of the trouble. There is a peculiar quick, sharp beat of the pulse in scarlet fever that is a diagnostic sign to the trained finger, and which early arouses suspicion in the mind of the practitioner as to the nature of the disease. It is, however, only when the eruption appears that we can give a positive diagnosis.

The fine red rash of scarlet fever is readily recognized from that of the rough-like patches of the eruption of measles by any one who has ever compared the two diseases. And then again the eruption of scarlet fever appears on the second day of the fever; while in measles the rash does not appear until the fourth day. The strawberry tongue of scarlet fever is wanting in measles. Roseola has a finer rash than measles, but not nearly so fine as scarlet fever, and the fever is much less than in either of the other diseases; and then, again, roseola has but little or no sore throat.

The principal diagnostic feature of the three varieties of scarlet fever are to be found in the character of the throat affection and the early prostration of the system. *Scarlatina simplex* has a bright red throat with but little or no exudation. The *scarlatina anginosa* has ash-colored patches on the tonsils; while the exudation of the malignant type is dark, and the rash is of a darker tint.

Prognosis.—The prognosis of the simple variety is almost always favorable. Yet some of the worst forms of sequelæ often follow this variety unless carefully watched. The urine should be examined every day by the mother or nurse, and if it becomes scanty or highly colored, then is the time to prevent dropsy by appropriate treatment; whereas, if this precaution is not taken, and the feet, hands, face, and abdomen begin to swell, then it may be too late to rescue your patient from the grave.

The anginose variety must be prognosticated in accordance with the character of the epidemic, and the sanitary condition of the patient. It is sometimes a most dangerous disease during some epidemics. Its danger lies in the fact that the patient may die from suffocation owing to the swelling of the neck and throat. But with proper treatment and sanitary regulations a large majority of the cases recover.

The malignant type, as its name implies, is sometimes a most fatal disease among children. It often passes from house to house, and every child of ten years and under becomes its victim. The only exception to this rule is where certain members of the family are in the plastic or hyperplastic diathesis, and are therefore able to ward off the virulency of the disease, or its epidemic influence. This is the reason why some families escape the disease, while others, less favored, readily succumb to its ravages.

Treatment.—Our object must be to lessen the fever, neutralize the poison, change the diathesis, repair the damage already done to the organic functions, and restore tonicity and vital affinity to the system.

Some years ago when the microscopists found bacteria in scarlet fever patients, it was published to the world that Hahnemann's theory must fall to the ground, because it was shown that the cause of scarlet fever was a living animalcule, and hence his 30th potency of *belladonna* could not destroy the germ of the disease; and hence, Mr. Hahnemann was mis-

taken in his law of cure; for *belladonna* could not produce nor kill the bacteria. Nevertheless, homœopaths have cured thousands of cases with *belladonna* alone. The question arises does the bacteria cause scarlet fever, or does the disease produce the bacteria. I would like to see a bacterium taken from a patient before the disease was developed, or if we could find the bacillus attached to the air-passages, or in the drink of the patient, then we could have some data upon which to predicate a theory. But, in the meantime, while scientists are discussing the shape and size of the animal, homœopathists everywhere are curing simple scarlet fever with *belladonna* in accordance with the law of cure. Hence, "*similia similibus curantur*" still maintains its ground, because it is a fixed law of nature.

Treatment OF SIMPLE SCARLET FEVER.—As a rule this type requires nothing but *belladonna*, when the eruption is smooth and of a scarlet-red. If the throat is quite sore, a few doses of the *biniiodide of mercury* may be given. The patient may be allowed cold water, and if the body is hot he may be sponged with cool water in the early stage of the fever, and when the time arrives for the rash to appear, and it seems slow about coming out, or if it recedes too soon, then the patient may have a warm bath, or wrapped in blankets dipped in warm water. If *belladonna* fails to arrest the fever in time, then you can resort to *aconite* if the symptoms demand it.

As the disease begins to decline *sulphur* is a good remedy to assist nature in restoring the organs and tissues to their normal functions, and thus avoid, in a measure, the sequelæ.

Arsenicum is supposed to act favorably during the period of desquamation. When the rash makes its appearance the skin itches and burns, and thus makes the patient nervous and restless. In that condition the whole body should be greased with old bacon as often as necessary to quiet him. The salty bacon not only relieves the itching and burning, but also prevents the patient from taking cold. The kidneys

must be watched for two or three weeks after convalescence so as to detect any abnormal action, and thus by timely treatment to ward off dropsy. The diet should be nourishing but unirritating. Pure milk is the best nourishment any patient can have in almost every condition. But it is only in typhoid fever and inflammation of the stomach and bowels that you withhold solid food in small quantities from your patients.

Treatment OF SCARLATINA ANGINOSA.—In this variety you must make a judicious selection of your remedies, for you have no time to lose in guessing. If there is no special indication for *aconite*, I begin my treatment with *belladonna* and *biniodide of mercury*, and keep them up unless some new symptoms develop. I have had such uniform success with those remedies, that it almost becomes second nature to prescribe them. You will remember that the indications for *belladonna* are a bright red throat, red staring eyes, with more or less head symptoms. The indications for *biniodide of mercury* are ulceration of the tonsils, or the fauces are covered with an ash-colored exudation, with a pinkish tint surrounding the patches of exuded lymph.

After giving the remedies I have mentioned a fair trial, then you must be prepared to meet all symptoms as they arise, and in order to assist you I mention a few remedies with their grand characteristics.

Apis.—Has great swelling of the throat; the nose discharges a thick, white, fetid, or bloody mucus; ulcerated throat; abdomen sore to the touch; child lies in a stupor.

Arum triphyllum.—Corners of mouth and lips sore and cracked; putrid sore throat.

Cantharis is indicated when the throat is swollen and burning as if on fire; pain in the region of the kidneys with scanty urination.

Camphor.—Sudden retrocession of the eruption; extremities cold and purple; hot perspiration on the forehead, but patient refuses to be covered.

Hyoscyamus.—Great restlessness, screaming, and convulsions.

Opium.—Head symptoms, with coma.

Strammonium.—Delirium with muscular jerkings.

Zinc is indicated for cerebral paralysis.

Treatment OF SCARLATINA MALIGNA.—In all of the grades of scarlet fever you must select your fever remedy in accordance with the symptoms present. In the malignant type, however, you have but little time to lose, and hence you must meet the grave symptoms at once irrespective of the fever. *Ailanthus* is one of the best selections we can make. It has small, rapid pulse; severe headache, with hot, red face; skin covered with a miliary rash, with efflorescence between the points of a dark, livid color, (smooth, bright-red.—Bell.) The livid color, when pressed out with the finger, returns very slowly, (Bell, very quickly). Violent vomiting.

Arsenicum.—This is indicated where the eruption grows suddenly pale, with rapid prostration; putrid sore throat, internal heat, with external coldness; fetid diarrhea.

Arum triphyllum.—Corners of the mouth and lips sore and cracked; putrid sore throat; nose stopped up, or discharging a burning ichorous fluid, excoriating the nostrils and upper lip.

Bryonia is indicated when the eruption does not come out fully, or suddenly disappears, and when the chest becomes involved; patient wants to lie perfectly still.

Camphor.—In desperate cases; extremities cold and purple.

Coffea.—When patient is restless and cannot sleep *coffea* is your main stay.

Cuprum acetate.—Is indicated when metastasis to the brain is apprehended, or the eruption suddenly disappears, followed by convulsions and vomiting. Sopor and delirium.

Gelsemium.—This is an excellent remedy for fever, brain symptoms, nervousness, to bring out the rash, and where there is a tendency of a remittent character.

Ipecac.—Constant nausea and vomiting of green, bilious or slimy matter.

Lachesis.—Diphtheritic inflammation of the throat, with great difficulty in swallowing; external throat swollen and very painful to the touch.

Muriatic acid.—Is indicated where the throat and tonsils are swollen, and covered with dark colored ulcers; great tendency for the sloughs to extend and run together; discharge of thin, acrid pus from the nose, excoriating the parts; sliding down in the bed.

Nitric acid.—Putrid-smelling breath; mouth full of fetid ulcers; swelling of the parotid and submaxillary glands; ulceration of the corners of the mouth and lips.

Opium.—Extreme drowsiness, stertorous breathing and vomiting; delirious talking, with eyes wide open, face red and puffed up, impending paralysis of the brain.

Rhus tox.—Dark colored rash and itches violently; pain in the limbs and joints; ichorous or yellow, thick discharge from the nose; constantly changing position.

Sulphur.—This remedy should be given during the decline of the eruption to ward of sequelæ.

Zinc.—Threatening paralysis of the brain; jerking of the whole body, or twitching of single limbs; grating of the teeth, and shrill cries, frightful dreams during sleep; icy coldness of the skin from sunken vitality.

In all of the varieties of scarlet fever, you must rub the body with old bacon often enough to quiet irritation and itching of the skin. Some recommend other inunctions, but I have found nothing to equal old bacon.

LOCAL APPLICATION.—If the patient can gargle, then you can mix from five to ten grains of *permanganate of potash* to a goblet of water and let him gargle every six to eight hours. It is soothing, healing, and a disinfectant to the foul odor coming from the mouth and throat. In children, or those who cannot gargle, you may use the mixture with an atomizer. If in addition to the exudation, the tonsils should be so enlarged

as to impede the breathing, then you can use the *peroxyd of hydrogen* with an atomizer every hour till the tonsils are reduced so that there is no danger of suffocation; or, if this proves insufficient, and there is great danger of suffocation from the enlarged tonsils then you can introduce a rubber tube between the tonsils, and let it hang out on the side of the mouth. In this way the patient can breathe through the tubing. For the swollen neck I invariably have the nurse cut old fat bacon in thin slices, and sprinkle a little fine salt and pepper on them and bind them on the external neck. When they cause fine pimples to appear they may be taken off, and a dry cloth supply their place.

Sequelæ.—The most dangerous complications following scarlet fever are inflammation of the ears, and glands about the neck, nose, eyes, kidneys, and dropsy.

OTITIS AND OTORRHŒA.—Otitis or inflammation of the internal ear is a very painful and annoying affection whether the result of scarlet fever or from cold. The ears feel sore and swollen at the beginning, and soon the pain becomes almost unbearable, and unless the inflammation is speedily arrested an abscess of the middle ear will be the result, with perforation of the tympanum. The danger of this affection is, that it may extend to the dura mater, and prove fatal, by inflammation of the brain. Or the perforation of the tympanum may be followed by an otorrhœa and permanent deafness. I am glad to tell you that the majority of the cases may be prevented or cured by homœopathic treatment.

Treatment OF OTITIS.—As soon as pain is felt in the ear you mix two drops of a dilution of *aconite* in a teaspoonful of warm water and fill the ear; the water must be as warm as the patient can bear it. As soon as the mixture gets cold in the ear then it may be allowed to run out. If the pain is not relieved, you must repeat the application until the patient is relieved. It should be repeated every one to two hours, or as often as the pain returns. By this plan of treatment you will save a majority of cases from running into an

abscess. At the same time that you are using the medicated warm water you can give *aconite* internally every one to two hours. If *aconite* fails to give relief in a few hours, then you must resort to *belladonna* or *pulsatilla*. If the ear has a bright red color, face and eyes red, with headache, then *belladonna* is your remedy. On the other hand, if there are darting, tearing pains, or stinging in the ear, and a feeling as though it was stopped up, then *pulsatilla* is indicated. This remedy is the great ear remedy.

I have frequently found that a drop of *mullein oil* put in the ear will give relief. For those terrible neuralgic pains *chloroform* often gives immediate relief. You take a small bit of absorbing cotton and put a few drops of *chloroform* on it, then envelope the whole in a piece of dry cotton and introduce it into the ear and cover with a piece of paper to retain the fumes of *chloroform*. As a rule, you should never allow a patient to put cotton in the ear to exclude the atmosphere. It presses the ear and often makes it sore. No thick *viscid oil* should ever be used in the ear, for it causes an accumulation of dust to settle there.

OTORRHŒA OR DISCHARGE FROM THE EAR.—When there is a discharge of bloody fetid pus, *mercurius* is called for. But if there is a discharge of pus from the ears, with humming and tingling in the ears, and there is a hardness of hearing, as if the ears were stopped up, then *pulsatilla* is the indicated remedy.

Petroleum.—*Petroleum* is indicated where there is deafness, with ringing, itching and cracking in the ears, and diminished secretion of wax. I have stopped the discharge and ringing in the ears by the use of *petroleum* and *pulsatilla*, and restored many to hearing after many years standing.

GLANDULAR SWELLINGS AND SUPPURATION.—When the glands are swollen and hard, *baryta carb.* and *rhus tox.* are the first remedies to be given, these must be followed by *protoiodide of mercury*. After suppuration takes place then you must give *muriatic acid*, *arsenicum* and *sulphur*, as they are

indicated. The patient must be nourished by milk, soft-boiled eggs and beef extracts.

NASAL CATARRH.—This affection is often developed by scarlet fever. There is a thickening of the pituitary or Schneiderian membrane caused by congestion. The discharge is often thick, of a yellowish cast and bloody, or it may be of a greenish cast. If there is nothing blown from the nose the patient feels a dropping from the posterior nares which causes him to hawk frequently, especially in the mornings.

Treatment OF NASAL CATARRH AND OZENA.—I now have reference to nasal catarrh following scarlet fever, and the chronic variety. Acute catarrh of the nose and bronchi comes under the head of colds, and hence I have no reference to the treatment of those affections at the present time. But the treatment I now give you has reference to the chronic variety, which if neglected merges into a fetid condition called ozena. Ulcers form in the nose and discharge a purulent matter, which sometimes becomes terribly offensive.

Arum triphyllum.—This remedy is indicated after diphtheria and scarlet fever, when there is a corrosive yellow discharge from the nose, which produces a raw chapped condition of that organ.

Aurum metallicum.—Produces an excessively fetid discharge, often looking like the white of an egg. The odor sometimes has a putrid smell when the nose is blown. Caries of the nasal bones indicates this remedy.

Hydrastis Canadensis.—Both internally and externally as a wash, is called for where ozena is present with a bloody, purulent discharge.

Kali bichromicum.—Is called for when there is a toughropy discharge from the nose, or dripping from the posterior nares. It is sometimes blown out in green masses; or hard plugs.

Mercurius biniodide.—This remedy is called for especially for nasal catarrh in scrofulous patients. The glands are swol-

len, the nasal bones become diseased, the nose discharges a whitish-yellow and often bloody matter, mucus drops into the posterior nares, which causes a hawking, to get it out, especially in the morning.

Nitric acid.—Is indicated where there is a dirty bloody discharge from the posterior nares. Also for nasal ulcers with a yellow fetid discharge.

Petroleum.—When there is a purulent discharge from the nose, and hawking of thick phlegm from the posterior nares, then you can try *petroleum*.

Pulsatilla.—Green fetid discharges, or greenish hard masses, call for *pulsatilla*.

For a local application, a solution of *permanganate of potash* is an excellent remedy to disinfect or destroy the odor of nasal catarrh. It may be applied with atomizer or nasal douche.

Iodine and *carbolic acid* are also good local agents, and may be used in the following way: *Iodine*, five grains; *carbolic acid*, two grains; *chloroform*, half an ounce; mix and put into an ounce glass-stoppered bottle. Shake and inhale fumes morning and night.

If the eyes are much swollen; conjunctiva red, swollen, and a stinging pain, *apis* is called for.

Arsenicum.—Is called for where there is thirst for water but patient can drink but a few sips at a time. There is an intolerance of light, every thing appears green, eyes red and painful.

Argentum nitricum.—This remedy is called for where the lids are swollen and red, conjunctiva red and painful, cornea ulcerated, profuse purulent discharge, with granulated lids.

Belladonna.—Has intense redness and pain in the eye, with bright sparks before the eyes. Eyes dry, feeling of sand in the eyes, pupils dilated. *Belladonna* is one of the first remedies to be thought of in acute inflammation of the eyes.

Euphrasia.—In catarrhal ophthalmia where there is much lachrymation and mucous discharge; capillaries of conjunc-

tiva enlarged. Sensation as of sand in the eyes; vesicles and ulcers of the cornea all call for *euphrasia*.

Mercurius Corrosivus.—This is the remedy par excellence of the homœopathic ophthalmologist. Some of my most brilliant cures of ulceration of the cornea are attributable to this remedy. It is indicated where the pupils are contracted and insensible to light, deep ulcers on the cornea, with acrid discharges from the eyes, making the surrounding parts sore, with pimples or little boils around the eye. It is also indicated when the iris and retina are involved.

Staphysagria.—This remedy is indicated where there are hot scalding tears flowing from the eyes when looking at a bright light. Also for hard crusts and little boils on the lids.

LOCAL APPLICATIONS.—As a rule homœopaths are opposed to the use of local applications. While it is true that a judicious selection of homœopathic remedy internally is all that is necessary, yet sometimes local applications are very soothing, and often expedite the cure, therefore, I recommend the use of the following washes for diseases of the eyes following diphtheria and scarlet fever: Tincture *calendula*, ten drops; *hamamelis virginica*, distilled, ten drops; *aqua distillata*, an ounce; mix and drop a few drops into eyes morning and night. This is a soothing and healing application in highly inflamed eyes. If the lids are swollen, granulated and discharging a thick pus, the eyes looking like a piece of raw beef, then the following, in connection with the potentized drug internally, is an admirable treatment: *Argentum nitricum, crystal*, two grains; *aqua distillata*, one ounce; mix and drop into eye once a day, until discharge of pus is arrested.

If the eye is painful, the cornea is ulcerated, and the iris and retina are involved, then we must resort to some means to prevent the exuded lymph from binding the iris and retina with adhesive bands, and thus obscure vision or produce total blindness. In order to prevent such an evil the iris must be kept expanding and contracting alternately until inflammation abates, and there is no possibility of adhesion taking place.

This object can be accomplished by *sulphate of atropia*, in the following way: *Sulphate atropia*, two grains; *aqua distillata*, one ounce; one drop into eye once a day until pain abates and the pupil is dilated, then discontinue the drops until pupil contracts again. In this way you relieve pain and overcome iritis and prevent adhesion.

POST-SCARLATINAL DROPSY.—Dropsy after scarlet fever is likely to follow any of the types, but more especially the simple variety. This is probably due to the fact that scarlatina simplex is so mild that often there is but little medicine used, and hence the poison is not wholly removed from the system. This being true, then the kidneys having a double office to perform, and not having the appropriate remedies to assist them, the consequence is that a congestion, and subacute inflammation of the kidneys, is set up, and they are unable to perform their functions properly, and hence a post-scarlatinal dropsy is the result.

The symptoms preceding this trouble are a frequent desire to urinate; the urine is scanty, highly colored, or of a smoky cast, owing to the presence of blood. It is of a high specific gravity, 1.015 to 1.094. Normal specific gravity is from 1.015 to 1.025. The pulse is quick, patient thirsty, and the skin is dry. The whole body soon becomes edematous. That is to say the areolar tissue is filled with a serous or watery fluid. The first indications of an improvement are a copious secretion of urine and abatement of fever.

Treatment.—*Apis* is indicated when the skin is swollen, and has a pale waxy appearance, soreness of the abdominal walls; stinging, burning pains in different parts of the body; must sit straight up to get any ease; urine scanty, dark, like coffee-grounds.

Cantharis.—When there is pain in the loins, with scanty high-colored, bloody or albuminous urine, calls for *cantharis*.

Apocynum Cannabinum.—This remedy has a sinking feeling at pit of the stomach; bruised feeling in the abdomen; irritable condition of the stomach; obliged to sit up; lying

down produces violent dyspnœa ; urine very scanty, thick, yellow, and turbid.

Arsenicum.—Is indicated when the skin looks livid, pale or greenish ; dropsical swellings of the abdomen and extremities ; great debility and prostration ; faint feeling from slight motion.

Helleborus.—Frequent desire to urinate, with scanty emissions ; after standing, the urine looks like coffee-grounds.

Colchicum.—Face yellow and edematous, urine scanty and dark colored.

DROPSY OF THE SCROTUM OR HYDROCELE.—*Iodine, rhododendron, pulsatilla, sulphur*, are the remedies indicated in this affection, and will usually cure if given in the acute stage. I have cured many cases without the use of the aspirator or trochar. Do not forget that a patient with scarlet fever should never leave his bed or his room until the skin is done peeling. Remember also to give instructions to have the urine examined regularly, and the very moment it becomes scanty and highly colored, then is the time to ward off dropsy by appropriate remedies. If the kidneys are acting freely, and the urine is normal ; that is, amber-colored, then you need not fear dropsy.

DENGUE-FEVER.

This is a fever of the continued type, occurring in the East Indies, the West Indies, and the southern states of America. It is a disease which resembles rheumatism in some of its symptoms. Patients are awkward and stiff in their gait, and for this reason the natives of the islands call it dandy fever, and on account of the pains and stiffness it is also called breakbone fever. Owing to the rheumatic symptoms and a peculiar rash, it is sometimes called eruptive rheumatic fever. It is supposed by Goodno that dengue is a Spanish corruption for "dandy."

Symptoms.—The disease is ushered in suddenly with vomiting, pains in the head, back and limbs, rigors are often present. The skin becomes hot and dry, pulse rapid, small and feeble; face is red, eyes red and watery; tongue red and clean. There is a remission of fever about the end of the third day, which lasts from two to four days, when nausea, heat, and muscular pains return, accompanied by an eruption which first appears in the palms of the hands. The rash sometimes resembles that of scarlet fever and measles. The disease lasts from ten to fourteen days, but the depression, both mental and physical, often last for sometime after convalescence has been established.

Diagnosis.—The locality where it occurs, the aching of the bones, the red clean tongue, scarlet rash of the palms of the hands, is characteristic of dengue.

Prognosis.—This is always favorable unless occurring in a broken down constitution, or it may prove fatal to infants by producing convulsions.

Causes.—As this disease occurs in tropical climates we might infer that marsh miasmata had something to do with its origin, and yet there seems not to be malaria sufficient to produce bilious remittent fever. But whatever is its cause, whether a miasmatic ferment, or a micro-organism, frost destroys its virulency.

Treatment.—In the febrile stage of this disease we must select the fever remedy in accordance with the symptoms. It is my impression that *gelsemium* is more suitable for the fever in hot climates than *aconite*. The flushed face, red and watery eyes, dry red tongue, headache, etc., call for *belladonna*.

Eupatorium is indicated for the pain and aching of the bones.

Bryonia and *rhus tox.* are called for when joints are swollen and painful.

Arsenicum and *china* for prostration following an attack of dengue.

ERYSIPELAS, or ST. ANTHONY'S FIRE.

This is an idiopathic disease of the eruptive type. The peculiar redness of the skin, which is characteristic of the disease, is called erysipelatous inflammation. It is called erysipelas because of its tendency to spread. It is sometimes called Saint Anthony's fire, because St. Anthony was supposed to cure it miraculously. The disease often starts from a given point upon the body, and travels each way. It was once thought that when the belts of inflammation met the patient would die. This, however, is a mistake; for I have frequently seen the inflammation spread each way until they met, and spread down the body and pass off at the great toe, and the patient recovered.

Erysipelas may be divided into two primary classes—idiopathic and traumatic. In the former the disease is developed within the system by zymosis, and manifests itself by general and local phenomena. Traumatic erysipelas is induced by dissection wounds, or by bringing the erysipelatous virus in contact with wounds after amputations, or other surgical operations. If a patient is placed in a hospital or room, after an operation, where there is a case of erysipelas, the wound will soon give evidences of the presence of inflammatory action of an erysipelatous character. Thus the virus having found access to the system through a wound, and having established a nucleus in that part, it there concentrates its forces. If the patient be in the plastic diathesis the virus is immediately surrounded by a wall of plastic lymph and made to localize itself on the part; and it only produces a temporary trouble. But if the patient be aplastic the virus readily enters the system and the patient succumbs to the ravages of the disease.

The different varieties of erysipelas, under the term sporadic, all proceed from one and the same general cause; but differ in their local manifestations.

I will first give a classification of the different varieties of

erysipelas, and then speak of it in its general character. The following table will exhibit erysipelas and its types.

ERYSIPELAS.	}	Sporadic.	{ Erysipelas erraticum, Erysipelas ambulans, Erysipelas phlegmonodes, Erysipelas edematodes.
		Epidemic. . . .	Erysipelas Maligna, or Black Tongue.
		Traumatic.	{ Local Erysipelas, Erysipelas gangrenosum.

ERYSIPELAS ERRATICUM is that form which begins at a certain point on the body, and sometimes spreads to every part. Erysipelas ambulans, or walking erysipelas, may attack different parts of the body successively. Thus we may notice it on the face at one visit, and at our next it may be observed on the foot or leg.

ERYSIPELAS PHLEGMONODES is that form which penetrates deeply into the tissues. It is a very painful variety, and is often accompanied by suppuration and gangrene.

ERYSIPELAS EDEMATODES is that form of erysipelas which occurs in anæmic patients. The inflamed parts become edematous, and the color is not so red as in the other varieties.

Symptoms OF SPORADIC ERYSIPELAS.—Erysipelas, like the other idiopathic diseases, is ushered in by general uneasiness; chilly sensations, headache, soreness of the throat, and stiffness of the neck. If the tendons and muscles on each side of the neck are stiff, it is diagnostic of erysipelas. The pulse is quick, and imparts to the finger a vibratory or wiry feel. This peculiar character of the pulse, if once understood, may always lead us to suspect erysipelas even before the eruption makes its appearance. The eruption is from one to three days in making its appearance. It may appear on any portion

of the body, but the face and sides of the nose are its most favorable sites. It begins as a bright red spot, which gradually extends in every direction. There are, generally, small blisters on the inflamed skin. The parts are red, shining and tense. The face and scalp become swollen, and sometimes enormously distended. I have frequently seen abscesses form over the eyes and scalp. The inflammation often extends over the whole body unless speedily arrested; or, as before stated, may skip from part to part.

As the eruption extends the parts first attacked generally dry up and the skin peels off. This stage of drying and desquamation begin about the fifth day, and end about the tenth. If the eruption is confined to the cutaneous surface, it may pass rapidly over the parts, and produce an itching and burning sensation, without producing much change in the parts, except a little exfoliation of the cuticle. But if the subcutaneous tissues are involved, the pain is often intense, and an effusion is thrown out in the parts, and an abscess is often the result.

The grade of febrile action is in proportion to the plasticity of the patient. If the patient is in the plastic diathesis the fever is sthenic, and the parts seldom suppurate. But if he is in the aplastic diathesis the fever is asthenic, and the parts readily suppurate, and we often have a low typhoid condition of system. The pulse is feeble, the tongue is dry and brown, the stools are thin and watery, the eruption is of a livid color, and gangrene is often present. Death may take place from general prostration, or from metastasis of the external inflammation to some of the internal organs. Death, however, seldom takes place in sporadic erysipelas, unless the system has already been prostrated before the attack. But a more dangerous form of the disease often prevails epidemically. This has been called malignant erysipelas or black tongue.

ERYSIPELAS MALIGNA.—This disease has proved to be a terrible scourge in some parts of the world. The first and only case I ever saw was treated by my preceptor. The pa-

tient first complained of stiffness of the jaws, and a burning pain on the side of the tongue. This was soon followed by rigors and fever. The pulse became very frequent, ranging from 120 to 140 beats per minute, the tongue began to swell and turned black, and as the swelling continued, it protruded from the mouth; the face was swollen, and abscesses formed in the cervical glands. This case occurred in the mountains of Virginia, and it did not assume that low grade of malignancy which has been observed in unhealthy localities of other portions of the world.

During the epidemic of 1842 and 1843 the disease was very fatal. In some cases the malignancy was observed from the beginning of the attack. In others the case assumed a somewhat sthenic character at the beginning, but soon merged into a low typhoid condition from which very many patients never rallied.

Causes.—The causes of erysipelas are predisposing and exciting. The predisposing cause is the aplastic diathesis. The exciting causes are both local and epidemic. The causes are not well understood. It is a well known fact, that if a patient with a suppurating wound be permitted to remain in a crowded and badly ventilated hospital, all, or nearly all, of the inmates will be affected with erysipelas. It is evident then that a morbid agent, or bacillus, is liberated by the chemical change that takes place in the animal fluids; and all persons who are brought under its influence long enough to change their diathesis will be the subjects of erysipelas.

The same influence may be generated in private dwellings, where many persons are permitted to sleep in badly ventilated rooms. The agent, whatever it is, is governed in its action by local and atmospheric influences. Whether the erysipelatous virus is conveyed from place to place through the atmosphere, or whether it is generated in certain districts, and is governed in its manifestations by electrical changes of the atmosphere, the profession has not yet decided.

I believe that the germ is of local origin, and it is excited

into action by atmospheric changes, and that the character of the disease will be grave or otherwise in proportion to the diathesis of the patient and the epidemic influence of the atmosphere. That is to say, if the local causes are sufficient to generate the erysipelatos virus, and if the community is in the plastic, or normal condition, then we may have sporadic cases of erysipelas occurring immediately in the locality where the morbid agent is developed. But if the atmosphere is such as to render the inhabitants aplastic, then the disease spreads from house to house by what is called an epidemic influence.

Diagnosis.—The diagnosis of erysipelas is not difficult. The quick wiry pulse, and stiffness of the sides of the neck are diagnostic symptoms before the eruption appears. The peculiar color of the rash, and its tendency to spread, leaves no doubt as to the character of the disease. When it occurs in the fauces it is sometimes difficult to distinguish it from other affections of the throat. But, as before remarked, the vibratory sensation communicated to the finger by the pulse, and the tendency of the inflammation to spread to the surrounding structures, will enable us to diagnose the character of the trouble.

Prognosis.—The prognosis of this disease is generally favorable in sporadic cases. In some epidemics, as before remarked, the disease is very fatal. But even in the worst forms of the disease many patients may be saved by early and judicious treatment.

Some authors tell us that erysipelas has been productive of much good, by removing obstinate cutaneous diseases. It has been asserted that elephantiasis, impetigo, psoriasis, and syphilitic affections, have been cured by an attack of erysipelas.

Treatment.—The treatment of this disease must be both general and local. The general treatment must be directed to the arrest of zymosis and inflammation, and to the promotion of the plastic, or normal diathesis. For, as I have before had occasion to remark, erysipelas seldom or never, at-

tacks the normal diathesis except by inoculation. Therefore, if the patient is aplastic, the sooner we change his diathesis, and bring him into the plastic state, the sooner will we be able to arrest the disease.

There are three things to be taken into consideration in the treatment of erysipelas. That is to say, we have the erysipelatous virus, the aplastic diathesis, and zymosis to combat. The first two are essential elements in the development of the disease, and the latter is the means by which the leaven is diffused through the system ; and the spreading of the cutaneous inflammation marks the degree of activity of the fermentative process in the aplastic system. Fortunately for the convenience of homœopathic physicians the unchangeable law of cure—" *Similia similibus curantur* "—that is "like cures like"—points out the remedy for each stage and condition of the disease. That is to say, the physiological action of medicines on healthy subjects point out the therapeutic indications for the treatment of erysipelas, and all other diseases.

For the beginning of the febrile stage before the eruption appears, *aconite* and *veratrum viride* will be your best remedies. If there is a full bounding pulse, redness, burning and tingling of the face, the patient cannot bear the pain, and dislikes to be touched or uncovered, then *aconite* is indicated. But if there is a high fever, with nausea and headache, then *veratrum viride* is indicated. After the rash appears, you must select your remedy in accordance with the character of the eruption.

NON-VESICULAR OR SMOOTH VARIETY.—If there is much puffy swelling with a stinging sensation, then *apis* must be given.

Belladonna.—Is indicated when the skin is bright red and shining. The redness begins in a small spot, and runs in streaks from the center ; headache is often intense, there is throbbing of the carotids. *Belladonna* is more especially indicated for facial erysipelas.

Bryonia.—If the joints are affected, hot, swollen, with inability to move them; patients want to remain perfectly quiet, turns nauseated and faint when moving; lips parched dry, and cracked; headache as if it would split open.

Pulsatilla.—This remedy is useful both for erysipelas erraticum and ambulans. It is indicated when the skin has a hard, bluish-red swollen appearance, with burning heat and stinging pain; vertigo when rising from a sitting posture, with chilliness.

VESICULAR-VARIETY.—Cantharis has vesicles, with much irritation, burning and serous exudation.

Croton tiglium.—Scarlet redness of the skin, with rash-like vesicles; itching, followed by painful burning.

Rhus tox.—This is indicated for vesicular erysipelas in any part of the body; intolerable burning, itching, and tingling in the affected parts.

Veratrum viride.—This remedy is called for in vesicular erysipelas with gastric and cerebral complications.

PHLEGMONOUS ERYSIPELAS.—This you will remember is an inflammation in the cellular tissue with a tendency to suppuration.

Carbo veg.—Causes stagnation in the capillaries, causing blueness, coldness; ecchymosis.

Graphites.—Head and face swollen, with burning, tingling pains; vesicular eruptions, discharging a sticky glutinous fluid.

Hepar sulphur.—Is indicated where there is a tendency to suppuration, with an empty feeling at the stomach.

Treatment OF EDEMATOUS ERYSIPELAS.—*Apis* is indicated where there is much swelling, with a pale reddish hue of the skin, with a stinging pain; chilliness from the least motion; dryness of the throat, without thirst; urine dark and scanty.

Treatment OF MALIGNANT ERYSIPELAS.—*Arsenicum* is indicated when the parts assume a blackish hue, with a tendency to gangrene; burning pains, the parts burn like fire; rapid prostration; great anguish, extreme restlessness, and fear of death; intense thirst, drinking little and often; gangrene of the tongue; spots on tongue burn like fire.

Crotalis.—Tongue livid; thick.

Lachesis.—Is indicated when there is a tendency to gangrene; ulcers sensitive to touch; ichorous offensive discharge; cellulitis, with burning and blue color of the skin; tongue dry, black and stiff.

Opium.—Is indicated in any form of erysipelas when there is a tendency to brain complication known by profound coma, with stertorous breathing; face dark-red and bloated.

Sulphur.—This remedy is called for when there is a tendency to become chronic, and when the vesicles are filled with pus.

LOCAL APPLICATIONS.—Half a drachm tincture *veratrum viride* to a goblet of water, mix well and saturate cloths and apply to the inflamed parts; renew as often as the cloths become dry. Cranberry poultice is also an excellent application.

TRAUMATIC ERYSIPELAS.—This is a disease, which complicates injuries and operations. It is called local erysipelas, because it is developed in the stump after an amputation or a wound. It is called erysipelas gangrenosum, because gangrene may follow local erysipelas. The primary symptoms are similar to those of erysipelas in general, only they are much more violent and grave. The parts become livid, sloughing, and discharge sanies and pus. The prognosis is unfavorable.

Treatment.—The treatment must be prompt and energetic, if we hope to save our patient.

Arnica.—This should always be given after a bruise, especially if erysipelas and gangrene begin to appear.

Arsenicum.—Parts swollen; hot, shining burning red spots

and bluish blisters; hard, red, painful swellings; gangrene with fetid diarrhea; great weakness and emaciation; coldness and heat alternating.

Crotalis.—Hot, bluish, moist gangrene; fever and chills, of a severe type; limb swollen and covered with black blisters; emitting a foul, cadaverous smell; grayish-white mass; strength greatly reduced; pulse quick and small; skin hot and dry; tongue livid, thick.

Carbo veg.—Senile gangrene; humid gangrene in cachectic persons with weak vitality; foulness of the secretions; great prostration.

Lachesis.—Gangrenous blisters, look bluish or black; vesicles increasing in size, with violent, cracked skin and deep rhagades; coldness of the part; painful spots appear on rubbing, with dark blue borders; traumatic gangrene.

Secale cornutum.—Dry gangrene of the extremities; parts are dry, hard, cold and insensible, black and free from fetor; large ecchymosis, blood blisters becoming gangrenous; limbs cold, pale and shriveled, with insensibility.

LOCAL TREATMENT.—I am aware that a poultice is considered rather old-fashioned by many surgeons of the present time; but, nevertheless, I know that I have often had good results from a bread and milk poultice containing *carbo veg.* I usually put a large spoonful of powdered *carbo veg.*, to a half pint of the bread and milk. The poultice must be changed as often as it gets dry. I have seen it cause the sloughing to separate from the line of demarcation and leave healthy granulations.

If there is a discharge of offensive sanies, I have the parts washed once a day with tepid water, containing a drachm of *carbolic acid* to a quart of water. It is best to use a fountain syringe with as much pressure as the patient can stand, so as to loosen up the tissues and let the antiseptic penetrate deeply.

The *peroxyd of hydrogen* is highly beneficial if used with an atomizer or syringe. The case must be watched carefully, and if any unfavorable symptoms develop before the line of

demarcation is established, then an operation should be resorted to at once. The patient being in the lowest grade of the aplastic diathesis, he should be nourished with milk and beef extract.

PLAGUE—PESTILENTIA.

This is a fever of the continued type, and in some respects resembles typhus fever. It is endemic in Egypt. It was carried to England in 1665, where it proved a terrible scourge. It is known in some places as the black death, the pestilence, and the levant plague.

Causes.—It is a specific malarial poison arising from filth, carrion, and offal.

Prognosis.—Very fatal in some epidemics, depopulating whole villages.

Symptoms.—We know nothing about this disease in America except what we get from foreign writers. I quote from Ruddock, an English author. After a period of incubation, lasting from a few days to three weeks, the disease breaks out with such virulence as sometimes to carry off its victim within a few hours; the patient suffers from restlessness, rapid exhaustion, mental anxiety, shivering, headache, vertigo, nausea, vomiting, swelling of the tongue, labored breathing, pains in the glands of the neck, arm-pits, and groins, in which appear the characteristic buboes, carbuncles, petechiæ, constipation, and sometimes suppression of urine. Delirium or coma supervene in fatal cases. In favorable cases a profuse sweat occurs about the fifth day, and the buboes suppurate, or more generally disperse.

Treatment.—This must be upon general principles, as laid down for typhus fever. The remedy must be selected to cover each stage or symptom as they arise.

TUBERCULOSIS, or SCROFULOSIS.

These terms are synonymous, and they refer to that peculiar diathesis, or condition of system in which there is a tendency to the deposition of tubercles, or tuberculous matter, in some of the organs or tissues of the body.

The tuberculous deposit consists, first, of a small hard gray substance called the miliary tubercle—named from its resemblance in size to that of a millet seed; second, and of a soft grayish, or yellowish matter, which seems to infiltrate the tissues. When tuberculous matter is deposited in the lungs that pathological change is called phthisis or consumption. If it is deposited in the mesenteric glands it is called *tabes mesenterica*, and when deposited in the bones, lymphatic glands, and tissues it is called *scrofula*. Tuberculosis of the bones, and external organs generally, occurs in early life, if it is hereditary; but if it is acquired it may occur at any period of life. That form called phthisis is developed between the ages of sixteen and thirty, when the diathesis is hereditary; but it may be acquired and destroy the patient at any period of life.

Causes.—The causes of tuberculosis are both primary and secondary; the former embraces the hereditary taint, whilst the latter includes all of those causes which directly call into action the hereditary tendency, and which so acts upon the system as to induce the tuberculous diathesis. Climate has much to do in calling into action the hereditary diathesis. We have, in our own country, three climatic regions in which tuberculosis is more readily developed in one than in the other. North America has been divided into three climatic regions, by imaginary lines drawn from Philadelphia to San Francisco. The other from the mouth of the Savannah river in Georgia to the Pacific Ocean. That portion of country north of the first line, is called the northern division; that between the two lines, the middle division, and that on the south of the second line, the southern or gulf division. In the

first division winter or cold predominates with an average temperature of 40° to 45° F. In the middle division summer predominates with a mean temperature of 60° F. The gulf division has but little or no winter, with a temperature of 65° to 75° . We learn from the statistics of the standing armies in each division, that the rate of mortality from consumption, in that part of the northern division, north of New York, was forty-three out of every one thousand deaths; south of New York to the Gulf, it was sixty-three in one thousand; around the western lakes, nineteen in one thousand; north of St. Louis, thirty-five in one thousand; south of St. Louis, sixty-three in one thousand; around the Gulf, sixty-eight in one thousand. These figures show that warm, damp climates, are more favorable to the development of tuberculosis than dry, and cold ones. Near the lakes of the north-western states has been considered the best climate in North America, for the residence of consumptive patients; probably the table lands of Texas, New Mexico, parts of California and Florida are excepted.

A want of exercise, nutritious diet, and an insufficient amount of clothing, are sufficient to call into action the tubercular diathesis. The intemperate use of ardent spirits, coupled with exposure and hardships, are prolific causes of tuberculosis. The more wealthy classes, who exclude fresh air from their sleeping apartments, and take but little exercise, and are irregular in their diet and habits, are prone to this disease.

PHTHISIS PULMONALIS or CONSUMPTION.

This is a constitutional disease, which is characterized by a deposition of tubercles, or of tuberculous matter within some portion of the lungs. The terms phthisis and consumption indicate a wasting of the tissues. Therefore, when tuberculous matter is deposited in the lungs, the final result is a wasting or consumption of the lungs and tissues of the

body. There are three stages of development of phthisis: First, the tuberculous diathesis, or forming stage of the tubercles; second, the deposit, and third, that in which the tubercles are fully developed and suppurate. Each of these stages has a clinical history and symptoms peculiar to itself.

The hereditary tuberculous diathesis, is characterized by fine silky hair, long eyelashes, soft muscles with increased nervous susceptibility, anæmia, and an abnormal size of the joints of the fingers. If proper hygienic agencies are employed in this stage, the disease can be arrested. But if left alone, the second stage supervenes with a slight hacking dry cough, on rising in the morning, and after eating. The cough is so slight as often to pass unobserved by patient or friends. If the pulse be examined at this stage, it will almost always be 120 per minute. The respiration is quickened, the face is pale, the patient begins to lose flesh, and takes cold very easily. He now begins to raise mucus with little granules, frequently streaked with blood. He becomes short of breath, frequently throws off pure blood, or may have frequent hemorrhages from the lungs, and complains of soreness of the chest. The chest becomes tender by pressure over the site of deposit. The patient has some fever during the evening, the cheeks are a little flushed, and he breaks out into a copious perspiration during the night. The hectic fever and the night-sweats mark the rapid progress of the disease. The patient feels languid and looks pale on rising in the morning. These symptoms continue for a longer or shorter period, when the third and last stage supervenes. The patient now begins to cough hard and frequently. The expectoration becomes more copious, and consists of muco-purulent matter; thus giving evidence of the suppurative stage. The patient now becomes more rapidly emaciated, the sleep is disturbed by the cough, and the night-sweats become more profuse, and exhaustive to the patient. One or both cheeks are suffused with a circular patch of a crimson hue. The patient now lives between hope and fear. One day he is animated, and

has hopes of recovery; on the next he is despondent and gloomy. The digestive organs are variable; sometimes they are normal, at other times they are deranged, and the patient is often troubled with an exhaustive diarrhea. As the disease advances the patient becomes a mere skeleton; the feet and legs begin to swell; he becomes restless, and desires to change from place to place; the cough becomes deep, hollow, and rattling; the mind begins to wander, and death steps in and closes the scene.

There are other symptoms, or evidences, of the presence of phthisis, than those already mentioned; these are called physical signs, and are made manifest by auscultation and percussion.

Physical Signs.—In the first stage of phthisis, there is an alteration in the natural respiratory murmur, and an increased density of the lung. In the second stage, we hear a prolonged, rough, irregular respiratory sound, and finally have dullness on percussion. In the third stage we have mucous rhoncus and pectoriloquy.

These signs are generally manifest over the clavicular spaces, and more generally on the left side. This is the rule, but there are exceptions, for miliary phthisis is more liable to affect the lower lobe of the left lung.

Anatomical Characters.—The tuberculous matter is generally deposited in the apex of the lungs, and is more frequently found in the left. Miliary tubercles may be found scattered throughout both lungs. I once examined the lungs of a cadaver in which the middle lobes were almost filled with tubercles, varying in size from a pin's point to that of a pea. Softening had not taken place, the patient had died from some acute disease. The upper portion of the lungs were in a normal condition. I have also examined lungs in which the tubercles were beginning to soften, and in which cavities had already formed. Tubercles are composed principally of decaying organic materials, without, however, vitality enough to organize. Cells, in the act of formation, not

being supplied with healthy blood, lose their vitality, and begin to decay, and in their half-formed state they are carried along by the circulation, and deposited in the first gland, or tissue that happens to be morbid, and resists its passage. Consequently, the development of tuberculosis, is by deposit; and after the deposit has taken place, it begins to soften and suppurate, when the tubercles have lost all vitality. It is supposed by most writers, that softening begins at the center of the mass.

The tubercles undergo various changes in color during the stages of deposit and softening, owing, probably, to some degree of inflammation of the surrounding tissues, or to the remaining vitality of some of the decaying cells. When softening once begins, it continues until the whole mass of tubercles is expectorated, or reabsorbed. Inorganic materials are often found in the lung tissue, after the tuberculous matter has been reabsorbed; thus the fact is demonstrated that the tubercles are not wholly of organic origin. If the deposit is not extensive, and only occupies one lung, the patient is apt to recover. We have many evidences of this fact. I once examined the lung of a person who died suddenly of an acute disease. The family physician informed us that twenty years previously, he had treated the lady for phthisis, and that she had a cavity in the middle lobe of the left lung, but had recovered, and enjoyed good health. The lungs were in a healthy condition, except in the middle lobe of the left lung, there was a cavity large enough to contain a hen's egg. The cavity was cicatrized, and the tissues looked normal. Thus was demonstrated the doctor's diagnosis, which he had made twenty years previously, and also the fact that patients do recover after the deposit, and softening of tubercles have taken place.

Causes.—The causes of phthisis pulmonalis may be classified under two heads: viz., predisposing and exciting.

PREDISPOSING CAUSES.—The predisposing causes are either a hereditary taint, or those conditions which induce the tuber-

cular diathesis. A large majority of the cases of consumption are directly the result of a hereditary taint. While in a few the tubercular diathesis may be acquired by a sedentary life, a low and unwholesome diet, impure air, reveling at night, losing of sleep, the abuse of intoxicating liquors, and every thing that depresses the vital powers, and retards assimilation. It is supposed that the use of cistern and well waters, which do not contain *iodine* and *bromine*, are predisposing causes of tuberculosis. While the use of spring water, which contains a mere trace of those agents, retards the development of phthisis and scrofula.

EXCITING CAUSES.—By a strict observance of the laws of health, a patient with the tuberculous diathesis may pass to a good old age without phthisis being developed. But if those laws be disregarded, or the normal condition of the lungs be perverted, then the tubercular diathesis may be excited to action. All agencies which call into action this diathesis, are called exciting causes. Cold, vicissitudes of climate, and every thing that produces irritation of the lungs, or retards the circulation through them, are exciting causes of phthisis, and hasten the deposition of tubercles. Hence it is that we often see phthisis developed after an attack of pneumonia and bronchitis. Now it is evident that pneumonia and bronchitis never merge into consumption as some suppose. But they only call into action the diathesis which probably had lain dormant for years. All diseases of long standing, or those affections which produce a morbid condition of the circulation through the lungs, are liable to call into action the tubercular diathesis, and thereby become exciting causes of phthisis.

Diagnosis.—The diagnosis of phthisis, as a rule, is not difficult, if we compare the physical signs with the clinical history, and general symptoms. The slight cough, frequent pulse, anæmic condition of the skin, shortness of breath, hemoptysis, and change of the natural respiratory murmur, all point to the first or incipient stage of phthisis pulmonalis.

The increased cough, depression of the clavicular and in-

tercostal spaces, increased temperature of the body, loss of the respiratory murmur, and dullness on percussion, indicate the completion of the second stage.

The continued prostration of the patient, rapid emaciation, profuse night-sweats, hectic fever, swelling of the feet, mucous rhoncus, expectoration of muco-purulent matter, and pectoriloquy, are diagnostic symptoms and signs of the third and last stage of consumption.

I regard the frequent pulse, as almost an infallible diagnostic sign of phthisis pulmonalis, in the absence of any general febrile excitement to account for its frequency. When tubercles are being deposited in the lungs, the pulse is hardly ever less than 120 per minute. It is believed that if a deposition of tuberculous matter be going on in the lungs, the thermometer will show a gradual increase of the temperature of the body, without, however, its being perceivable to the sense of touch.

Hemoptysis is justly regarded as the forerunner of consumption, and when it is not the result of acute bronchitis, or cardiac affections, it becomes an alarming symptom. The history of the case will show whether the depressions of the clavicular and intercostal spaces are due to previous inflammations and adhesions, or to tubercular deposit. And the general symptoms will remove all doubt as to whether the dullness on percussion is due to pneumonia, or to the deposition of tuberculous matter. And, lastly, the muco-purulent expectoration, and pectoriloquy, will give unmistakable evidence of suppuration, and the formation of a cavity. The microscope reveals the bacteria in the pus globules.

Prognosis.—The prognosis of phthisis is generally unfavorable. A few cases of the hereditary diathesis may be warded off, and the patients live to be a good old age; but the rule is that they may die sooner or later with consumption. If the diathesis is acquired, very many recoveries do take place even after the formation of an abscess. The case that I have already related, in which the lady enjoyed good health

for twenty years after an attack of phthisis, is proof positive that patients do often recover after the third stage has supervened. But, your prognosis must be guarded, for I must remind you that death is the rule, and recoveries the exception, in the third stage of consumption. But it matters not how unfavorable the case may seem to be, it will be your duty to encourage your patients and give them all the benefits of a reasonable hope of recovery.

Treatment.—If it be true that the tuberculous deposit is principally composed of partially developed cells, or decomposing protein compounds, then it is evident that the treatment must be addressed to the removal of the diathesis. If it be true that the albuminoid substances have a tendency to decay and to suppurate, then may we not infer that the treatment which has been found most beneficial in overcoming the aplasticity of the system, will be the one best adapted to the removal of the tuberculous diathesis? Clinical experience has demonstrated this to be true; for, as yet, every agent, which has been of any benefit in arresting the further invasion of phthisis, belongs to that class of remedies which are capable of increasing the plastic condition of the system.

The treatment of phthisis naturally divides itself under three heads:

1. The removal of the diathesis.
2. The arrest and elimination of the deposit.
3. To alleviate the patient's suffering, prolong life, and smooth his pathway to the grave.

I remark that ninety-nine cases out of every hundred may be cured in the first stage by proper hygienic regulations and the use of remedial agents, and a change of climate. The first and most important indications are exercise, fresh air, and a nutritious diet. The patient should spend the most of his time in the open air. Exercise should be taken by walking, playing ball, rolling hoop, or by horse-back riding. A patient can receive but little or no advantage by being shut up in a close easy-going carriage. He had better, by far, ride in an open

lumber wagon. The lungs should be fully expanded several times a day by fresh air, and the patient should take such exercise as to bring all of the muscles of the body into action. By this means the circulation is accelerated, respiration is quickened; thus more oxygen is diffused through the tissues of the lungs and purifies the blood, and thereby promotes the reabsorption and elimination of decaying cells that may be entangled in the tissues. Exercise in the open air should be strictly enjoined, especially in children of a scrofulous diathesis, for without this all else will fail. Clothe in flannel, keep the feet dry, and let them run out of doors both winter and summer. The sleeping-room should be thoroughly ventilated night and day. There is probably nothing that so depresses the vital energies as bad ventilation. The diet should be nutritious and unstimulating. Alcoholic stimulants, in my judgment, should be strictly forbidden. Tea and coffee should be used in moderation. Milk should be used freely, or malted milk and milk should be combined, and not less than half a gallon of the liquid should be taken daily. They build up the patient's system better than any thing else. When the patient cannot take the malted milk, then he should drink half a gallon of water, or more, every twenty-four hours. Eggs, fresh meat, potatoes, rice, ripe fruit, especially grapes, may be eaten freely. In fact the stomach should be kept full of liquid aliments all the time, and once you get your patient to gaining flesh, if only half a pound a week, you may hold out hopes for a cure.

It is said that Dr. A. Wilford Hall, a scientist, of New York City, cured himself of consumption forty years ago by the rectal douche, and he is now eighty years of age, and is hale and hearty. He has published a work on his plan of treatment called *Health-Pamphlet*. The subject is well worth your careful consideration. I have used his plan of treatment with much satisfaction. A sanitarium has been started in New York where his treatment has been adopted exclusive of medicines, and the reports are most favorable.

His treatment consists in flushing the colon with water as warm as can be borne. A fountain syringe is the best instrument to use. At first the patient may not be able to retain more than a pint or a quart, but after continuous use, half a gallon, and often a gallon, may be retained. He uses the enema once a day until the colon is thoroughly disinfected, then they may be given from one to three times a week. Patients seem to gain flesh and strength by their use. There is nothing in this treatment to contraindicate the use of homœopathic medication, but they march hand in hand to the promotion of health. Pure spring water, is said to contain traces of *iodine* and *bromine*, and on this account it is thought to be prophylactic to phthisis and scrofula, where it is used constantly, year after year. There seems to be some truth in this theory, when we compare the healthy and ruddy children of the mountains of Virginia and Vermont, with the pale and sickly ones of the Mississippi valley. In the former, we find bold and pure springs of water, while in the latter, many families are using waters from wells containing surface or cistern water.

Medicines by inhalation have a tendency to allay irritation of the lungs, and to assist in softening the tubercles. *Iodine* and *carbolic acid* are the agents most generally used; and probably the most convenient mode of using them is by combining them with *chloroform* in the following manner. *Chloroform*, half an ounce, *iodine*, five grains, *carbolic acid*, two drops, and put into an ounce vial with a glass stopper, so as to prevent the evaporation of the *chloroform*. The patient may be allowed to inhale the fumes two or three times a day in the following manner; close one nostril and apply the vial to the other, and take a long inhalation; after waiting a few moments apply the vial to the other nostril in the same manner as before. The *chloroform* is only used to vaporize the *iodine*.

If I were to mention all of the remedies that are indicated in consumption, I would exhaust the list of nearly all homœo-

pathic agents. I will therefore mention only a few of the most prominent, and refer you to the materia medica for the rest.

FIRST STAGE OR CACHEXIA.—This is the stage in which you must work faithfully in order to save your patient. I wish to repeat that without proper sanitary regulations, and a full nutritious diet, medicines will be of little avail.

I mention *calcareea carbonica*, *hepar sulphuris*, *calcareea iodine*, *mercurius biniodide*, and *nux juglans*, as the most suitable remedies in the first stage, or the tubercular diathesis.

Calcareea carb.—This agent is indicated where there is imperfect digestion and assimilation, with relaxed bowels, and glandular swellings, and when the patient takes cold easily.

Hepar sulphur.—Is indicated in the tubercular diathesis when the patient takes cold easily, and has a hoarse, rough, or weak voice, pain after eating the smallest quantity of food; clay-colored, or greenish evacuations.

Iodine.—You must remember that the long continued use of *iodine* in crude doses, produces a wasting of the tissues. Hence, if you find a patient who is losing flesh, and has a slight hacking cough, then *iodine* is your remedy. But you must not give it too low

Mercurius biniodide.—This remedy is indicated for scrofulous glandular swellings, where there is a loss of flesh, while the glands may be enlarging.

Nux juglans.—Is indicated for scrofulous cachexia, with swollen glands.

Tuberculinum.—Dr. J. Compton Burnett, of London, recommends the one hundredth and two hundredth dilutions of this agent for the first stage of consumption, and has reported many cases of cures. I have tried it in five cases of real consumption, but the patients died in spite of all remedies used. I have given it in several cases of the scrofulous diathesis with apparent benefit. The *turberculinum* is prepared by digesting tuberculous matter expectorated from the lungs in alcohol, the process is continued until the one or two hundredth dilu-

tions are reached. Some one asked Dr. Burnett if he did not think it was too nasty to give to a patient. He replied by saying that he did not think that the two hundredth dilution of any thing whatsoever—even of original sin—was not at least clean.

A sponge bath, three or four times a week, of cold water containing sea-salt, is very invigorating, and helps to ward off the deposit by lessening the susceptibility of taking cold.

Do not forget that your main dependence lies in building up the system by large quantities of liquid alimentation and fruits of all kinds. Patients ought to drink large quantities of water; they may mix any of the fruit jellies with the water. When they crave any thing stimulating then allow them all of the unfermented grape juice they want, it is both nourishing and stimulating; it is an organic stimulant. Malted milk is by far the best alimentation I have ever used to build up the system.

SECOND STAGE.—This being the stage of deposit we will have to change our treatment from the diathesis to the arrest and removal of the deposit. Owing to the congestion of that part of the lung, where the deposit is seeking to gain a hold, there are sometimes hemorrhages, or simply spitting of blood. This condition must be watched, for if neglected the patient may die from hemorrhage, called hemoptysis.

Hamamelis virginica, *ipecac.*, and *phosphorus*, are the first remedies to think of in hemoptysis. This is the stage in which some benefit may be derived from the *iodine* and *carbolic acid* inhalation. *Kreosote* has a similar action to that of *carbolic acid*. The cough becomes very troublesome in this stage.

Acid oxalic, *belladonna*, *drosera*, and *hyoscyamus*, are indicated when the cough is worse at night. If the cough is worse on lying down, then *pulsatilla*, *coniun*, *drosera*, *hyoscyamus*, and *laurocerasus*, are your best remedies.

Rumex and *kali bichromicum*, are indicated for a cough which is worse in the morning.

Manganum and *sepia* are indicated when the cough is relieved when lying down.

In order to ascertain which of the remedies I have named is applicable to each individual case, you must take into consideration all of the symptoms, and then make your selection.

THIRD, OR SUPPURATIVE STAGE.—*Bryonia* has a hard cough, with stitching pain in the side, especially the right.

Antimonium tartaricum is indicated for profuse purulent secretion, with great distress, and dyspnœa.

Stannum is called for when there is a profuse expectoration of a yellowish-green color, and of a sweetish taste, and night-sweats.

Phosphorus is a valuable remedy in tuberculosis in the tall, and slender patients, with hacking cough, and bloody expectoration.

Abscess in the lung calls for *iodine*, *arsenicum*, *china*, *silicia*, *hepar sulphur*.

Hectic-fever, night-sweats, and diarrhea, may be modified by the use of *acid phosphoricum*, *china*, *hepar sulphur*, *sambucus*, and *stannum*. A cup of cold sage tea is a valuable remedy for night-sweats. *Muriate of cocaine* 3x, is valuable to relieve night coughs.

For diarrhea you have the whole range of the materia medica to cull from. I will only suggest that the color and consistency of the stool must be your guide for the selection of the indicated remedy. Nausea is overcome by *ipecac.*, *kreosotum*, *apomorphia*, etc.

Bed-sores.—The books give you a long list of washes and ointments to heal bed-sores. But in my experience they need not occur; for if the patient is examined from day to day, and bathed properly, and have the projecting parts well padded, either with cotton, or rubber, then bed-sores will rarely occur. If, however, the parts become red, then if they are painted with the tincture of *chloride of iron*—called the *muriated tincture*—it will harden the cuticle, and prevent sores from forming. Or, if the skin is abraded, and ulcers

are forming, the application will arrest their progress and cause them to heal. If the parts are quite sore, then you must explain that the first application may smart, but after that, each application will grow less painful. If the patient is neglected until large angry sores are formed, then a *calendula lotion* can be applied three times a day. From ten to thirty drops of the *tincture of calendula* to a goblet of tepid water, makes an excellent wash. One ounce of *castor oil* containing ten to fifteen drops of *carbolic acid*, makes a splendid disinfectant and healing lotion.

SCROFULOSIS or SCROFULA.

I need add but little more on scrofula than what has been said on phthisis. For the removal of the scrofulous struma, or diathesis, the same treatment recommended for the first stages of phthisis must be adopted for the removal of the scrofulous struma. Under the head of scrofulous struma, we have scrofula of the glands, hydrocephalus, tabes mesenterica, caries of the bones, white-swelling, and hip-joint disease.

SCROFULA OF THE GLANDS.

The scrofulous diathesis may induce enlargement of any of the glands of the body. Usually they are of slow growth, and often remain indurated a whole life-time without suppuration; indeed that will never occur until, by external causes, the individual is brought to the borders of the aplastic diathesis. When the system is in or near that condition, then cold may induce an inflammatory condition and produce an abscess of the glands. The discharge is rarely a thin pus; but consists of a thick white cheesy substance. Long silky eyelashes, long slender fingers with large joints, are diagnostic symptoms of the scrofulous diathesis.

Treatment.—For the removal of the scrofulous diathesis I refer you to my remarks on the treatment and hygiene of

the first stage of phthisis. For the removal of glandular scrofula you must keep your patient as near the plastic diathesis as possible by liquid alimentation consisting of milk, malted milk, beef essence, etc. Salt water sponge-baths three or four times a week, warm clothing, free ventilation of sleeping apartments. There is never any danger of a patient dying with scrofula, in any form, so long as you can keep him up to, or rising, his normal standard weight. Your greatest trouble will be to persuade the patient to follow your advice long enough to perform a cure. You had better tell him in the start that it will take you from twelve to twenty-four months to perform a permanent cure; but if neglected it may prove fatal within that time. No scrofulous person should ever touch pork in any form. The Jews are the only sensible race on that subject. If you examine a hog's jole you will find hundreds of scrofulous nodules. Hence the Jews have always considered the hog unclean, and refuse to eat his flesh.

If you can eradicate the strumous diathesis before the child reaches his fourteenth year, he will rarely ever be troubled with scrofula afterward. You should therefore urge upon parents the necessity of a proper attention to their nursery. Warm clothing, free out-door exercise, nutritious diet, and dry feet, are essential elements in the cure of scrofulous patients.

Belladonna, *hepar sulphur* and *aconite*, are the indicated remedies for the inflammatory stage of glandular swellings. A cold compress is often beneficial, and if suppuration is about to take place, then a flaxseed or bread and milk poultice will give relief. While trying to prevent suppuration, you must give *hepar sulphur* high. But if you cannot arrest the formation of pus, then while you are applying the poultice, if you give *hepar sulphur* in the 1x or 2x trituration it will hasten suppuration.

For chronic glandular enlargement, *iodine*, *biniodide* or the *protoiodide of mercury* are our most reliable remedies. If the glands are indurated, then *ammonia muriate* and *rhus tox.*, are the remedies. *Kali hydriodicum*, *phytolacca*, *silicia* and *sul-*

phur are often called for. Do not forget that *calcareæ carb.* is one of our best agents in overcoming the scrofulous or tubercular diathesis.

I think that from one to two years continuous residence in a warm climate with a sandy soil, such as Florida, with the treatment and hygiene to which I have already referred, will remove the scrofulous diathesis from ninety patients out of every one hundred.

TABES MESENTERICA.

CONSUMPTION OF THE BOWELS.

This disease is characterized by tubercular deposits in the mesenteric glands. The abdomen becomes swollen and tender, and the bowels are relaxed. The patient has a pale, sickly look, characteristic of the scrofulous diathesis.

Treatment.—*Iodine*, *arsenicum*, *arsenicum iodide* and *calcareæ carb.*, are the principal remedies in this disease. *Calcareæ carb.*, is especially indicated for enlarged hard abdomen and a want of assimilation.

The hygiene, diet, clothing and exercise must be the same as recommended for phthisis.

CARIES.

This is the result of an inflammation of a bone, which often ends in its death and sloughing. It mostly occurs in the scrofulous diathesis. It may occur in any of the bones of the body, but it more generally takes place in the vertebræ, hip-joint, and knee. When it occurs in the spine, it produces an angular curvature, by decay of the bodies of the vertebræ, which causes the vertebræ above and below the diseased ones to fall together, thus making a hump or projection in the back. When the disease occurs in the knee, it is called white-swelling, from the white appearance of the swollen knee. As the progress of the disease, and treatment is about the same, I will discuss the whole subject under the head of hip-joint disease.

MORBUS COXÆ.

HIP-JOINT DISEASE.

This disease is characterized by inflammation of the bones of the hip-joint, occurring in the scrofulous diathesis.

Symptoms.—The child is noticed to fall easily, and finally begins to limp, and complains of pain in the knee, but usually there is no tenderness there, but if the hip be examined it will be found swollen and tender. If the limb is extended, and a slight tap is made on the heel, then the patient will tell you that it hurts in the hip-joint. As the disease advances the pain becomes intense. If the disease is not arrested at this stage, an abscess will be formed, and caries or death of bone, will be the result. After an abscess forms and breaks, then the bones begin to disintegrate, and come away in small pieces, which may take months or years, to heal. When caries takes place, the hip shrinks and the joint is displaced upward, and the limb is shortened.

Diagnosis.—Rheumatism is the only disease that simulates inflammation of bone. The latter is circumscribed, while the former is more diffused. And then again, rheumatism is apt to manifest itself in other parts of the body. If the urine and excretions are strongly acid, then we know that the case is rheumatism.

Prognosis.—Formerly this has been a very fatal disease. My experience in homœopathy warrants me in saying, that a majority of cases of threatened caries may be arrested by homœopathic treatment, if taken in the incipiency of the disease, and but few need to die, if properly treated, even after the bones become affected.

Causes.—Injury of the periosteum of bones, may cause inflammation, but usually caries is the result of a scrofulous diathesis, and yet patients may remain in that condition during a long life-time, without the disease being developed. But, if he should take cold, or receive a blow, then the diseased condition may supervene which ends in caries.

Treatment.—The object in the treatment must be to arrest the disease in its incipiency, and prevent an abscess and caries. I am aware that well selected homœopathic remedies ought to cure all curable cases without external applications, and yet, when they can be used without hindering the action of the internal remedies, then I claim that we ought to use them in such a grave and deforming disease as caries. I am satisfied that the following has helped to arrest many cases in their incipiency: *tincture iodine*, one ounce; *tincture aconite*, half ounce; *tincture belladonna*, half ounce. Mix and apply to external parts two or three times a day. It lessens the pain, and by its penetrating properties it absorbs the infiltrated serum, which precedes inflammation and the formation of an abscess.

To allay febrile excitement, and ease pain, *aconite* 3x may be given internally, from one to two hours. As soon as the febrile excitement begins to abate, then I regard *biniiodide of mercury* as the sheet-anchor for the scrofulous struma, and to arrest disease of bone.

Silicea must soon follow the *biniiodide* to prevent or arrest caries, which it does in a surprising manner. *Hepar sulphur* may be used high with the view of arresting the suppurative process.

Rhus tox. is an invaluable remedy for coxalgia (pain in the hip joint), with involuntary limping, pains felt mostly in the knee, and worse from exertion. If an abscess forms it should be opened early or aspirated.

After an abscess has formed, our main reliance must be *arsenicum* for burning pain with prostration; *calcareæ carb.*, to overcome the scrofulous diathesis, and assist in the healing of abscesses. *China* for excessive prostration, after the opening of an abscess. *Silicea* should only be omitted a few days at a time, for the administration of any indicated remedy, for I regard it as the sheet-anchor for arresting caries, and hardening the inflamed bones.

Rest and extension of the limb should be enjoined until

the acute stage has passed. This can be obtained by a proper brace, so as not to press hard upon the tender bone. As soon as possible after the patient has rallied from the acute symptoms, he should be allowed to have out-door exercise in a carriage, provided the brace can protect the joint, and keep it at rest. The same diet, etc., as recommended for scrofula should be enjoined.

RACHITIS.

RICKETS.

This disease belongs to the scrofulous diathesis, and the word comes from *wrick*, which means to twist, and hence it means a twisting or distortion of the bones. The word probably should be spelt *wrickets*.

The disease belongs to early childhood, all of the bones are liable to be affected. There is a deficiency of earthy matter in the bones.

Symptoms.—The child looks delicate and languid. There is generally a profuse perspiration on the head, and upper part of the chest. The child has an unsteady gait as though the bones could hardly support the body. The general symptoms are those belonging to the scrofulous diathesis. The mental faculties are generally above the average. Dentition goes on slowly, and the teeth soon become loose and carious; the fontanelles and sutures are usually open, the head large, and the forehead prominent; the chest flattened at the sides, and the sternum projecting; the epiphyses of the long bones become spongy, and the joints swell. This is commonly first perceived in the wrists and ankles. As the disease advances, the long bones yield to the weight of the body, and are twisted by the action of the muscles; the vertebræ are forced from their places, and the child becomes hump-backed.

Causes.—The scrofulous diathesis, poor diet, and a want of cleanliness and pure air.

Prognosis.—While it creates great deformity it is rarely fatal unless complicated.

Pathology.—There is a want of assimilation, and a deficiency of *phosphate of lime* in the bones.

Treatment.—The child must be treated by the general plan, as laid down under the head of scrofula—a nourishing diet of milk, fresh meats, malted milk, etc. The child should have plenty of out-door exercise, and if necessary be supported by braces.

Phosphoric acid.—This is regarded as a valuable remedy for rickety children.

Calcareo phosph. promotes assimilation and corrects deficient consolidation of bone. *Ferrum* is also a valuable remedy.

Silicea.—This is probably the best agent we have to arrest the perspiration of the upper part of the chest, and to harden the bones and prevent caries.

A warm climate with a sandy soil is the best residence for scrofulous persons.

RHEUMATISM.

This is a constitutional disease, and may be either acute, subacute, or chronic, articular, and muscular.

ACUTE RHEUMATISM.—This disease is often ushered in with a high grade of fever, with intense pain in either of the joints or muscles. When the joints are involved then it is called articular rheumatism, but if only the muscles are involved it is called muscular rheumatism. Articular rheumatism does not affect the heart by metastasis like the muscular. Rheumatism is erratic, that is, it is liable to shift from place to place in a short period of time. The skin, and every tissue in the body, are liable to attacks. Rheumatism of the skin has a pain like the sting of a bee. The fever is high and of the sthenic grade, pulse ranging from 90 to 120 per minute. Temperature ranges from 102° to 104°. If it rises to 105° it is a grave symptom. The pain is intense and the parts often swollen; the patient cannot bear to be touched, even walking

through the room causes great pain to the patient. Subacute rheumatism is characterized by a milder type of fever.

CHRONIC RHEUMATISM.—This may follow an acute attack, or come on gradually. There is but little or no fever. While the pain is not so acute yet it is often intense.

Pathology.—There is often metastasis of muscular rheumatism to the heart, producing endocarditis and pericarditis; also to the brain, producing meningitis; the stomach is often inflamed, and the joints are often left thickened and ankylosed.

Causes.—The predisposing causes are a hereditary diathesis, and the hyperplastic or acid diathesis. Rheumatism cannot exist in any other condition of system.

Nature is often making an effort to get rid of the superabundance of acids in the system by throwing them off in copious perspirations, while in that relaxed condition, if the patient is exposed to a direct draft of cold air, or by getting the body and feet wet, then the elimination of acid is suddenly checked, and a congestion and an inflammatory condition is set up in the tissues.

Diagnosis.—The diagnosis of rheumatism is generally easy. The stiffness of the muscles and joints with pain, distinguish this disease from all others. Sometimes but one joint may be swollen, red and painful; in that case you are at a loss to know whether it is a scrofulous inflammation of the joint, or whether it is a case of rheumatism. In that case your diagnosis must be guarded for a few days, for if it is a case of rheumatism it will develop in other joints. If you test the urine of the patient and it is strongly *alkaline*, then you may be sure that it is a case of erysipelatous inflammation, or scrofula. But if the urine is strongly acid then you need not hesitate to pronounce it rheumatism.

Prognosis.—In some epidemics, rheumatism is often fatal, more generally by metastasis to the heart or brain. But if the patient is seen in time, it is rare that they die under homœopathic treatment. And then again, if they are judi-

ciously treated by homœopaths, they are never left stiff and crippled.

Treatment OF ACUTE RHEUMATISM.—*Aconite* and *veratrum viride* are the first remedies to be thought of in the fever of acute rheumatism, and sometimes they cure the case without any other remedy.

Aconite is indicated, aside from the fever, when there is red swelling of the affected part, very sensitive to contact and motion; stitching pains in the chest, hindering respiration.

Veratrum viride is not only indicated for the fever, but also when the left shoulder, hip, and knee are involved, also for rheumatic endocarditis and pericarditis. As the treatment of acute and chronic rheumatism are the same after the fever abates, I will continue the treatment under the head of chronic rheumatism.

Diet.—The patient should be allowed animal food only in such quantities as to keep up the patient's strength, as it only increases the hyperplasticity of the tissues. Vegetable soup, oat-meal, cracked wheat, barley, and rice may be allowed freely, as they have a tendency to neutralize the acid condition of system. Lemonade is a grateful drink, and may be taken *ad libitum*, for lemon-juice is an antidote to the *uric acid* diathesis, which furnishes the fruitful soil in which rheumatism is developed. You must remember that lemon-juice is composed of water, mucilage, and *citric acid*. Crystallized *citric acid* is composed of 35.8 per cent. of carbon, 4.5 hydrogen, 59.7 oxygen; and when taken into the stomach, the vegetable acid is consumed by digestion, and the carbon, hydrogen, and oxygen are set free. The oxygen having an affinity for the *uric acid* of the urine, unites with it, and thus produces a chemical change by which urea is set free, and *carbonic acid* is evolved, and thus the *uric acid* diathesis is antidoted. By dry distillation *uric acid* is decomposed, and *carbonate of ammonia*, *urea*, *cyanuric acid*, and *hydrocyanic acid* are found to be its component parts. Urea is an organic

matter, which is a constituent of urine. It would be a very pleasant task to carry our investigation a little further, if it was profitable, and ascertain what element or elements are at work in the urine, by which a chemical change takes place, so as to produce *carbonate of ammonia*, *cyanuric* and *hydrocyanic acids*, and cause their union with *urea* by which *uric acid* is evolved. Many kinds of fruit are valuable agents to assist in overcoming the rheumatic, or acid diathesis; grapes are especially used for this purpose. Grapes contain *tartaric acid*, and when taken into the stomach, the vegetable acid is consumed by digestion, and the *potash* is set free to antidote the acid condition of the system.

Local applications are often advisable to relieve the suffering; hot bricks rolled in flannel cloths saturated with vinegar, and placed near the limb, and covered with a dry blanket, often give great relief. The affected limb may be incased in cotton-batting and dry flannel. You should never use liniments on rheumatic limbs, for fear of driving the disease to the heart, and other internal organs.

Treatment OF SUBACUTE AND CHRONIC RHEUMATISM.

—After the febrile stage has been somewhat abated, then, as a rule, *bryonia* and *rhus tox.* are indicated more than any others for general rheumatism. *Bryonia* is called for when the joints are swollen and painful, and the patient wants to remain perfectly quiet, as he is always worse while moving, and continues to suffer until he is brought to rest.

Rhus tox.—Patient is worse while at rest, and wants to be constantly changing his position. He is worse when he begins to move, but grows better from continuous exercise—the reverse of *bryonia*.

Having called your attention to the general treatment of rheumatism, I now direct your mind to the consideration of the special treatment of the various symptoms of rheumatism; and I remark that each particular locality calls for a special remedy.

It was once supposed that rheumatism only affected the muscles and ligaments of joints ; but now it is known to attack every tissue of the body. Rheumatism of the skin produces pain resembling that caused by the sting of a bee. As a rule pure rheumatism attacks the body of the muscle, while neuralgia is a disease of the nerve ; but we sometimes meet with cases in which the pain is not intense enough for neuralgia, and yet the symptoms do not point to pure rheumatism ; such cases we denominate rheumatic neuralgia. That is to say a disease of the sheath of the nerve and the sheath of the muscle, neither pure rheumatism nor neuralgia proper.

Abrotanum.—Pain in hands, wrists, elbows, and shoulders.

Apis.—Rheumatism of the skin, like the sting of a bee.

Arnica.—Patient feels lame as though he had been bruised, and the couch feels hard ; he warns persons not to touch his limb.

Arsenicum.—The pain is tearing, burning and stinging ; application of warmth relieves the pain ; extreme thirst, drinking little and often.

Belladonna.—Is indicated for frequent darting pains from the joint along the limb ; also for bright redness of the joints, with dry hot skin ; patient is sleepy but cannot sleep.

Cactus grandiflorus.—This is a grand remedy for rheumatism of the heart ; patient is worse lying on the left side.

Caulophyllum.—Rheumatism of the wrists and finger-joints, with much swelling ; also of the back and nape of the neck, with rigidity of the muscles.

Chamomilla.—Patient becomes almost furious about the pains, can hardly endure them. Redness of one cheek, and paleness of the other.

Chelidonium.—Rheumatic swelling, with a stone-like hardness of the affected parts ; constant pain under the lower, inner angle of the right shoulder-blade.

Cimicifuga.—Articular rheumatism of the lower extremities, with much swelling and heat of the parts ; pains worse from motion, extorting screams.

Colchicum.—Chilliness even near the hot stove, intermingled with flashes of heat; metastasis to the heart, with stitches and tearing in the chest and region of the heart; strong and fluttering beating of the heart; profuse sour-smelling perspiration.

Dulcamara.—This remedy is indicated when rheumatism is produced by damp stormy weather.

Kali hydriodicum.—Is indicated for enlargement of the joints, stiffness, and affection of the periosteum; movement of the patient causes intense pain in the lumbar vertebræ.

Kresotum.—Pain in hip and knee-joints, ulcerative pain in soles of feet.

Lachesis.—Swelling of the index finger and wrist-joint; patient worse after sleeping.

Ledum.—Rheumatic pains in hip and knee-joints, and when it commences from below and goes upward.

Phytolacca.—This is an invaluable remedy in nearly all forms of chronic rheumatism.

Pulsatilla.—Pains which shift rapidly from one part to another; chilliness even in a warm room; craves cold, fresh air; feels worse in a warm temperature; persons of a mild, tearful disposition.

Rhododendron.—Has drawing, tearing pains in the joints and limbs; pains worse during rest, and in rough, stormy weather; swelling and redness of single joints; rheumatism of the knee.

Spigelia.—Dull stitches in the region of the heart; violent palpitation of the heart, with great anxiety; dispnœa; he can lie only on the right side, with trunk raised; the least motion produces great suffocation.

Veratrum album.—Pains like electric jerks in the affected limbs.

You must remember that muscular rheumatism scarcely ever produces redness and swelling. There is more danger of metastasis to the heart in muscular rheumatism, than from the articular variety. There are some forms of muscular

rheumatism, that receive their nomenclature from the muscles affected. I will mention some of them, and give you their indicated remedies.

STIFF-NECK OR CRICK-IN-THE-NECK.—This affection is characterised by excruciating pain when attempting to turn the head. The muscles become swollen, hard, and rigid. Sometimes the pain extends to the articulations of the clavicle and intercostal muscles.

Treatment.—*Aconite*, *belladonna*, *antimonium tartaricum*, and *dulcamara*, are the usual remedies used in this affection.

Aconite from cold; *belladonna* has pain in the nape of neck; *antimonium tart.*, has cramping pain in the muscles of the neck; *dulcamara* is indicated when the crick-in-the-neck is produced by damp weather.

PLEURODYNIA.—This is a rheumatic inflammation of the intercostal muscles, and those lining the walls of the chest. It more frequently occurs on the left side. It is sometimes called false pleurisy, because the pain resembles that of pleurisy, but it has no connection with that disease. You must not make a mistake between this disease and that of pericarditis.

The pain in pleurodynia is increased by motion, and deep inspiration, and it is sharp, like as if an instrument pierced the side. The want of fever, cough, and deep seated pain, distinguishes pleurodynia from pleurisy. The sounds of the heart will distinguish it from pericarditis and endocarditis.

Treatment.—*Arnica*, *asclepias*, *tuberosa*, *cimicifuga*, and *ranunculus bulbosus*.

LUMBAGO.—This, as its name implies, is rheumatism of the lumbar muscles. The pain is sometimes intense. If the patient attempts to arise from his chair or couch, he is suddenly seized with a severe stitch in the lumbar region which

would cause him to fall, unless he had some support. The least exertion causes pain, but by continuous exertion the pain is relieved. The sudden crick in the region of the lumbar muscles, distinguishes lumbago from all other pains in the back.

Treatment.—*Aconite* is beneficial if lumbago is present in an acute attack of rheumatism.

Antimonium tartaricum is indicated when patient is worse on moving; occasional cramps, with nausea, and cold perspiration.

Arnica.—Is indicated when lumbago follows an injury to the lumbar muscles.

Cimicifuga.—This is a valuable remedy when rheumatism attacks the muscles of the back.

Kresotum.—This is an invaluable remedy when the pain is of a burning character, and is worse during rest, better from motion.

Phytolacca.—Is indicated for chronic lumbago.

Bryonia.—This agent is not laid down among the remedies for lumbago, but it is, nevertheless, the agent *par excellence* for lumbago which is worse from motion, and continues to grow worse until rest is procured.

Rhus tox.—This remedy produces lumbago; after exposure to wet weather; the patient is worse at night after repose, pain severe when beginning to move, but is relieved by continuous motion.

Equal parts of the *oil of wintergreen* and *olive oil*, make a valuable liniment for lumbago. *Wintergreen* contains *salicylic acid*. By applying a piece of flannel to the back, and then ironing the patient well with a warm flat-iron, sometimes gives great relief.

SCIATICA.—This is a form of rheumatism in which the sheath of the sciatic nerve, and the sheath of the gluteal muscles are involved. The pain is not so excruciating as that of neuralgia and of rheumatism of the joints. Therefore, as it

is neither neuralgia nor rheumatism proper, it may be termed rheumatic-neuralgia. The pain is of a sore, aching, darting nature, often preventing the patient from walking. The pain and soreness often extend from the nates to the knee and sometimes to the ankle. There is scarcely any redness or swelling, and yet the soreness and pain seem to indicate that there must be an inflammatory action going on.

Treatment.—*Aconite* must be given to allay febrile excitement; it often performs a cure without any other remedy. But sometimes it is a very annoying and troublesome affection to get rid of.

Arsenicum.—Is indicated where there is great pain extending along the track of the sciatic nerve from the hip to the knee and ankle.

Colocynth.—This agent produces shooting pain, like lightning, down the whole limb and crest of ilium.

Phytolacca.—Chronic sciatica; pains shooting from sacrum down outside of both hips.

Pulsatilla.—Jerking pain in hip-joint, extending to knee.

Rhus tox.—Is indicated for sciatica, right side, dull, aching pain, worse at rest, and during damp cold weather; patient feels worse when moving and yet he cannot keep still.

GOUT—Podagra.

Podagra means gout in the feet. It is a disease similar to rheumatism, and it may be either acute or chronic.

Causes.—The predisposing cause is a hereditary diathesis; or it may be acquired by increasing a hyperplastic condition of system. The exciting causes are wine and malt liquors, and an excess of animal food. It is supposed that an excess of *uric acid* in the blood causes a deposit of *urate of soda* in the smaller joints, which causes redness, swelling and pain. It is a singular fact that high livers who drink wine and beer are subjects of gout, while those who drink whisky and live on coarse diet are subject to rheumatism.

Symptoms.—A person may retire at night apparently well, and be aroused towards morning with intense pain in one or both great toes. They are found sensitive, red, swollen and very painful, as a result of indigestion induced by a debauch of rich food, wine and beer. There is more or less fever, and the hands and feet are hot and painful. The patient can hardly find rest in any position during the night, but is better during the day. Unless the case is properly treated, and the diathesis is changed, the disease becomes chronic, and the patient is troubled more or less during life. The joints become enlarged by the deposit of *urate of soda*, called chalk stones.

Diagnosis.—Gout first attacks the small joints, especially the ball of the great toes, and the disease may spread to the larger joints. Rheumatism at first attacks the muscles and large joints, and then may spread to the smaller ones. Gout generally attacks men from thirty-five to fifty years of age. It is rare in women. Rheumatism may attack any age, but more generally from twenty to thirty years of age, and affects men and women alike.

Treatment.—You will have to be very careful in the treatment of gout, for if you use liniments or cold applications you may drive the disease to some of the internal organs, when you will have irregular gout to contend with.

Aconite.—This remedy is indicated for the fever, pain and restlessness. To give temporary relief you can saturate flannel cloths in strong vinegar, and roll around warm bricks, and lay close to the joints, and cover with dry blankets, so as to retain the warm vapor. After the first stage of acute gout has been abated, then the following treatment is applicable, both for acute and chronic gout. In order to overcome the gouty diathesis, you must overcome indigestion, and the hyperplastic diathesis. This is accomplished by medicines and a regulation of the patient's diet, which must consist, principally, of vegetables, with a small amount of animal diet. He should give up wine and beer, and irregular meals or luncheons.

Bryonia.—Pain in the feet, as if sprained; pain on motion and turning the foot, as also from touch.

Colchicum.—This remedy is almost specific. It is indicated by tearing pain in toes; tingling in toes, like after being frosted.

Gelsemium.—Drawing, crampy pains in toes.

Kali iodatum.—Ulcerative pain in heels and toes, more especially for chronic gout, or syphilitic gout.

Ledum palustre.—Gout worse in feet; gouty nodosities on the joints; fine tearing in the toes; pains in soles of the feet, as if bruised, when walking.

Nux Vomica.—Darting pains from toes to hip.

Pulsatilla.—Feet red, inflamed, swollen; also the toes. Swelling of the top of the foot.

Robinia.—Excessive acidity of the stomach and tissues.

When the larger joints become involved, then you must treat the case similarly to that of rheumatism, which is sometimes called rheumatic-gout. You must look to the remedies under indigestion to overcome dyspeptic symptoms. When the brain, heart, stomach, etc., become involved, you must select the remedies that are called for by the symptoms developed in those organs.

DRY JOINTS.

Camphor.—Cracking and creaking in the hip, knee and ankle-joints.

Chamomilla.—Creaking of joints.

Cocculus.—Cracking in the knees when moving, cracking and creaking in the joints.

Crocus sativa.—Violent cracking of the hip or knee-joint when stooping.

Nux vomica.—Knee-joints feel dry with cracking when moving. Arthritic inflammation of the knees, also with nodosities.

Thuja.—Joints crack when limb is stretched; nails brittle or soft.

FEET.

When over-exercise causes the feet to become sore or blistered, then *argentum met.* and *cantharis* are beneficial. But probably nothing equals *arnica*, internally, and as a wash. I have prescribed this for base-ball players with fine results.

If the feet are burning and tender so that the patient can scarcely walk, then *cantharis*, *carbo veg.*, and *phosphorus* are valuable remedies.

CHILBLAINS.

FROSTED FEET.

If seen in time rub with ice or snow. If the feet are inflamed, *belladonna*, *veratrum viride* and *rhus tox.*, are the indicated remedies.

If the blisters are broken, *petroleum*, *agaricus*, *rhus tox.* internally, and *calendula lotion* are our main reliance.

If the feet are ulcerated *arsenicum*, *kreasotum* (*creasote*), *petroleum* and *phosphorus*, internally, and the *calendula* wash—ten to twenty drops to a goblet of water—will usually relieve. If there is a tendency for the trouble to return then *calcareo carb.*, *phosphorus*, *pulsatilla* and *sulphur*, should be given as the indications demand.

If there is a tendency to cold feet with hot hands and face, *sulphur* is indicated. *Ferrum*, *pulsatilla*, *sepia*, and *silicea* may give good results.

LOCAL DISEASES.

PHLEGMASIA.	}	Respiratory System, Circulatory System, Digestive System, Biliary System, Secretory System, Urinary System, Nervous System, Cutaneous System, Generative System.
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RESPIRATORY SYSTEM.

Catarrhus,	Catarrh.
Catarrhus Epidemicus,	Intluenza or Grippe.
Laryngitis,	Inflammation of Larynx.
Tracheitis,	Croup.
Laryngitis Stridulus,	Spasmodic Croup.
Bronchitis,	Inflammation of the Bronchi.
Asthma,	Asthmatic.
Pneumonitis,	Inflammation of the Lungs.
Pleuritis,	Inflammation of the Pleura.
Cynanche Thyroidea,	Bronchocele—Goitre.
Pertussus,	Whooping Cough.

CATARRHUS.

CATARRH.

This is an affection of the whole mucous membrane extending from the Schneiderian membrane to the bronchi. It is an irritation, or a subacute inflammation, which produces a stuffing sensation of the nose and air-passages. These passages are sometimes dry, or they may discharge a thin mucus. This condition is commonly called a cold, and has received names in accordance with the parts affected, which I will now take up in regular order.

CORYZA.

COLD IN THE HEAD.

When catarrh is confined to the mucous membranes of the eyes and nostrils, it is called coryza, or cold in the head.

Symptoms.—This condition is ushered in by headache, pain in the back, and limbs; the patient complains of feeling chilly; sometimes there are slight rigors, followed by sneezing with a thin acrid discharge from the nose. The eyes are red and watery; sores often form about the nose and lips. If the irritation extends to the mucous membranes of the trachea and bronchi, then the patient will be annoyed with a hacking cough, and sometimes the cough may be hard and deep. This affection may be acute or chronic. When chronic it is called nasal catarrh.

Treatment.—Coryza, or acute nasal catarrh, requires *aconite*, *arsenicum*, *camphor*, *dulcamara*, and *gelsemium*.

Camphor is indicated during the cold stage.

Aconite is called for when there is violent sneezing, fever, thirst, restlessness; dry or fluent coryza caused by dry, cold air or wind.

Arsenicum.—This remedy is indicated for frequent sneezing, with hoarseness, sleeplessness, watery discharge causing burning, and smarting at nostrils, as if sore.

Dulcamara.—Catarrh produced by damp chilly weather calls for *dulcamara*; the patient is better during motion; worse during rest; skin hot and dry, limbs cold, stiff, numb and painful.

Gelsemium.—Has violent morning paroxysms of sneezing; watery discharge excoriating the nose; there is a feeling as though a stream of scalding water was passing from the throat into the nostril.

Euphrasia is an excellent remedy for acrid fluent coryza, profuse lachrymation and redness of the conjunctiva.

CHRONIC NASAL CATARRH.—I need not take up your time in rehearsing the symptoms of nasal catarrh, for as I repeat the remedies you will see by their indications what the symptoms are that call for each.

Kali bichromicum.—Is called for when the discharge, from the nose and posterior nares, is ropy and tough, sometimes offensive.

Mercurius iodatus ruber.—Whitish-yellow, or bloody discharge; affection of posterior nares, with raw sensation; nasal bones diseased, turbinated bones swollen; hawks much mucus from posterior nares.

Pulsatilla.—Has green, fetid, nasal discharge, with diminished taste and smell; sometimes yellow discharge; worse in doors.

Sepia.—Is indicated when the patient blows large lumps of yellow-green mucus or yellow-green crusts with blood, from the nose; painful eruption on tip of nose.

Sulphur.—Produces a smell before the nose as from an old catarrh; bloody discharge when blowing the nose; dry ulcers, or scabs in nose.

There is sometimes an intolerable odor arising from an old chronic case of nasal catarrh. In order to overcome this until your medicines have time to arrest the progress of the disease, you can spray the nostrils and posterior nares with a solution of *permanganate of potash*, from five to ten grains to an ounce of water. The spray can be used once or twice a day, owing to the amount of odor.

CATARRHUS EPIDEMICUS.

INFLUENZA OR GRIPPE.

Symptoms.—This epidemic disease begins with symptoms resembling common colds, only much more aggravated. The sneezing and pain in the head are much more intense. The tonsils and fauces are inflamed, there is frequent short cough, but sometimes it is harrassing. The expectoration is

thick and viscid, but becomes muco-purulent. There is loss of appetite, the skin is hot and dry, pulse small and frequent; patient complains of a sore, tired feeling; he often becomes prostrated from the beginning of the attack. Some epidemics are prone to complications; there may be a tendency to inflammation of the brain or its membranes, bronchitis, pneumonia, tonsillitis, diarrhea, dysentery, erysipelas, and a typhoid condition.

Diagnosis.—From common or sporadic catarrh owing to its rapid spread in the community, and its prostrating influence from the beginning.

Prognosis.—It is rarely fatal in the young and robust, but often very fatal to the aged and delicate.

Causes.—The disease is epidemic, and is produced by a peculiar atmosphere. Cold damp weather is prolific of the spread of this disease.

This disease was called influenza by the Italians in the seventeenth century, because they thought it was influenced by the stars. It is now called grippe.

Treatment.—The treatment of uncomplicated influenza in the first stage is similar to that of simple acute catarrh. *Camphor* in the chilly or cold stage, *aconite* in the febrile stage, and for coryza. As the patient generally feels prostrated from the beginning, *arsenicum* is an indicated remedy, especially when there is much sneezing, with hoarseness and watery discharge excoriating the nostrils.

As no two epidemics are just alike, or no two patients are affected in the same way, you will have to become familiar with the remedies, in order to be able to treat each case separately. After the premonitory symptoms of grippe have lasted a longer or shorter time, then the brain, lungs, stomach, bowels, and kidneys, may become involved, and typhoid symptoms are developed in some. So you see how difficult it is to lay down any positive rules for the treatment of grippe, as expressed in a name. Hence, I will give you a few of the remedies, that I have found to be most beneficial in the various forms of that disease.

Baptisia is called for when any symptoms of typhoid are present, known by the offensive odor arising from the secretions, and prostration of the patient.

Belladonna has headache, hacking cough, and soreness of the chest.

Bryonia has a prostrated, tired feeling, aversion to motion, either mental or physical; a deep harassing cough.

Eupatorium perfoliatum is called for when every bone in the body seems to be painful. That is to say, the periosteum seems to be affected.

Kali bichromicum is called for when cough is troublesome and the sputa stringy.

Gelsemium has, in addition to sneezing, a tired feeling similar to that of *bryonia*, also pain in the back of the head.

Phosphorus is indicated for cough, hoarseness and pain in the left side.

Rhus tox. is called for when patient is restless, and wants to move the limbs frequently; there is a sore rheumatic feeling of the limbs.

Diet.—This should consist of liquid alimentation, such as extract of beef, milk, and soft eggs. The most important point to be observed is rest in bed, until the grave symptoms have passed. If the patient requires stimulants, then several goblets of fluid beef extract per day, is the best stimulant he can have. The patient should be kept comfortably warm, and his room well ventilated.

LARYNGITIS.

INFLAMMATION OF THE LARYNX.

Laryngitis may be acute and chronic.

Symptoms OF ACUTE LARYNGITIS.—The patient first complains of a raw, or rough feeling in the larynx, followed by a slight chill, or rigors, lasting a longer or shorter time, when fever sets in. The voice becomes hoarse and husky, the larynx becomes painful, especially by pressure. The

throat becomes constricted, the respiration difficult and sonorous; the act of swallowing becomes painful, the tonsils and fauces are red and swollen. These symptoms are often followed by those of a more grave character. The countenance becomes pale and anxious; the lips livid; the eyes suffused; the nostrils expanded; the pulse frequent, feeble, and irregular; the voice reduced to a whisper, or lost; the throat often edematous. There is extreme restlessness; urgent fear of suffocation; sleeplessness, or if the patient dozes, he awakes in a dreadful agitation, gasping and struggling for breath. Delirium and coma ensue, and death takes place in from four to five days, or the patient dies at an earlier period—*asphyxiated*.

Pathology.—The lining membrane of the larynx is thickened, with edema of the submucous cellular tissue; the glottis and epiglottis red and swollen, and containing serum, sero-purulent fluid or pus. In some cases edema of the glottis is the only post-mortem appearance.

Causes.—**PREDISPOSING.**—Intemperance, abuse of mercury, frequent and long continued exertions of the voice; the adult age.

EXCITING.—Exposure to wet and cold; extension of inflammation from the tonsils or salivary glands; swallowing scalding or corrosive liquids; inhaling acrid gases or hot air; extension of inflammation in erysipelas, scarlatina, small-pox, and measles.

Diagnosis.—The only disease that is likely to confuse you is spasm of the larynx, but the absence of pain and fever distinguish this affection from laryngitis. When tracheitis, or true membranous croup, extends to the larynx, then it is impossible to tell whether it is tracheitis or laryngitis. But upon a careful examination the history of the case will reveal the fact that in laryngitis there is pain in the incipiency of the disease, while in tracheitis there is but little or no pain primarily.

Prognosis.—It is a very fatal disease, but fortunately it is of rare occurrence. You should be thoroughly posted on the treatment and diagnosis, for if seen in time, and diagnosed early, then homœopathy can sometimes produce wonderful results.

Treatment.—The treatment in acute laryngitis must be prompt, in order to accomplish any good results. *Aconite* in alternation with *spongia* are the best agents in the first stage. You have no time to lose in discussing the one remedy theory, for while you are hesitating which remedy to give, the golden opportunity may have passed in which to save your patient. Always give your patient the benefit of a doubt whether it coincides with theory or not.

Apis.—Has hoarseness, dryness and burning of the larynx, and edema of the glottis.

Kali bichromicum.—Is called for in laryngitis when there is a tendency to the formation of a diphtheritic membrane, known by the hoarse metallic sound.

Lachesis is indicated for hoarseness, rawness and dryness of the larynx, which is sensitive to the touch; the least touch causes suffocation.

Treatment OF CHRONIC LARYNGITIS.—Some of the same remedies, that are called for in acute laryngitis are used in the treatment of the chronic disease; but you must remember that while a certain train of symptoms may call for a certain remedy in one patient, yet the next case may demand an entirely different remedy.

Causticum.—Hoarseness; worse morning and evening, with scraping in the throat.

Carbo veg.—Ulcerative pain or scraping in larynx; feeling of dryness in trachea, not relieved by hawking.

Hepar sulphur.—Hoarseness, roughness in the throat; wheezing in the larynx, and painfulness of a small spot in the larynx.

Mercurius biniodatus.—Patches of inflammation, livid, purple, thin, offensive discharge.

Phosphorus.—Larynx very painful, and feels as if lined with fur.

Phytolacca decandra.—Burning in larynx and trachea, worse towards evening; spasm of the glottis, eyes distorted, one eye moves independently of the other, thumbs clenched; toes flexed.

Spongia tosta.—Feeling of a plug in larynx, which is sore to the touch; inflammation of larynx, trachea and bronchi.

Treatment OF ACUTE APHONIA, OR LOSS OF VOICE.—

Bromium.—Voice husky, hoarse, cannot speak clearly, loss of voice; weak and soft, with raw, scraped feeling in throat.

Belladonna.—Voice weakened even to complete aphony; dryness of the larynx.

Biniodide of Mercury.—Complete loss of voice.

Causticum.—The laryngeal muscles refuse their service; cannot speak a loud word.

Phosphorus.—Aphony from prolonged, loud talking; catarrhal or nervous; larynx sensitive to the touch.

Treatment OF CHRONIC APHONY.—*Carbo veg.*—Aphony mornings; in damp, cool weather.

Hepar sulphur.—Hoarseness, or aphony, with slight suffocating spasms.

Iodine.—Tightness and constriction about the larynx, with soreness and hoarseness.

Phosphorus.—Cannot talk on account of pain in the larynx; it feels as if lined with fur.

Phytolacca decandra.—Hoarseness and aphony; dryness of larynx and trachea, worse towards evening.

I have found 30x to act more beneficially than lower potencies.

LARYNGISMUS STRIDULUS.

SPASMODIC CROUP.

This disease is alarming in the adult, as well as in children. It comes on suddenly at night, with a spasmodic effort to breathe, with a hoarse croupy cough.

Treatment.—During the attack, *aconite* and *spongia* are called for. After the spasm has been overcome, then *sambucus* is indicated for a suffocative dry cough. When mucus accumulates, then *ipecac* is indicated. *Kali bichromicum* is often indicated for cough with tough, stringy expectoration. Sometimes a towel rung out in cold water rolled around the neck, and covered with dry flannel, acts like a charm.

ANGINA TRACHEALIS.

CROUP.

This is a local inflammatory condition of the trachea, including the larynx, and is known as membranous croup, and inflammatory croup.

Symptoms.—The disease begins as an ordinary cold, the child has a hoarse cough, for a longer or shorter time, when fever is developed. As the disease advances the pulse becomes frequent and wiry. The child becomes restless, the cough becomes crowing and has a metallic sound; and as the disease advances the patient throws his head back, and grasps at his throat, and makes great effort to breathe; he tosses from side to side, and death often takes place in from two to four days. Death is by apnœa (suffocation), the lips and cheeks become livid, the body is covered with a cold clammy sweat.

Diagnosis.—Spasmodic croup comes on suddenly. The child may go to bed perfectly well and be aroused suddenly during the night. Membranous croup begins slowly. In diphtheritic croup the child has fever, back and headache, with sore throat before the croupy cough supervenes.

Causes.—There is a hereditary tendency in some families for croup. Or, owing to a peculiar diathesis of certain children in particular localities, there is a tendency to inflammatory conditions of the air passages.

The exciting causes are cold, vicissitudes of climate and exposure to night air.

Prognosis.—Membranous croup is a very fatal disease, and yet homœopaths can often save a great many cases.

Spasmodic croup is rarely fatal, if seen in time. This fact should be explained to the people; for if a doctor cures a case of croup and it is spasmodic, and loses another that is membranous, there may be dissatisfaction unless the parents understand the difference between the two varieties.

Treatment.—The first thing to be done either in spasmodic or membranous croup is to saturate a towel in cold water and roll around the child's neck, and cover it with a dry piece of flannel. The first medicine to be administered in the early stage is *aconite* and *spongia*.

Aconite.—Is indicated for fever with cough and loud breathing during expiration; every expiration ending with a hoarse, hacking cough.

Spongia.—This remedy has wheezing, anxious breathing, worse during inhalation, with whistling, sawing, between coughs.

If these remedies do not give relief in a few hours, we must resort to the indicated remedies for membranous croup.

I mention the remedies alphabetically, but you must scrutinize the remedies and the symptoms of your patient carefully, and select the best indicated remedy for the stage in which you see the case.

Bromium.—Gasping for breath, with wheezing and rattling in larynx, and spasmodic closure of glottis.

Hepar sulphur.—Rattling, short, wheezing cough, threatening to suffocate; must bend the head back and set up.

Iodine.—Croupy cough, with wheezing and sawing respi-

ration, dry, barking cough, child grasps the throat with the hand.

Kali bichromicum.—Hoarse, metallic cough, wheezing rattling in the larynx and trachea with tough, stringy expectoration. This remedy has such a powerful influence over the respiratory organs that I usually give it in the forming stage of membranous croup as soon as I am satisfied that *aconite* and *spongia* has no tendency to arrest the progress of the disease.

When there is a tendency for the bronchial tubes to become involved, and there is much rattling of mucus in the trachea which cannot be raised, then *antimonium tart.* is an invaluable remedy.

As a last resort, the patient may be allowed to inhale the fumes of *iodine* and slacking lime, as recommended under the treatment for diphtheritic croup. The body should be kept warm, and the room at a temperature of 65° F.; water-vapor should be kept up in the room night and day, and fresh air admitted continuously. Nothing but water and liquid alimentation is admissible until convalescence is established.

TRACHEOTOMY.—While intubation has taken the place of the bloody operation of tracheotomy, yet I advise all students to study the operation so as to be prepared to save life when the tubes cannot be had. It is best to be prepared for every emergency, yet I advise the postponing the use of tubes as long as there is hope from medicines.

Hepar sulphur is supposed to be prophylactic in children who take cold easily and are subject to croup.

BRONCHITIS.

INFLAMMATION OF THE BRONCHI.

This is an affection of the bronchial mucous membrane, and is characterized by three grades of inflammation, viz.: the acute, subacute, and chronic. The acute is accompanied with high arterial excitement. The subacute has a mild grade of

fever; while the chronic may continue for years without any fever. In infants, and the aged, the inflammation may extend on through the tubes to the ultimate bronchial ramifications, and thus complicate the lobules of the lungs, and produce what has been termed broncho-pneumonia, or capillary bronchitis. It is a little difficult to tell what authors mean in their division of bronchitis and pneumonia. They speak of acute, capillary, and chronic bronchitis; and acute and chronic lobar and lobular pneumonia. There is no doubt that the capillary bronchitis of late writers, is the same affection that Churchill described under the head of lobular pneumonia of infants. We can very readily see how the mucous membrane of the lobules might be affected by the extension of the inflammation from the larger tubes, and therefore give symptoms similar to those of pneumonia. Hence, Churchill's definition, of lobular pneumonia, and the capillary bronchitis of late writers may be appropriate terms to explain the same affections occurring in children and the aged. I, however, will only speak of broncho-pneumonia in the adult as a secondary affection, induced by the extension of the inflammation from the larger bronchial tubes, to their ultimate branches in the lobules of the lungs.

I may remark here, that secondary bronchitis is almost always the result of some of the exanthematous diseases—especially measles. With these remarks as to definitions, I now call your attention to acute bronchitis.

ACUTE BRONCHITIS.—This disease is generally ushered in by catarrhal symptoms, which last a longer or shorter time before the fever is fully developed. The patient at first feels languid, the throat feels a little raw, and the breathing is a little rough. There are generally slight pains through the chest—especially at the top, and down the center of the sternum. There is a slight dry cough at first, and as the symptoms advance, the cough is troublesome; fever is developed, preceded by cold or chilly sensations.

The fever is generally sthenic, and as it reaches its acme the breathing becomes laborious, owing to the congested condition of the bronchial tubes. As the disease progresses, the mucous membrane exudes mucus streaked with blood. This blood comes from capillary blood-vessels, which are ruptured during the act of coughing. The change which the mucous membrane undergoes from the dry to the moist stage, gives rise to what are termed physical signs, and are thus classified ;

- | | | |
|----------------------------------|---|-----------|
| 1. Stage Dry Rhonchi | { | Sonorous. |
| | | Sibilant. |
| 2. Stage Moist Rhonchi | { | Mucus. |
| | | Submucus. |

These sounds are heard by placing the ear over the ramifications of the bronchi. The sound heard in the first stage is called the dry rale or rhonchus, and is divided into two characters. The first is called sonorous because it is a loud harsh sound, and shows that the membranes are dry. The second is called the sibilant rhonchus, because it is a soft or hissing sound, and shows that the mucous membrane is becoming infiltrated or growing moist.

In the second stage we have the moist rhonchus, and this is divided into two sounds called the mucus and submucus. The mucus rale shows that the bronchi have passed from the dry to the moist stage. The sound is produced by the ingress and egress of air through mucus contained within the tubes. This sound is heard over the large bronchial tubes. The submucus rale is a milder sound than the mucus and is heard over the smaller tubes.

Percussion in bronchitis always yields a clear resonant sound.

SUBACUTE BRONCHITIS.—I need not take up your time in discussing this grade of bronchitis, for it is only a milder grade of the acute variety. The symptoms are the same, only the fever is of a milder type.

CHRONIC BRONCHITIS.—This may follow as the result of an acute attack ; or it may come on so gradually that months may elapse before the cough and character of the disease are fully established.

Sometimes the patient complains of a little sore-throat, which is generally dry in the beginning. Or there may be a little hacking cough, with an uneasy sensation in the trachea. But generally, after a longer or shorter period, the cough becomes troublesome and often harassing.

Chronic bronchitis puts on many types. It sometimes simulates consumption very closely. Expectoration becomes copious and of a muco-purulent character ; the patient becomes emaciated and the pulse often becomes quick and feeble. In a word the general symptoms resemble those of phthisis pulmonalis, except the physical signs.

I now call your especial attention to some of the stages or varieties of chronic bronchitis.

1. The first type is that in which there is considerable cough with expectoration of dry scale-like substances intermixed with a glairy mucus. There is more or less uneasiness in the trachea and larger bronchial tubes. The character of the expectoration indicates that there are patches of the mucous membrane of the bronchi which are so disorganized by the inflammatory process as to cause concretion and exfoliation of the morbid product. While in other portions of the tubes there is an excretion of a muco-albuminous-like substance, which in its expulsion from the trachea carries all morbid products before it, and hence the character of the expectoration.

Sometimes when the inflammation is extensive, there are violent spells of coughing with no expectoration, except the concrete or scale-like substance of which I have already spoken.

2. The second variety of chronic bronchitis, to which I call your attention is bronchorrhœ. This is characterized by an excessive expectoration of a substance resembling the white of eggs. It is sometimes thrown up in large mouthfuls, and is so adherent, that it resembles transparent jelly.

The expectoration is sometimes of a salty, sweetish, and musty taste.

The patient is sometimes free from cough, but by a hawking or expiratory effort, he is able to expectorate little transparent cylindrical or conical bodies, which resemble small fish bladders, or complete casts of the smaller bronchial tubes. At other times the patient expectorates from a few ounces to half a pint of muco-purulent matter daily, which tells fearfully upon the vital powers.

There is still another variety of chronic bronchitis, for which I know no appropriate name. The cough is hard, with difficult expectoration. The patient often has spells of coughing which last for several hours at a time, and when he is able to get up anything, it is of a tough, stringy character. There are several varieties of cough, to which I need not now call your attention, as the indicated remedy, when we come to speak of the treatment, will point out the character of the cough.

Causes.—Acute bronchitis is undoubtedly the result of cold damp weather and vicissitudes of climate. Secondary bronchitis is induced by measles, small-pox, diphtheria, and other affections. Chronic bronchitis may be a sequelæ of the acute, or it may come on gradually.

Diagnosis.—The diagnosis of bronchitis is generally easy. The mucus rhonchus, and absence of dullness on percussion, distinguishes it from the hepatized condition of the lungs in pneumonia and tubercular deposits in phthisis pulmonalis. The expectoration of blood in bronchitis is clear, and the mucus is streaked with it; while in pneumonia the blood is mixed with the mucus, giving the brick-dust sputa, which is diagnostic of pneumonia.

In that form of chronic bronchitis in which the patient is emaciated, and has a quick pulse, and expectorates a muco-purulent matter, it is sometimes difficult to distinguish it from a case of consumption. But, if we remember that in consumption we first have dullness on percussion, with loss

of respiratory murmur, and afterwards we have pectoriloquy; as a result of softening of tubercular matter, and the formation of a cavity within the lungs, then we need have no difficulty in making out a diagnosis, for in bronchitis we have no dullness on percussion and no pectoriloquy.

Prognosis.—The prognosis of bronchitis is generally favorable in the adult; but in children it is often a very grave disease.

Treatment OF ACUTE BRONCHITIS.—*Aconite*, *antimonium tart.*, *kali bichromicum*, *bryonia*, *phosphorus*, *ipsecac.* These are the principal remedies indicated for acute bronchitis, and are usually called for in the order named. *Aconite* first for the fever, and *antimonium tart.*, for the inflammation of the bronchi, is an invaluable remedy; it is also called for when there is a loose, rattling cough, especially in capillary bronchitis of children; *kali bichromicum* is called for when cough is harassing and expectoration is stringy; *bryonia* for a hard, deep cough; *phosphorus* for hoarseness and spasmodic cough; *ipsecac.* is indicated for suffocating cough, with nausea. As you will have a long list of cough remedies in your materia medica from which to cull at pleasure, I need not mention any more at present. The subacute bronchitis requires the same treatment as the acute.

Treatment OF CHRONIC BRONCHITIS.—*Belladonna.*—Dry spasmodic cough, worse at night and from motion; tickling in the throat with constant desire to cough.

Bryonia.—Dry, hard cough, which seems to come from pit of the stomach, and vomiting of food.

Calcarea carbonicum.—Dry cough at night with cold damp feet.

Causticum.—Short, dry cough, caused by constant tickling in the throat, soreness of chest when coughing; hoarseness, particularly in the morning.

Hepar sulphur.—Rattling, choking cough, worse after midnight; dry hoarse cough, worse in the morning; cannot

bear to be uncovered; the least exposure to cold excites the cough.

Hyoscyamus.—Dry, spasmodic cough, especially at night, and when lying down; relieved by sitting up.

Ipecac.—Dry cough, caused by tickling in the upper part of the larynx; (tickling in the chest—*phosphorus*); suffocative cough, with rattling of mucus in the bronchial tubes when breathing.

Kali bichromicum.—Loose cough, with rattling in the chest, expectoration of a bluish lump of mucus, or tough and stringy.

Lachesis.—The slightest pressure on the larynx causes violent cough and a sense of suffocation; cannot bear any thing on the neck.

Lycopodium.—Expectoration gray and salty; fan-like motion of the alæ nasi; red sediment like sand in the urine.

Phosphorus.—Dry, tickling cough in the evening, with tightness across the chest; cough often dry and spasmodic.

Pulsatilla.—Dry cough during the night, going off when sitting up in bed; (worse when sitting up, *kali carbonicum*, *zinc*). *Pulsatilla* has also morning cough, with much yellow, salty, bitter, disgusting expectoration; sometimes attended with vomiting.

Spongia.—Larynx dry, with hoarse, hollow, wheezing cough, worse in the evening; sawing respiration; *laryngismus stridulus*.

Stannum.—Loose cough, with rattling breathing, with profuse greenish expectoration of a disagreeably sweetish or putrid taste.

Sulphur.—Much rattling of mucus in the lungs; cough worse in the morning; expectoration of greenish lumps, having a sweetish taste.

Tartar emetic.—Throat full of phlegm, but does not yield to coughing; nausea, and vomiting of large quantities of mucus; thirst day and night.

Veratrum album.—Deep hollow cough, tickling down in the bronchial tubes, with blueness of the face.

I will now give you a few specific agents.

Cough worse at night—*Acid oxalic, belladonna, mercurius, drosera, hyoscyamus*.

Cough worse in the morning—*Rumex, kali bichromicum*.

Cough worse on lying down—*Pulsatilla, conium, drosera, hyoscyamus, laurocerasus*.

Cough relieved on lying down—*Manganum acetate, sepia*.

CAPILLARY BRONCHITIS.—This is a disease that is confined to children and the aged. It is an inflammation affecting the mucous membrane of the lobules of the lungs, and hence it is sometimes called lobular pneumonia, in contradistinction to lobar pneumonia, or inflammation of the lobes of the lungs.

Symptoms.—The child is feverish and fretful, with a cough; the fever becomes high, the pulse ranging from 100 to 150 per minute. The breathing is peculiar; the child breathes very rapidly for a few seconds, and then the breath almost stops, when it begins its rapid movement again. If the child is old enough, it complains of pain in the stomach, instead of the lungs. One or both cheeks are flushed. Percussion yields nearly a resonant sound; auscultation reveals a subcrepitant rale.

Diagnosis.—The submucus rhoncus, absence of dullness on percussion, distinguishes this disease from lobar pneumonia, while the mucus rhonchus indicates bronchitis of the larger tubes.

Prognosis.—This disease is very fatal during some epidemics. It often, however, yields very readily to homœopathic treatment, when not complicated.

Treatment.—This disease must be treated upon the same general principles laid down under the head of bronchitis and pneumonia.

For the febrile stage *aconite* and *veratrum viride* must be chosen in accordance with the symptoms.

Antimonium tart. in the third potency is almost specific in the inflammatory stage to arrest the spread of the disease. If, however, the inflammation has gone so far as to produce mucus rhonchus, without expectoration, then *antimonium tart.*, in the 6x to 30x is an invaluable remedy.

Belladonna is a valuable remedy when the child has flushed face, with tickling cough and soreness of the chest, and starting when dosing.

Bryonia.—This is an invaluable remedy for hard, deep, cough.

Phosphorus may be called for in certain stages of the disease.

ASTHMA.

This is a disease that is characterized by spasm of the bronchial tubes.

Symptoms.—The attack comes suddenly, and usually at night, generally in the after-part of the night. The patient often awakes gasping for breath, and rushes to an open window, hoping to find relief. He stands or sits leaning his head on his hands. He wheezes loudly, and feels as though he could never get another breath. He looks anxious, eyes staring, sometimes look as though they would protrude from their sockets. There is no fever, yet the pulse is rapid, and often feeble, owing to the spasm of the bronchial tubes. The face turns purple, owing to the exclusion of oxygen from the lungs. The whole body becomes cold and purple, and the skin is bathed with a cold, clammy sweat. After from one to three hours there is a remission, when the patient is able to cough up some mucus, and falls into a quiet slumber. The paroxysm is liable to return the next night, and pursue the same course, unless relieved by treatment. I have known the paroxysm to last from twenty-four to thirty hours.

Diagnosis.—Uncomplicated asthma is easy to diagnose, as no other disease gives the spasmodic effort at breathing. Croup may simulate asthma but the crowing metallic sound of croup will distinguish the two.

CARDIAC ASTHMA.—That is, asthma in a patient who has heart trouble—has short breathing after exercise; but it does not have the prolonged expiration, and wheezing like simple asthma. An examination of the heart's action will also determine the character of the trouble.

Prognosis.—Is almost always favorable, for a large majority of asthmatic patients live to be quite old. Yet if the disease is not modified by treatment, or a change of climate, it may develop dilatation of the heart or dropsy.

Causes.—There is no doubt that the asthmatic diathesis is hereditary, and hence the disease may be induced by vicissitudes of climate. Powdered ipecacuanha, and odors of various kinds, will often excite bronchial tubes into spasmodic action.

Hay asthma is induced, during the months of July and August, by newly-mown hay, and the odor of some flowers. This variety of asthma begins with sneezing and coryza before the bronchial tubes become involved.

Treatment OF ACUTE ASTHMA.—Asthma is curable in many cases, but some cases are cured by a change of climate.

Aconite.—Spasmodic, rough, croaking cough, with constriction of the windpipe.

Acidum hydrocyanicum.—Gasping for breath; suffocating spells; he clutches at his heart; palpitation.

Cuprum metallicum.—Is indicated for violent attacks of nervous asthma.

Ipecac.—Spasmodic asthma, with violent contraction in the throat and chest; rattling noise in the bronchial tubes during an inspiration; nausea.

Lobelia inflata.—Has short, anxious, wheezing respiration,

with prickly sensation through the whole body, even to the ends of the fingers and toes.

Veratrum viride.—Labored breathing; must sit up; cold sweat on the face, and nausea.

Treatment OF CHRONIC ASTHMA.—*Argentum nitricum* has violent attacks of dry spasmodic asthma, forcing him to arise and walk about.

Arsenicum.—Attacks of suffocation, especially at night; cannot lie down for fear of suffocation.

Belladonna.—Attacks come on in the afternoon or evening; sensation as if dust were in the lungs, better when holding the breath, or bending the head back; face and eyes red and hot; sleepiness, but cannot sleep.

Conium.—Asthma in the morning on waking; face of a bluish-red color.

Mullein.—We have no definite proving of *verbascum* or *mullein* in asthma, but it is a popular remedy, and many cases have been cured by using a tea made from the leaves.

Nux vomica.—Spasmodic constriction of the larynx after midnight; suffocating spells. Asthma, with fullness in the stomach; better after belching.

Sambucus.—Nightly suffocative paroxysms, with spasmodic constriction of the chest.

Spongia.—Awakens often in a fright, and feels as if suffocating; hoarse, hollow, wheezing cough.

Veratrum album.—Violent paroxysms of spasmodic asthma, with coldness of the nose, ears, and feet, cold perspiration, and great prostration.

Treatment OF CARDIAC ASTHMA.—*Cactus grandiflorus*, *arsenicum* and *spigelia*, are the remedies indicated for this disease.

Treatment OF HAY ASTHMA.—*Gelsemium* and *sabaddilla* are especially indicated for this affection. It is said that if hay asthmatic patients will leave their place of abode, and

spend July, August, September and October near the lakes in Michigan, they can escape an attack of hay asthma one year after another.

CYNANCHE THYROIDEA.

BRONCHOCELE—GOITRE.

This is a morbid growth of a part, or the whole, of the thyroid gland. It develops slowly at first, but when it reaches a certain stage, it progresses rapidly until it attains an enormous size, often as large as an infant's head.

Anatomical Characters.—The gland when cut open is found to consist of cells, varying in size from that of a pea to quite large cavities. These cells are filled with fluids of various character and consistency. Sometimes the enlarged gland is more solid and compact.

Causes.—PREDISPOSING.—Female sex; males may have it in proportion of one to twelve females.

EXCITING.—Not fully known, but some believe that the habitual use of limestone water, will cause it to develop in the hereditary diathesis. Whether this be true or not, I believe that all limestone water should be boiled before using for drinking purposes.

Prognosis.—It is free from danger, unless it is neglected until the gland becomes so enlarged and firm as to press upon the trachea, and thus cause suffocation.

Treatment.—*Biniodide of mercury* should be given morning and night for a month. Then give *spongia* three times a day until the gland begins to reduce in size; then give two doses per day, and finally drop down to one dose per day. If the tumor is slow about reducing, then you can give *iodine* for awhile. If you think it necessary you can give the *biniodide of mercury* again for a few weeks.

Iodine, iodide of mercury, and spongia, are the only remedies that I have found necessary to cure all of the cases that have come under my observation. But whatever symptoms

may arise, or the diathesis of the patient, may call for other remedies.

I always use the following liniment externally while using the internal remedies: tincture *iodine*, one ounce; tincture *belladonna*, half ounce; tincture *aconite*, half an ounce. Mix and apply to tumor morning and night.

You can promise a cure in from one to two years. If the gland is soft, then you may be able to cure in six months; but if very hard it will require a long time. If you do not impress the patients that it will require a long time, they will take your medicine for a short time, and if they see no improvement they will quit you. If you give the medicines in the third potency, then you must discontinue the treatment for awhile after the system is well under the influence of the remedies, or you must go higher with your potencies.

PNEUMONITIS.

PNEUMONIA.

This is a disease, as its name implies, in which one or both lungs may be the seat of inflammation. If both lungs are affected it is said to be double pneumonia, and the case is much more serious than when only one is diseased. I shall now speak of pneumonia in general terms, whether it affects one or both lungs; for the treatment will vary but little. It is only in prognosis that double pneumonia requires our special consideration; for our prognosis must always be much more grave in this than in the single or simple variety.

For convenience of description, pneumonia may be divided into the following varieties.

PNEUMONITIS.	{	Acute Lobar Pneumonia.
		Acute Lobular Pneumonia or Infantile Pneumonia.
		Chronic Pneumonia.
		Bilious Pneumonia.
		Miasmatic Pneumonia.
		Typhoid Pneumonia.
	{	Gangrene of the Lungs.

Symptoms.—**ACUTE PNEUMONIA.**—This disease begins with a feeling of indisposition, followed by a cold sensation in the back and limbs. This sensation soon gives place to a chill, followed by pain and cough. The cough is slight and hacking at first. The pain is sometimes sharp, but more generally it is dull and aching. The pain is found to be near the seat of inflammation, which generally occurs in the lower lobes of the lungs, and if the disease is single, the pain is referred most generally to the right mammary region. Children complain of pain in the stomach. At the time, or soon after these symptoms manifest themselves, a fever is developed, which may be asthenic in proportion to the amount of local trouble, and aplasticity of the patient. As the disease advances, the local and general symptoms keep pace with each other. The pulse becomes frequent, ranging from 110 to 140 per minute. The temperature rises with the increase of the febrile excitement, and when the disease has reached its acme the thermometer shows an increase of temperature of 102° to 103° F. If the temperature reaches 104° , the symptoms become alarming. The cough, which at first was dry and hacking, becomes more troublesome, and the patient expectorates a large amount of mucus mixed with blood. The blood is so thoroughly intermixed with the viscid matter, which is thrown up, that the expectoration has a rusty color. This brick-dust sputa is one of the most characteristic signs of pneumonia. As the disease progresses, and hepatization and suppuration take place, the rusty sputa gives place to a muco-purulent expectoration, which is indicative of the third or suppurative stage of pneumonia. The breathing becomes laborious, and the respiration is quick from the beginning of the congestive stage, and it increases with the progress of the inflammatory and hepatized stages. The countenance looks dull, the face looks bloated, and of a dark color. The head is sometimes painful; the skin is hot and dry, and delirium is often present. The appetite is impaired in the early stages, and is finally lost. Thirst is sometimes intense; the tongue

is heavily coated, and may be dry or moist, but more generally it is dry.

By the aid of auscultation and percussion certain valuable signs have been developed which are known as physical signs. By the phenomena that accompany these signs we are able to find the locality, and trace the boundaries of the pathological change that is going on in the lungs, and to measure each grade in their inflammatory process. By the application of the physical signs it has been demonstrated that pneumonia has three well marked stages; viz.: 1. Congestive; 2. Inflammatory; 3. Suppurative. Each of these stages is accompanied with certain phenomena which mark their beginning, progress and their termination.

In order that we may understand the changes that take place in the lungs during the progress of these stages, and to enable us to appreciate the character of the abnormal sounds, we must be familiar with the normal sounds of the chest. If we auscultate a healthy chest we will be able to recognize three well-defined sounds, which have been called the vesicular, bronchial, and tracheal murmur. These combined give rise to the term, natural respiratory murmur.

The sound that is heard over different parts of the chest, which contains healthy lung tissue, is called vesicular; because it is produced by the rushing of air into the pulmonary cells or vesicles. It denotes that the lobules are permeable to air, and are therefore in a healthy condition. The vesicular murmur has been compared to the sighing of a gentle breeze. This murmur may be exaggerated or increased, and give rise to a morbid sound, which has been called rale. Rale is a French term denoting rhoncus, or a rattling sound. The vesicular murmur then may become morbid and give rise to the vesicular rale, and this may again be subdivided into the crepitant, subcrepitant, and crackling rale. The crepitant rale is a creaking noise heard in the congestive stage of pneumonia. When the cavities of the ultimate bronchial tubes are diminished in size by congestion of their tissues, the air forces

its way into the agglutinated air-cells, and cause their walls to separate and press against their neighbor at each act of inspiration and thereby produce the crepitation.

The subcrepitant rale is a coarser sound than the crepitant. It is heard under similar circumstances and differs only in this, that the congestion has progressed so far as to produce an exudation of lymph into the tissues of the lobules, and into the air-cells which gives a bubbling sound that nearly obscures the fine crepitations of the former. As the congestive stage of pneumonia progresses, these sounds are lost; and as the second stage supervenes, we have dullness on percussion with bronchial respiration. The second stage having completed its course, the third, or suppurative, stage is ushered in, and its presence is known by the submucus and mucus rale.

We have then as physical signs in pneumonia. 1. Vesicular rale; 2. Dullness on percussion, with bronchial respiration; 3. Submucus, and mucus rhoncus.

It may be well for us to investigate these stages, and see what relation they sustain to each other, and ascertain the pathological change that takes place in each. First, then, what are we to understand by the congestive stage of pneumonia. The term congestion means to amass, or it is an undue fullness of the blood vessels.

The first step in congestion of the lungs is either an irritation of the tissues, or a paralysis of the capillaries by which the blood fails to be carried from the parts, consequently there will be an accumulation of blood in the part. This condition is known to be present by the crepitant rale to which I have already called your attention.

The second process in the congestive stage is infiltration of serum within the interlobular and intralobular spaces. This condition is known to have taken place by the subcrepitant rale. This is the beginning of the inflammatory stage of pneumonia. After this stage is developed crepitation is entirely lost, and we have in its stead bronchial respiration, which is a diagnostic sign of hepatization of the lung. This

hepatization is the result of the coagulation of the infiltrated fluids within the tissues and air cells. From its color, this coagulation has been called red hepatization. In this stage we have dullness on percussion.

There are three diagnostic signs of hepatization. 1. Dullness on percussion; 2. Bronchial respiration; 3. Vocal fremitus.

FREMITUS—VIBRATION.—In physical diagnosis, the vibration communicated to the hand is called fremitus. Vocal fremitus is produced by the patient speaking while you are using the stethoscope on the chest. Tussive fremitus is produced by coughing. Rhoncal fremitus is produced by bubbling of air through fluids in the lungs. Rubbing fremitus, is produced by the collision, and rubbing together of plastic matter, exuded upon the pleural surfaces. Pulsatile fremitus is produced by pulsation of the lung.

After red hepatization has lasted for a longer or shorter period, the infiltrated product undergoes a change, and the organic elements begin to disintegrate and assume a whitish appearance. It is then called gray hepatization, and is the beginning of the third or suppurative stage of pneumonia. The approach to this stage is known by the submucus rhoncus; and as disintegration goes on, the submucus gives place to the mucus rhoncus or rale. The sputa, which consisted of mucus and blood in the early stage of the disease, now gives place to an expectoration of muco-purulent matter.

During the progress of the disease, the general symptoms are an index to the pathological changes that are going on within the lungs. In the inflammatory stage the full rapid pulse; the dry skin, laborious breathing; the bloated and purple face all speak of the conflict within; and the quick feeble pulse, tell of the drain on the system by the suppurative process going on in the lung tissue during the third stage.

CHRONIC PNEUMONIA.—I have but little to say on this subject, since it is doubted by some authors, whether it ever

does exist, except as a concomitant of tubercular abscess, or as a prolonged attack of acute pneumonia.

BILIOUS PNEUMONIA.—This is a complication that is very common in certain latitudes. So far as the disease in the lung is concerned, it proceeds in the same way as the acute, only the complication makes the case much more grave. The principal difference consists in the complication of the liver. This is more or less affected, and gives rise to bilious vomitings and a jaundiced appearance of the skin and conjunctiva membrane. There is, generally, tenderness upon pressure over the region of the right hypochondrium, which is an evidence of hepatic derangement.

MIASMATIC PNEUMONIA.—Pneumonia is often complicated with remittent and intermittent fevers in miasmatic districts. In these cases the inflammatory stage may be well developed, while the general symptoms indicate a miasmatic origin of fever. In all of these complications of pneumonia the disease is much more serious than in the simple variety.

TYPHOID PNEUMONIA.—Under this head, I propose to speak of the typhoid condition following an attack of pneumonia. The term typhoid pneumonia properly belongs to those cases in which pneumonia complicates typhoid, and in which typhoid fever is primary, and pneumonia is secondary; while in the disease now under consideration the pneumonia is primary, and the typhoid condition is secondary.

This variety of pneumonia occurs in patients who are in the aplastic diathesis. The symptoms are the same as those in the simple variety. But the patient early shows signs of prostration; the tongue becomes dry and brown, sordes gather around the teeth; there is low muttering delirium during his dozing moments, and the bowels are sometimes loose, near the

close of the disease. The respiration is frequent, and the pulse is quick and feeble.

GANGRÆNA PULMONUM—GANGRENE OF THE LUNGS.—A frequent feeble pulse; expectoration of dingy-green sputa, mixed with blood, and a peculiarly offensive odor; and death from exhaustion. This complication is diagnosed by the dark and offensive odor of the sputa.

Causes.—The predisposing cause of pneumonia is cold. This disease prevails more extensively during the spring months of cold climates, where those months are damp and chilly. But in warm climates the disease is liable to occur any time during the winter.

Diagnosis.—I need not dwell long upon the diagnosis of pneumonia. The brick-dust or rusty sputa; crepitant rale; dullness on percussion; bronchial breathing; and submucus and mucus rhoncus, are diagnostic when taken in connection with the history of the case.

Prognosis.—The prognosis of simple, uncomplicated pneumonia is generally favorable. But when it occurs in the aged, and infancy, or in the aplastic diathesis, it is sometimes grave. Bilious pneumonia is a very dangerous disease in some latitudes. The favorable prognostic symptoms are a diminution in the frequency of the pulse; the breathing becomes more regular, and if the patient begins to cough with a free expectoration in the third stage, it is favorable, for the increased frequency of the cough indicates that the expectoration is easy, and that the increased cough is produced by the free expectoration.

The unfavorable symptoms are an increased frequency and feebleness of the pulse; the respiration is quick and laborious; cough is dry, or there may be a dark offensive expectoration; head thrown back, tongue dry and brown; muttering delirium supervenes, and death closes the scene.

Treatment.—In the treatment of pneumonia our success will principally depend upon two circumstances. 1. The time that we are called to the case; 2. The adaptation of suitable remedies to the stage in which we are called.

The indications for treatment in pneumonia are: 1. To arrest congestion; 2. To check inflammation, and repair damage already done to the part; 3. Promote expectoration, increase vital affinity of the system, and restore tonicity to the organic functions.

The first and most important question to be asked in the treatment of pneumonia is, can we ever arrest and cut short the disease in the first or congestive stage? From experiments made on a large number of cases I can answer in the affirmative. If called while the crepitant rale is yet distinct, we can arrest a majority of the uncomplicated cases in the first stage, if we do not let the golden opportunity pass.

Treatment OF FIRST STAGE OF PNEUMONIA.—*Aconite* and *veratrum viride* are your main remedies in the first or congestive stage of pneumonia. While *veratrum viride* is almost specific in this stage, yet you must weigh the symptoms carefully between it and *aconite*.

Aconite.—Has high fever, full, bounding pulse, violent thirst, and shortness of breath; piercing and stitching pains in the chest, with difficult breathing; great fear and anxiety of mind.

Veratrum viride.—High fever, with strong quick pulse; nausea and vomiting of a glairy mucus; sinking, faint feeling in the pit of the stomach.

Treatment OF SECOND, OR INFLAMMATORY STAGE.—*Aconite* and *veratrum viride* must be continued in this stage until fever begins to abate, or new symptoms arise. So long as the patient is improving, either under *aconite* or *veratrum viride*, you must not change your remedy unless you see an indication for a change.

Belladonna.—Flushed face and throbbing carotids; violent delirium, with a wild look, and desire to escape, strike, bite, or quarrel; starting and jumping during sleep; moaning.

Bryonia.—Hard cough, with expectoration of a tenacious mucus, of a reddish or rusty color; great difficulty of breathing, and acute shooting or stitching pains in the side or chest; wants to lie perfectly quiet.

Kali carbonicum.—Double pneumonia; copious infiltration; coarse vesicular murmur, excessive dyspnoea; hectic symptoms; intermittent pulse; tenacious mucus.

Nitrum.—Great dyspnoea, must lie with the head high; cough, with cutting, stitching pains in the chest, and bloody expectoration; pains in the chest when taking a full breath; feeling as if a load were pressing the thorax together.

Phosphorus.—In violent cases; tightness across the chest, with a dry cough and rust-colored sputa.

Sanguinaria.—Great difficulty of breathing; position on the back with the head elevated; stitching, burning pains in the chest; cough, with tough, rust-colored sputa; circumscribed redness of the cheeks.

Treatment OF THIRD OR SUPPURATIVE STAGE.—*Antimonium tart.*—Oppressed breathing; loose rattling cough, but cannot expectorate anything; impending paralysis of the lungs; inside of the chest feels as if lined with velvet.

Carbo veg.—Sensation of great weakness and fatigue in the chest; cough by spells, with brownish expectoration; pulse extremely weak; craves cold air, and wants to be fanned all the time; secretions offensive.

Lycopodium.—Copious expectoration mixed with pus; fan-like motion of the alæ-nasi; great fear of being left alone; red, sand-like sediment in the urine.

Sulphur.—Much rattling of phlegm in the chest; cough on deep inspiration, with cutting pain in left chest; feels suffocated, wants doors and windows open; constant heat on top of head.

Treatment OF CHRONIC PNEUMONIA.—This form of the disease must be treated upon the general plan as that given in the suppurative stage of the acute variety. As chronic pneumonia has a tendency to merge into quick consumption, *phosphorus* and *sulphur* are your most reliable agents.

BILIOUS PNEUMONIA.—When the liver is involved in pneumonia, then, in addition to the remedies for pneumonia proper, we must resort either to *chelidonium majus*, *mercurius*, or *podophyllum*. *Antimonium tart.* is also valuable where the cough is rattling and the expectoration tinged with bile.

MIASMATIC PNEUMONIA.—This complication requires *arsenicum*, *china*, and other remedies indicated in remittent fever.

Treatment OF TYPHOID PNEUMONIA.—*Arsenicum*, *baptisia*, *rhus tox.*, and *veratrum viride* are indicated in the typhoid condition of pneumonia.

Treatment OF GANGRENE OF THE LUNGS.—*Arsenicum*, *baptisia*, *carbo veg.* and *lachesis*, are your main reliance in gangrene of the lungs. The patient must be stimulated with beef extracts, strong coffee, and nourished with milk, and malted milk.

PLEURITIS or PLEURISY.

This is a disease which is characterized by an inflammatory condition of the pleura. You will remember that the pleura is a serous membrane enclosing the lungs and lines the thorax. It has a smooth lubricated surface which permits free motion of the viscera within the chest.

Symptoms.—The patient is often seized with a violent chill followed by fever, and severe pain. Usually but one side is affected, and the pain is felt below the nipple. There is a

short dry cough at first, followed by difficulty of breathing. Sometimes the patient has to sit erect. The pulse is quick, hard, and wiry; tongue is dry and face is flushed. When the lung becomes involved the expectoration is very copious and streaked with blood. That condition is called pleuro-pneumonia.

If the inflammation is soon arrested, then the pleura returns to its normal condition. But if allowed to continue long, an effusion is thrown out, and binds the lungs and pleura to the sides of the thorax with adhesive bands, and thus impedes respiration. Sometimes there is a dropsical effusion takes place and produces hydrothorax. Sometimes there is suppuration, and the whole pleuritic cavity is filled, thus producing empyema. I remember once assisting in aspirating the chest for pleuritic effusion, and we took out 214 ounces of pus and a straw-colored fluid, and the patient recovered.

PHYSICAL SIGNS.—In the early stage of inflammation of the pleura the stethoscope reveals a friction sound over the seat of the disease, owing to the dry condition of the membrane. The inflamed surfaces produce a rubbing sound which may be felt by placing the hand flat over the inflamed membrane. The friction sound is soon lost by an exudation of fibrin, and then we get dullness on percussion.

In the early stage the patient rests on the sound side; but after effusion takes place, known by dullness on percussion, he turns on the affected side so that the dropsical pleura may not impede the movement of the healthy lung.

Pathology.—You may readily infer from the symptoms what the pathological conditions are, after a prolonged attack of pleurisy.

Causes.—Exposure to vicissitudes of climate; surgical operations, and injuries of the chest, may induce the disease.

Diagnosis.—The friction sound, and sharp pain, with difficulty of breathing, and desire to rest on the sound side, are diagnostic symptoms of pleurisy. The absence of the crepitant rale, and rusty sputa, distinguish it from pneumonia.

The sharp piercing pain on breathing or moving, in the region of the intercostal muscles, point to pleurodynia, instead of pleurisy.

Prognosis.—Is generally favorable, unless the disease becomes chronic and complicates other diseases.

Treatment OF PLEURISY.—In acute pleurisy, *aconite* and *bryonia* are your main remedies. *Aconite* for a full bounding pulse, dry, hot skin, agonized tossing about, violent thirst for large draughts of water, red face, shortness of breath, and great nervous excitability; piercing and stitching pains in the chest, hindering respiration, with dry cough; inability to lie on the right side.

Bryonia.—Is our grand remedy for inflammation of all serous membranes. It is indicated in pleurisy for stinging, shooting, or burning pains in the side, aggravated by breathing or movement; painful dry cough, or cough with expectoration of glairy sputa; labored, short, anxious, and rapid respiration, performed almost entirely by the abdominal muscles.

Arnica.—Is indicated after injuries to the chest. Stitching pains in the left side of the chest, with a short, dry cough; constantly changing about on account of the bed feeling so hard.

Arsenicum.—This remedy is especially called for after effusion within the pleural cavity, producing hydrothorax, or dropsy of the chest. There is oppressed breathing, with suffocation; coldness of the body, with prostration. *Apis* and *apocynum* are also indicated in hydrothorax.

Kali carbonicum.—Is indicated for cutting pains in the right side. (*Arnica, phosphorus, squilla*, for left side).

Iodine.—This is a valuable remedy in scrofulous patients, when effusion has occurred.

Phosphorus.—Is indicated for pleuro-pneumonia, especially in the chronic form, where there is danger of consumption being developed.

Rhus tox.—If pleurisy is induced by rheumatism, or exposure, or sprain, then *rhus tox.* is the indicated remedy.

Senega.—Is indicated for pleural effusion subacute or chronic.

The diet should be light and nourishing. The patient should be kept quiet. If the chest seems to be filling in spite of your remedies, then you should aspirate as soon as the pressure begins to impede the breathing and the heart's action.

PERTUSSIS.

HOOPING-COUGH (WHOOPIING-COUGH.)

This is a contagious disease affecting the mucous membrane of the bronchi. It is characterized by a peculiar spasmodic cough called the hoop, whoop, or kink.

Causes.—The cause is not well understood; but it is evident that a ferment, or bacilli, is conveyed through the air and families. All that is necessary for the unprotected to take the disease, is to inhale the breath or air from the sick room.

Symptoms.—The disease is ushered in with all of the premonitory symptoms of bronchitis or a common cold. The child becomes feverish, and after a week or ten days the cough becomes spasmodic. A tickling in the larynx reminds the child of the advent of a paroxysm, and it lays hold of something during the fit of coughing. The child coughs in kinks, and turns red in the face. Soon after this period it begins to hoop, and often turns purple in the face. Blood sometimes gushes from the nose and mouth. The paroxysms occur from one to three hours during the day, the child is disturbed from sleep during the night.

Diagnosis.—It is difficult to distinguish the early stages of hooping-cough from ordinary colds. But in hooping-cough the child has regular paroxysms, and turns red in the face. When the hoop occurs then all doubt is removed. In hoop-

ing-cough the hoop follows the cough ; in spasmodic croup, it precedes it.

Treatment.—As a rule *drosera* is often the only remedy needed in simple uncomplicated hooping-cough. The symptoms, however, should be watched closely, and select the indicated remedy in accordance with the symptoms.

Aconite.—The child is feverish and grasps at its throat with every cough.

Anacardium.—Children with uncontrollable temper.

Arsenicum.—Great prostration with waxy paleness and coldness of the skin.

Ammonium bromatum.—Drs. Harley and Gibbs report this remedy as almost specific.

Belladonna.—The child gets very red in the face with every coughing spell ; nose bleeds.

Corallium rubrum.—Cough so violent that the child loses its breath, and turns purple and black in face.

Cuprum.—During the attack, the child becomes rigid, turns black in the face, and seems as if dead ; vomiting after the paroxysm.

Drosera.—Violent spasmodic cough, threatening suffocation, worse after midnight ; vomiting of food and mucus.

Hepar sulphur.—Cough sounds croupy ; coughs when any part of the body is exposed ; rattling, choking cough.

Ipecac.—The chest seems full of phlegm, but cannot get it up. Nausea and vomiting.

Kali bichromicum.—Choking cough with expectoration of viscid mucus. Burning pain in the trachea and bronchi.

Mercurius.—Cough only at night, or early during the day. Two paroxysms succeed each other closely, and are separated from the next two by an interval of perfect rest.

Squilla.—Constant rubbing of the nose, face, and eyes, during the cough. Cough excited by cold drinks, and from exertion.

Tartar emetic.—Rattling cough, but nothing is expectorated. Nausea and vomiting of large quantities of mucus.

Veratrum album.—After every coughing spell, the child falls over exhausted, with cold sweat upon the forehead; vomiting of tough, thin mucus, and involuntary discharge of urine; worse entering a warm room.

The diet should be nourishing and of easy digestion.

CIRCULATORY SYSTEM.

HEART.	{ Functional. { Organic.... {	Palpitation, Syncope, Neuralgia of the Heart.
		Angina Pectoris, Pericarditis, Endocarditis, Valvular Complication, Carditis, Hypertrophy, Dilatation, Cyanosis.
ARTERIES		Aneurism,
VEINS		{ Phlebitis, Varicose Veins, Phlegmasia Dolens.
BLOOD, MORBID CONDITION ..		Purpura and Anæmia.

PALPITATION.

Palpitation of the heart is a tumultuous, irregular or intermittent action of that organ. The least exercise, mental or physical, brings on an attack. The patient complains of a weak or smothered sensation; the heart beats so rapidly as to be observed by the bystander.

Causes.—**PREDISPOSING.**—The nervous temperament; the female sex; debility.

EXCITING.—Grief, fear, anxiety, sadness, mental emotions, joy; violent exercise, or any thing that debilitates the patient;

abuse of purgatives, unwholesome diet ; the abuse of spirituous, vinous, or fermented liquors ; chewing and smoking tobacco.

Diagnosis.—The history of the case, general anæmic condition of the patient, intermittent character of the paroxysm all point to palpitation, or functional rather than organic disease of the heart. In organic diseases of the heart palpitation comes on slowly. While in functional derangement it is sudden in its development, and may be traced to indigestion, mental or nervous excitement.

Treatment.—Primarily you must give something to quiet the heart's action, and secondarily search for and remove the cause. If indigestion is the cause, then the remedies suggested for dyspepsia must be resorted to. If nervous excitement, hysteria, etc., is the cause *gelsemium* or *moschus* will be sufficient. If fear and anxiety is the cause then *aconite* is your remedy.

INTERMITTENT PULSE.—When the heart's action loses a beat it is called an intermittent pulse. Sometimes the pulse intermits every other, or every third or fifth beat.

Causes.—It is generally supposed to be due to deficient nerve force. Dr. B. W. Richardson, of London, in speaking of intermittent pulse says : "I have never met with a case in which it has not been traceable to some form of cerebral excitement, with succeeding depression. Grief from the death of friends, shock from failures of business, disappointments, violent outbursts of passion, remorse, degradation ; and, most fruitful cause of all in this madly striving age, overwork of brain ; these are the outside influences leading to the changes on which the phenomenon of intermittency of the pulse most frequently depends.

Treatment.—*Belladonna*, *digitalis*, *gelsemium*, *moschus*, and *spigelia* are your principal remedies. Avoidance of all excitement, rest quiet, and sleep, are essential elements for intermittency of the pulse.

SYNCOPE.

FAINTING.

A person about to faint feels a little dizzy, the eyes become dim, and without support he falls unconscious to the floor. The patient for the time being is unconscious; the lips are pale, and the pulse is feeble, or fluttering.

Causes.—Debility from whatever produced. Some persons are constitutionally predisposed to fainting spells. Often the sight of blood causes swooning in some.

Diagnosis.—Simple syncope lasts only a few seconds; while hysterical swooning may last for hours, and yet the pulse is nearly normal.

Treatment.—The patient must be placed in the horizontal position, and sometimes the head must be lower than the body.

Moschus or *camphor* by olfaction until the patient rallies, then give *nux moschata* until the patient is fully restored. If caused by fright, *aconite* and *opium* are valuable remedies. To overcome the tendency to syncope, *arsenicum*, *china*, and *iodine* are the remedies mostly indicated. *Nux moschata* is indicated when patients awake early with a dry mouth.

NEURALGIA OF THE HEART.

Symptoms.—This disease differs from angina pectoris in consisting of a darting pain in the region of the heart, without any affection of the respiration; and, in most cases, without any alteration in the heart's beat. It is purely nervous.

Diagnosis.—From organic diseases of the heart, by the absence of the stethoscopic signs of those diseases. From angina pectoris, by the little disturbance of the circulation, by the pain not being accompanied by the peculiar suffering of angina, and by the absence of the pains in the arms.

Treatment.—*Aconite* is called for when there are stitches at the heart with hard full pulse.

Cactus grandiflorus.—Pricking pains impeding breathing; dull heavy pain, worse from pressure.

Spigelia.—Stitches about the heart; palpitation, violent; worse from bending forward.

ORGANIC DISEASES OF THE HEART.

ANGINA PECTORIS—BREAST PANG.

Symptoms.—Violent pain in the region of the heart, which extends to the shoulder and left arm. There is difficult breathing; the patient is compelled to stand still whenever he is attacked; it only lasts for a few minutes. After continued attacks, it sometimes proves fatal.

Causes.—PREDISPOSING.—The male sex; advanced age, but may occur as early as thirty-five years. The exciting causes are mental and physical excitement.

PROXIMATE.—Organic diseases of the heart and large vessels; viz., ossification of the coronary arteries; ossification of the valves of the heart; morbid accumulation of fat; softening of the muscular structure of the heart.

Treatment.—*Aconite.*—Heart beats quick and strong, with great sense of suffocation.

Arsenicum.—Sudden tightness above the heart; agonizing precordial pain; pains in the neck and occiput; breathing difficult, fainting spells; least motion makes him lose his breath.

Cactus grandiflorus.—Pains in the apex of the heart, shooting down the left arm to the ends of the fingers; pulse feeble; dyspnoea.

Cuprum aceticum.—Cases have been reported cured by this remedy.

Veratrum album.—Slow, intermittent pulse, cold extremities, cold perspirations.

PERICARDITIS.

INFLAMMATION OF THE PERICARDIUM.

The pericardium is a fibro-serous membrane which invests the heart. It is rare that idiopathic pericarditis occurs, but it is of frequent occurrence in rheumatic patients.

Symptoms.—There are rigors followed by fever, and pain in the left side of the chest, and is more acute under the left nipple, shooting up to the left shoulder, and down the left arm. There is frequent palpitation with dyspnœa.

PHYSICAL SIGNS.—Before exudation has taken place, auscultation detects over the region of the heart a double frictional sound, called to-and-fro-sound, and resembles the sound heard by rubbing your hands back and forth. When the secretion becomes thicker, then there is a rasping sound heard. There is often a bellows, or blowing sound, heard when the sack is well filled.

Diagnosis.—This is sometimes most difficult; the rasping sound, and the bellows or blowing sound, distinguish pericarditis from pneumonia and pleuritis. If there is dullness on percussion in front while the posterior chest is resonant, then we infer that the infiltration is in the pericardium. But if there is dullness both front and back then the supposition is that the infiltration is pleuritic. There is usually a fullness or projection of the region of the left breast when the pericardium is involved.

Causes.—**PREDISPOSING.**—The rheumatic diathesis.

EXCITING.—Cold, and vicissitude of climate.

Prognosis.—The disease may terminate in recovery; in chronic pericarditis; but generally in death.

Treatment.—*Aconite.*—A double friction-sound in rheumatic cases.

Arsenicum.—Palpitation of heart, with anguish, cannot lie on back; increased by going up stairs. Hydropericardium with great irritability, anguish and restlessness.

Bryonia.—Rheumatic cases; oppression in the region of the heart; stitching pain in the region of the heart.

Cactus grandiflorus.—Sensation of constriction in the heart, as if an iron hand prevented its normal movements; Dull heavy pain, worse from pressure; suffocating respiration; face blue; edema, especially of the left hand and of the legs to the knees; feet icy cold; pulse intermittent.

Colchicum autumnale.—Heart disease following rheumatism; hydropericardium.

Spigelia.—Stitches about heart; palpitation, violent, worse bending forward.

ENDOCARDITIS,

INFLAMMATION OF ENDOCARDIUM.

This is an inflammation of the endocardium, which is a fibro-serous membrane lining the interior of the heart. Most all of the symptoms mentioned in primary pericarditis are also applicable to endocarditis.

Diagnosis.—The friction-sounds of pericarditis are confined to the region of the heart; the valve-murmurs of endocarditis are heard beyond that region. Both the aortic and mitral valves are generally affected. The mitral complication is more generally fatal. A systolic mitral murmur heard extending an inch and a half beyond the nipple is most probably due to mitral regurgitation. If an aortic murmur exist, it can only be distinguished in the neck, just above the sternum, over the innominate artery. If, after listening to the first sound, the second sound be observed to follow clearly and distinctly, there is probably no affection of the aortic valves, even if there be a loud systolic murmur. If, however, the second sound be indistinct, inaudible, or prolonged, or be replaced by a diastolic murmur, acute endocarditis may be suspected or detected.

Prognosis.—Endocarditis is rarely fatal; but when the valves become involved, it eventually proves fatal.

Treatment.—The same treatment as recommended for pericarditis is applicable to endocarditis, and hence I need not consume your time repeating the remedies here.

VALVULAR DISEASES OF THE HEART.

Symptoms.—The general symptoms belonging to valvular complications are so similar to the diseases of the heart proper, that it is almost impossible to make the distinction. It is only by physical signs that we are able to be positive as to the character of the trouble. The sounds usually heard by applying the stethoscope over the region of the heart, are the bellows sound, saw sound, and rasp sound.

SEMILUNAR VALVES.—The sounds produced by disease of the semilunar valves of the aorta, are distinctly heard, not only over the site of the valves themselves, but also in the course of the artery, while they diminish in intensity from the base to the apex of the heart, where they become inaudible. On the other hand, the sounds produced by diseases of the auriculo-ventricular valves are heard most distinctly about an inch above the apex of the heart, and become less distinct in the track of the large vessels. The sounds have a louder and sharper tone in disease of the aortic, than in that of the auricular valves. In each valve there are two causes of abnormal sound—the direct flow of blood, and the regurgitation; the first is synchronous with the systole of the ventricles and with the pulse; the second, with the diastole of the ventricles.

AORTIC VALVES.—Murmur loudest at the middle of the sternum, but distinct in the course of the large arteries; accompanying the pulse, if it depends upon the onward current, but following it if caused by regurgitation; the sound superficial, and of a peculiar whizzing character; the pulse thrilling, but often full and regular. There is sometimes a double sound, in which case the diseased valves offer an impediment to the entrance of blood into the artery, while their imperfect closure permits of reflux. The first sound, therefore, accom-

panies the systole, and the second the diastole of the left ventricle.

MITRAL VALVES.—Murmur loudest opposite the left margin of the sternum, between the third and fourth ribs; more hollow and distinct in its character, generally accompanied by distinct purring tremor; the sound, either single or double, synchronous either with the first or second sounds of the heart, or with both. The first sound is caused by regurgitation from the ventricle into the auricle, and is accompanied by a feeble and irregular pulse; the second caused by an impediment to the passage of blood from the auricle to the ventricle. The sound produced by regurgitation, and accompanying the systole of the ventricle, is the one most commonly heard.

Diagnosis.—The diagnosis of the diseases of the valves of the heart may be greatly assisted by bearing in mind the following facts; 1. These diseases are much more frequent on the left than on the right side of the heart; 2. When they occur on the right side, the left is generally affected at the same time; 3. Diseases of the right side are marked by the venous pulse, and but little change in the arterial circulation, the pulse being only so far affected as the circulation is retarded; 4. Diseases of the left side have less effect on the venous circulation, and do not occasion the venous pulse, but they have a marked effect on the arterial circulation; 5. Sounds, whether on the right or left side, which accompany or take the place of the first sound of the heart, or the systole of the ventricles, and are synchronous with the pulse, are due to the passage of the blood out of a ventricle; that is to say, to regurgitation into the corresponding artery; 6. Sounds, whether on the right or left side, which accompany or take the place of the second sound of the heart, or the diastole of the ventricle, and are not synchronous with the pulse, are due to the entrance of blood into the ventricles, in consequence of the contraction of the corresponding auricles or regurgitation from the corresponding arteries; 7. Sounds which are heard at the base of the heart, and in the course of the aorta toward

the right clavicle, becoming less audible towards the apex of the heart, indicate disease of the valves or coats of the aorta. If the sound accompanies the contraction of the ventricle, and is synchronous with a regular, equal, thrilling pulse, it is due to disease of the valves or coats of the aorta; but if the sound accompanies the diastole of the ventricle, is not synchronous with the pulse, the pulse, at the same time, being abrupt and jerking, and the abrupt second sound of the heart being absent or very obscure, the sound is due to reflux through the open valves of the aorta; 8. If, on the other hand, the sound is synchronous with the systole of the ventricle and with the pulse, the pulse, at the same time, being unequal and irregular, the sound is due to the reflux of the blood from the left ventricle, through a diseased mitral valve, into the left auricle; but if the sound is not synchronous with the contraction of the ventricle, it is due to the passage of the blood from the auricle to the ventricle, through a diseased mitral valve.

Treatment.—The treatment of valvular diseases of the heart must be upon the same general principles as recommended in diseases of the heart. As diseases of the valves of the heart are due, in a great measure, to metastasis of muscular rheumatism, then the best time to treat those affections is when you are treating rheumatism. You should examine the heart's action every day so as to be able to detect valvular disease in its incipency, for then is the time to cure it if ever. Or you should administer the appropriate remedies for rheumatism of the chest, and thus prevent valvular complications. I will call your attention to a few of the most appropriate remedies for valvular diseases.

Cactus.—This is our main stay in valvular diseases of the heart.

Chloral hydrate.—For valvular diseases, with enlargement of the abdomen and lower extremities and dropsical tendency; labored breathing.

Naja.—This remedy is recommended by some for valvular diseases.

Spigelim.—Is a valuable heart remedy.

Colchicum.—This is a remedy that is called for in rheumatism of the heart.

CARDITIS.

INFLAMMATION OF THE HEART.

Inflammation of the substance of the heart is of rare occurrence; but it may become involved by extension of pericarditis and endocarditis. The treatment must be the same as that recommended for pericarditis and endocarditis.

HYPERTROPHY.

ENLARGEMENT OF THE HEART.

SPECIES.—1. Simple hypertrophy; 2. Hypertrophy with dilatation (eccentric); 3. Hypertrophy with contraction (concentric).

Symptoms.—Palpitation; a strong, regular, and frequent pulse, small in hypertrophy with contraction, full in hypertrophy with dilatation; slight dyspnoea, increased on exertion; small and feeble pulse; slight attacks of bronchitis and asthma; bulging of the left breast.

Causes.—Excessive effort of the heart to overcome obstruction to its action; valvular insufficiency, diminution of nerve force.

DEFINITION.—Simple hypertrophy is the thickening of the walls without change in the capacity of the cavities. Eccentric hypertrophy is the thickening of the walls, with dilatation of the cavities. Concentric hypertrophy is a thickening of the walls, with diminution of the cavities.

PHYSICAL SIGNS.—Impulse of the heart greatly increased in force, prolonged and extending over a larger space, visible to the eye, and strongly raising the hand of the observer; the

first sound of the heart obscure, when there is little or no dilatation; louder, more abrupt, and heard over a larger space where dilatation is at the same time present; the second sound obscure in the former case, unusually distinct in the latter. When the palpitations are most violent, there is the bellows sound, but it disappears with repose. On percussion, there is dullness, varying with the degree of enlargement, and most extensive where dilatation is combined with hypertrophy. In some instances there is prominence and increased breadth of the left side of the chest.

Prognosis.—The disease may continue for many years; and generally proves fatal in consequence of some secondary affection.

Treatment.—*Aconite*.—Acute palpitation; great distress.

Apis.—First appearance of dropsy.

Arsenicum.—Dilatation of the right heart; tendency to dropsy.

Bromine.—This remedy acts beneficially for violent palpitation of the heart; cannot lie on the left side; cutting pains running upwards.

Cactus.—Hypertrophy, with valvular disease; dropsy.

Digitalis.—Strong beatings of the heart, with constrictive pains under the sternum; sense of oppression; intermittent pulse.

Plumbum acetate.—Stitches during inspiration; anguish of the heart; palpitation; rush of blood to the heart during a rapid walk.

Spigelia.—Violent palpitation from least motion; systolic blowing at the apex. Rest should be enjoined, both mental and physical.

ATROPHY OF THE HEART.

Symptoms.—The heart's beat is small and feeble, scarcely felt when the hand is placed over the region of the heart. If there is atrophy without dilatation, the pulse is

very compressible and small. It is full in atrophy with dilatation.

Causes.—The deposit of fat ; effusion of fluids ; tumors, or anything that causes contraction of the muscular fibers may produce atrophy.

Treatment.—The treatment of this complication is the same as that given in hypertrophy.

DILATATION OF THE HEART.

Dilatation with hypertrophy is said to be active. Dilatation with thinness of the parietes is passive. The symptoms of dilatation with hypertrophy are the same as given under hypertrophy.

Symptoms OF DILATATION WITH THINNESS OF THE PARIETES.—This usually occurs on the right side. A fluttering of the heart ; a full, frequent, weak, and irregular pulse ; swelling of the veins of the neck ; distinct venous pulse ; great dyspnœa ; a dusky skin ; a bloated and anxious countenance ; drowsiness ; slight delirium ; dropsical effusion.

PHYSICAL SIGNS.—Feeble impulse, felt, however, over a greater extent than usual ; first sound shorter and peculiarly distinct, heard over a greater extent of the chest, both before and back ; dilatation with hypertrophy, strong impulse, with clear sound.

Causes.—Obstruction to the pulmonary circulation, pulmonary emphysema, long-standing diseases of the lungs ; valvular diseases of the left side of the heart.

Prognosis.—Unfavorable, but in the absence of severe complications, of dropsical effusions, or of great debility, the patient may survive for a considerable period.

Treatment.—*Cactus* and *arsenicum* are your main remedies.

CYANOSIS.

BLUE DISEASE.

Symptoms.—The whole of the cutaneous surface of a blue color, especially the lips. The least exertion causes palpitation and extreme dyspnœa; the pulse is feeble and irregular; syncope is of frequent occurrence.

Causes AND ANATOMICAL CHARACTERS.—Malformation of the heart, and hence the admixture of venous and arterial blood causes the blueness of the skin.

PHYSICAL SIGNS.—A very loud and superficial murmur immediately over the seat of the communication.

Prognosis.—Death during a paroxysm at an early age; in rare instances the patient attains the adult age; and in one case recorded by Louis, the age of fifty-seven.

Treatment.—The treatment can only be palliative. *Arsenicum, cuprum, digitalis, lachesis, laurocerasus, and veratrum album,* are your best agents.

ANEURYSMA.

ANEURISM.

Aneurism is due to a dilatation of the coats of the arteries. They are of two varieties, idiopathic, and traumatic. The former is the result of a diseased condition of the system; the latter is due to wounds, bruises, etc.

Diagnosis.—This is often difficult. The pain in the region of the artery is lancinating and intermittent. If the tumor can be felt, then its characteristic is diagnosed by its pulsations

Treatment.—If the tumor is external, compression gives the best hopes for recovery; or the artery may be ligated, and thus cut off the circulation through the tumor. Dr. Tod Helmuth recommends the subcutaneous injection of from three to ten drops of a watery extract of *secale*, and reports good results.

Aconite, *arnica*, *iodide of potash*, *phosphorus*, and *veratrum viride* have been recommended.

PHLEBITIS.

INFLAMMATION OF THE VEINS.

The tissues of the veins may be so affected as to cause embolia, or the obstruction of the vein or artery by a clot of blood.

Symptoms.—The vein becomes tender, hard, and painful; the surface looks red or purple; rigors followed by fever, mouth dry and brown, muttering delirium, vomiting of bile, with great prostration.

Prognosis.—Simple or adhesive phlebitis is not usually dangerous; but the suppurative variety often proves fatal from pyæmia; that, is blood-poison from absorption of pus.

Aconite, *belladonna*, *lachesis* and *pulsatilla*, are indicated for acute adhesive phlebitis. The suppurative variety requires *arsenicum*, *carbo veg.*, *hyoscyamus*, *hepar sulphur*, *mercurius*, *silicia*, and *sulphur*. Typhoid symptoms, or condition, must be treated by the same method as I have laid down in the treatment of typhoid condition, occurring in other diseases.

Hamamelis is a valuable remedy to put veins in a normal condition.

PHLEGMASIA DOLENS.

Phlegmasia dolens is peculiar to nursing women, and is known as milk-leg, or white-leg. It is an inflammation of the veins, and requires the same treatment as phlebitis. I have found cloths saturated with a solution of *hamamelis*, half an ounce of the tincture to a quart of water, and applied to the limb, to greatly assist the internal remedies in performing a cure.

VARICES.

VARICOSE VEINS.

This is a dilatation of the veins, and occurs mostly in the lower extremities. If it affects the veins of the spermatic cord, it is called varicocele.

Symptoms.—The veins dilate and become knotted; the tissues have a purplish color. The limb is often edematous. If the limb is elevated and kept at rest the veins and swelling diminish.

Causes.—Over exertion, any thing which prevents the return of venous blood, such as tight garters, and certain conditions of the blood which cause a change in the coats of the veins.

Treatment.—I usually apply a compress saturated with a solution of *hamamelis* for a few days, and then apply rubber bandage. If the varicose veins are below the knee then the bandage must be applied from the toes to the knee; but if the veins are affected above the knee, then the bandage must extend to the hip. It must be applied snugly so as not to press too tightly nor loose enough to slip down. It may be worn all day and taken off at night, after the patient is in bed and replaced in the morning. The limb should never hang down until the bandage is replaced. The philosophy is this, the rubber keeps a constant pressure which forces the veins to contract and at last be reduced to their normal size; but if the bandage is left off then the veins swell again. In order to perform a cure, which can be done in six to eighteen months, the veins should never be allowed to enlarge after they have been once compressed. Some surgeons recommend ligation of the veins and thus stop their circulation. In my experience the bandage gives the safest and most favorable results.

Hamamelis internally is one of our best remedies.

Acidum fluoricum, *agaricus*, *pulsatilla* and *silicea*, are remedies that are often indicated.

VARICOSE ULCERS.

These are sores of various sizes developed on varicose limbs. Sometimes there is but one large ulcer on one of the lower limbs, but frequently there are two on each. They often become painful, dark and angry, the limb is swollen, and red or purple. The limb may be edematous and pale.

Treatment.—Many persons suffer long with varicose ulcers from the fact that the opinion, among the laity and some of the profession, is that it is dangerous to heal ulcers on the lower limbs. I am happy to say that after a long experience, and having cured many and all cases that have come under my treatment, I have never known a single death or impairment of health.

If the limb is inflamed and the ulcers sensitive, I apply a compress saturated with a solution of *hamamelis* for a few days, and give the following medicines. If the limb is edematous with a stinging pain, then I give *apis*. But if the limb is sensitive and of a bright red color I give *belladonna*. If there is debility, burning pain, livid color of veins and varicose ulcers, then *arsenicum* is called for. If there is much pain and ulcers discharging profusely; or dropsical legs, discharging serum, then *rhus tox.* is an invaluable remedy. *Pulsatilla* is often called for when the varicose veins are painful. If the ulcers are deep and any danger of the periosteum of the bone becoming involved by caries, I then put my patient on *biniode of mercury* for a few days followed with *silicia*. As soon as the ulcers begin to clean and tenderness begins to subside I atomize them with the *peroxyde of hydrogen*, cover the parts with absorbing cotton, and apply the rubber bandage. The bandage should be removed once a day and the limb bathed with warm carbolized water, or a solution of *calendula*, twenty drops to a pint of tepid water, and the bandage reapplied.

PURPURA.

LAND SCURVY.

This disease is divided into two varieties. 1. Purpura simplex; 2. Purpura hæmorrhagica.

PURPURA SIMPLEX.—This disease is characterized by little round patches of a dark colored eruption, occurring chiefly on the thighs and legs. Those first appearing last for a few days, when they turn purple and disappear, followed by a fresh batch. The disease may last three or four weeks, or for several years.

Treatment.—Sometimes *aconite* is sufficient to arrest the further progress of the disease. If not, you may turn to *belladonna*, *arnica*, *mercurius*, *rhus tox.*, and *sulphuric acid*.

PURPURA HÆMORRHAGICA.—The symptoms in this is very much the same as those in the simple variety, only much more aggravated. The petechiæ are much larger, and are often filled with blood. The patient complains of lassitude, aching pains of the limbs; dyspnœa; despondency; with a leaden hue of the skin. The slightest blow causes ecchymosis. Blood sometimes issues from every pore, the gums become swollen and spongy, and bleed at the slightest touch. I have seen the blood oozing from the eyes, ears, nose, gums, and from ends of the fingers.

Causes.—Are not well understood. It is supposed that a diet deficient in nutriment is a cause. But it is evident to my mind that there is some poison generated in the system, by which the capillaries are so morbidly affected as to cause them to rupture easily on the slightest blow, or even rubbing the cutaneous surface.

Treatment.—Diet is of the first importance. A mixed alimentation is necessary, and a change of hygienic regulations must be enforced. Lemon-juice and acid fruits must be taken.

Arsenicum.—Eruption resembling red petechiæ; black vesicles causing burning pain; general prostration.

Hamamelis Virginica.—Congestions, and hemorrhages.

Lachesis.—Bullæ dark from bloody serum within.

Sulphur.—Ecchymosis from a slight bruise.

PURPURA NAUTIC—SCORBUTUS.

SEA SCURVY.

The symptoms of this disease are similar to those of purpura hæmorrhagica; they, however, are of a much more grave character. The patient is averse to exercise; he feels weary, complains of pains in the limbs; the breath is offensive; the gums swollen, spongy and livid, bleeding at the slightest touch. The slightest scratch degenerates into a foul ulcer. Diarrhea, dysentery, putrescence, and exhaustion are frequent accompaniments.

Causes.—A want of vegetable diet, or a restriction to a food of smoked meats. This disease used to be very common among sailors, who used to be on the sea from three to six months without seeing land. Hence they were compelled to live exclusively on salt and smoked meats. During that period scurvy was very prevalent among sailors. But since the introduction of steam, the transit is so rapid that vegetables can be carried to supply the sailors, and hence scurvy is rare now.

Prognosis.—Used to be very unfavorable, but with a better knowledge of dietary and treatment, it is not so grave as formerly. If neglected it becomes a very annoying and dangerous disease.

Treatment.—*Bryonia* and *ferrum* will correct some of the scorbutic symptoms. And the remedies given in the treatment of purpura hæmorrhagica will be found applicable in this disease also. But your main reliance is in diet. The patient should have a full supply of vegetables, especially po-

tatoes, milk and vegetable acids of all kinds, should be used freely, such as lemon-juice, lime-juice, and tartrates.

If diarrhea, dysentery, or any other complication should arise, they must be met by the appropriate remedies.

ANÆMIA.

This means deficiency of the red corpuscles of the blood, the *liquor sanguinis* is watery, poor in albumen, and contains excess of salts.

Symptoms.—The patient looks pale and bloodless, and in that condition called anæmic. Sometimes the face looks like wax; the gums and mucous membrane of the mouth look white, the tongue is pale and flabby; the pulse is feeble. The patient becomes dyspeptic, weak, short of breath, and despondent.

Causes.—Insufficient diet, imperfect ventilation, in-door exercise, and want of sunlight, are the prime causes of anæmia. Dr. Pollock says: “The sufferers are the victims of subterraneous kitchens and back shops, and of that atrocious domestic system which deprives young women in service, of open-air exercise, and enjoyments, peculiar to their age. Secondly, a depraved appetite arises, and tea with bread and butter come to form their sole diet, as all healthy desire for meat soon vanishes. These devitalized plants, which never see the sun, languish in nervous power, and furnish our worst cases of hysteria.”

Causes.—Hemorrhages from any cause, leucorrhœa diarrhea, dysentery, ague, etc., are causes of anemia.

Treatment.—*China*, *acid phosphoric*, *ferrum acetate*, *arsenicum*, for loss of animal fluids.

Ferrum, *pulsatilla*, *nux vomica* and *natrum sulphuricum*; for deficient sunlight and open air exercise.

Nourishing diet, milk, eggs, beef extracts, malted milk, or any thing the patient craves, with moderate out-door exercise, sea-bathing, etc., are all essential to the cure of the patient.

DIGESTIVE SYSTEM.

Mouth, Throat, Stomach, and Intestines, Diseases of Mouth and Throat.

STOMATITIS.....	Inflammation of the Mouth.
THRUSH	Aphthæ—Frog—Sore Mouth. Offensive Breath.
CANCNUM ORIS	Canker of the Mouth.
GLOSSITIS	Inflammation of the Tongue.
ULCUS LINGUÆ	Ulcer on the Tongue.
DOLOR FAUCIUM	Simple Sore Throat.
RESOLUTIO FAUCIUM	Relaxed Throat.
FAUCES ULCEROSÆ.....	Ulcerated Throat.
PHARYNGITIS	Inflammation of the Pharynx.
CYNANCHE TONSILLARIS....	Quinsy—Tonsillitis.
ŒSOPHAGITIS	Inflammation of the Œsophagus.

STOMATITIS.

INFLAMMATION OF THE MOUTH.

This disease is characterized by inflammation of the whole mucous membrane of the mouth. The tongue, gums, cheeks and palate are painful and emit a fetid odor of the breath.

Cause.—Insufficient food and clothing, and bad ventilation of children's apartments.

Treatment.—The main thing to do is to change the patient's surroundings, and give plenty of fresh air and sunlight and a good nourishing diet. The following medicines will be beneficial.

Kali chloricum (*chlorate of potash*).—This is indicated for fetid breath, patches of unhealthy ulcers on tongue and cheeks.

Hydrastis.—This is indicated for a yellowish appearance of the tongue and cheeks. While it is being given internally it may be used as a mild wash.

Mercurius.—If the child has not taken any *crude mercury*,

and there is an abundant salivation—flow of saliva—then *mercurius* in 3x to 6x potency acts like a charm.

THRUSH.

SORE MOUTH—FROG.

This is an inflammatory condition of the mouth, with little projections or vesicles which may end in whitish sloughs. The child is feverish, and the mouth is painful. The disease may extend to the fauces, and to the stomach and bowels, producing diarrhea. The glands of the neck often become swollen. The prognosis is often very unfavorable.

Causes.—Imperfect nutrition, artificial feeding with unhealthy milk, dirty bottles, bad ventilation, and unhealthy nursery.

Treatment.—The child's whole surroundings and diet should be changed.

Borax, internally and as a mild wash, is a valuable agent.

Arsenicum.—Must be given for prostration, dark-colored stools, and if the patches on the mucous membrane or skin, become dark.

Mercurius.—Should be administered early after the white vesicles appear, and especially if there is much flow of saliva.

Borax and *mercurius* will cure a majority of the cases if given early.

After the child is convalescing, then *sulphur* should be given to prevent its return.

The indigestion, if any, must be looked after.

OFFENSIVE BREATH.

The breath in health is pure and sweet. So when the breath is fetid, you may know that there is something wrong in the animal economy. Decayed teeth, sore mouth, nasal catarrh, ulcers in the throat, gangrene of the lungs, and some forms of indigestion are causes of bad breath. If the teeth

or mouth are at fault, then the teeth must be kept clean, and if the mouth is ulcerated, then you can have the patient wash the mouth and gargle the throat two or three times per day with either a solution of *hydrastis canadensis*, ten drops to a goblet of water, or five to ten grains of *permanganate of potash* to the same amount of water. This will give temporary relief until your remedies can remove the cause.

Treatment.—*Carbo veg.* for decayed teeth, and unhealthy gums; or if caused by salivation with crude *mercury*.

Hepar sulphur.—May be used for the same condition as for *carbo veg.*

Spigelia.—This is good for fetid breath not observed by the individual himself. There is much white or yellow mucus in the mouth and throat.

Mercurius.—Is good for fetid breath from sore-mouth.

Nux vomica or *pulsatilla* may be called for when digestion is imperfect.

Whatever is the cause of bad breath, must be sought and removed by the appropriate remedy. There is an offensive odor arising from the body of some persons which cannot be overcome by the most scrupulous cleanliness. That embarrassing condition can almost always be overcome, and removed by *psorinum*.

CANCRUM ORIS.

CANKER OF THE MOUTH.

This is a form of gangrene of the mouth occurring in children from two to six years old, and of a scrofulous diathesis. The disease is developed by low, damp situations and every thing that hastens the aplastic or unhealthy diathesis.

Symptoms.—After inflammation of the mucous membrane of the mouth has lasted a longer or shorter time ulceration begins along the gums, the submaxillary glands become swollen, the breath becomes fetid, the teeth fall out, and the cheeks have a dark gangrenous look. After death the tubercles have been found, thus showing the cause of the disease.

Treatment.—If the child has not taken any crude *mercury*, then that agent potentized is often specific. If the disease has been developed by crude *mercury*, then *nitric acid* is the appropriate remedy. *Muriatic acid* is an excellent remedy when the cankers begin to slough.

Arsenicum is the best remedy for gangrene and prostration.

A mild solution of *chlorate of potash*, or *hydrastis*, is very soothing and healing.

The child must have a nourishing diet, warm clothing, and a dry well-ventilated sleeping-room.

DENTITION.

TEETHING.

This is the period that gives mothers trouble, especially if their children do not cut their teeth early. The first teeth are called milk-teeth, and they are cut any where from the sixth to the twenty-fourth month. The order in which the milk-teeth appear is generally as follows:—the two middle incisors of the lower jaw are cut, then after a longer or shorter period the incisors of the upper jaw, next the outside incisors of the lower jaw, followed by those of the upper. From two to eight months the first four molars, then the eye-teeth, following these four other molars. The milk-teeth are completed about the second year. About the seventh or eighth year the milk-teeth are shed and replaced by the permanent teeth.

Symptoms.—Dentition is a physiological process, and hence in vigorous children it makes but little change in their system. But there is more or less disordered dentition, the child's gums are often swollen and tender, with much flow of saliva, it is peevish and fretful, has disordered stomach and bowels, with twitchings during sleep, and often has convulsions.

Treatment.—*Aconite* for feverishness; *chamomilla* is called for when the child is fretful, except when being carried,

but as soon as it is laid down it begins to cry. One cheek flushed while the other is pale. For diarrhea and constipation. See the treatment under those diseases.

Belladonna and *chamomilla* are to be given to ward off convulsions.

If dentition is too early or too late then *calcareo carb.* is our main reliance.

If the child perspires much about the head *silicia* is a valuable remedy.

A child's gums should never be lanced, for if the milk-teeth do not come through at once, and the gums should heal, then the dentition will be more troublesome. If, however, the gums are swollen, purple, with blisters, then they should be lanced, especially if the child is threatened with convulsions.

Milk-teeth should never be extracted until loosened by the pressure of the permanent teeth, for if the latter are forced through too soon they are apt to decay early. The dentists are now prepared to fill decayed teeth of children with a cement, and thus prevent them from aching, until they are loose enough to extract easily.

GLOSSITIS.

INFLAMMATION OF THE TONGUE.

This affection is ushered in by heat and pain in the tongue, which soon begins to swell, and is often greatly increased in size. The face is red and swollen; the saliva flows as freely from the mouth as though the patient had been salivated.

Treatment.—*Aconite* and *mercurius* are the main remedies for this disease, and usually cure in a short time. If the tongue is much swollen and stinging pain, then *apis* is your best remedy.

If you are called to see a patient with glossitis, and you find that he has been taking *calomel* or *blue mass*, then you may know that it is a mercurial glossitis. In that case give

belladonna and *hepar sulphur*, or *nitric acid*, and wash the mouth three times per day with a weak solution of *chlorate of potash*.

ULCUS LINGUÆ.

ULCER ON THE TONGUE.

This affection begins with slight pricking sensation in the tongue, which soon turns red in patches, and begins to swell, and sooner or later small ulcers form on the tongue, often but one ulcer appearing, but sometimes the tongue is dotted with them; they usually appear on the sides of the tongue. They may be caused by indigestion or decayed teeth.

Treatment.—*Biniodide of mercury* is the remedy par excellence. It may be given every two hours. I usually have the patient wash his mouth after each meal with a solution of *hydrastis canadensis*, fifteen to twenty drops to a goblet of water.

If the ulcers have been produced by crude *mercury*, then *nitric acid* must be used both internally and externally. Touching the ulcers with *carbolic acid* gives temporary relief.

DOLOR FAUCIUM.

SIMPLE SORE THROAT.

This is a simple sore throat from cold, and is uncomplicated with ulceration. The throat looks red and raw, and at first it feels dry.

Treatment.—*Belladonna* is about the only remedy that is needed for simple cases.

Arum tryphyllum.—This is indicated if *belladonna* fails to give prompt relief. It is indicated for constriction in the throat, with sneezing; soreness, burning, and pains in the palate. There are many other remedies that may be used, but those I have mentioned usually give prompt relief.

RESOLUTIO FAUCIUM.

RELAXED THROAT.

The mucous membrane and muscular tissues are relaxed, and have a full uncomfortable feeling, as though there was something in the throat that required to be hawked up.

Treatment.—*Kali bichromicum*.—Soft palate, slightly reddened; uvula relaxed with sensation of a plug in the throat.

Lachesis.—Uvula elongated; feeling of a lump in the throat, on swallowing, the lump descends, but returns at once.

Calcarea phosphorica.—This is a valuable remedy in relaxed throat.

FAUCES ULCEROSÆ.

ULCERATED THROAT.

This is simple inflammation of the throat with ulceration. The ulcers may be on one or both tonsils, or they may be on the uvula or in the pharynx.

Simple ulcerated throat is accompanied or preceded by slight headache and back-ache, and slight fever.

Diagnosis.—It is distinguished from diphtheria, and scarlet fever by the mildness of the attack, and want of swelling of the tonsils and odor of diphtheria, and the ash-colored patches, and scarlet rash of scarlet fever.

Treatment.—Nine times out of ten *belladonna* and *biniodide of mercury* will be all that will be required to perform a cure, and that often within twenty-four to thirty hours.

PHARYNGITIS.

INFLAMMATION OF THE PHARYNX, OR CLERGYMAN'S SORE THROAT.

You remember that the pharynx is the region of the throat behind the nose, mouth and larynx, and above the esophagus.

Symptoms.—At first the mucous membrane of the fauces and pharynx is irritated, followed by congestion and inflammation. All of the surrounding parts become more or less involved. The larynx often becomes painful. The pharynx looks raw and granulated. Sometimes the uvula is elongated and the fauces and tonsils are ulcerated. Thus it becomes a more severe and complicated disease than the simple ulcerated throat.

Causes.—This condition may be induced by over use of the voice in speaking, also from cold damp weather.

Treatment.—*Aconite* is called for in the early stage, for fever.

Arnica.—Is called for when the disease is brought on by over use of the voice.

Argentum nitricum.—This is indicated in chronic cases, especially when there is ulceration.

Belladonna.—For bright redness of the pharynx with ulceration.

Kali bichromicum.—Chronic ulceration, with tough stringy phlegm.

Lachesis.—Constant irritation in the throat, inducing much hawking, and a choking sensation.

Iodide of mercury.—Clergyman's sore throat; pains of the throat extending to the ear; throat swollen and ulcerated; fetid breath.

Phytolacca.—Hoarseness with dryness of the throat; pharynx and fauces of a darkish or grayish appearance.

If there is much edema, then *apis* is called for. The uvula is often elongated and requires *hyoscyamus*.

CYNANCHE TONSILLARIS.

QUINSY—TONSILLITIS.

Inflammation of one or both tonsils may come on suddenly, preceded by back-ache, chilliness followed by high fever; the fauces are sore and stiff, with painful efforts at swallowing.

The tonsils become enlarged, and of a bright red color in the early stage. They often swell so rapidly as to impede respiration, and the patient is often in danger of suffocation. If the disease is not speedily arrested, the tonsils suppurate, and thus often endanger the life of the patient. The disease may be acute and chronic.

Treatment OF ACUTE.—*Belladonna*.—Bright redness and soreness of the tonsils, with difficulty of swallowing.

Baryta carb.—This remedy is supposed to prevent suppuration if given early in the attack.

Hepar sulphur.—If this remedy is given high, it is supposed to prevent suppuration; but if the suppurative stage has already supervened, then the remedy, in a low potency, will hasten suppuration.

Mercurius biniodide.—Is an excellent remedy if the tonsils are of a pinkish hue.

Lachesis.—Where the left tonsil is affected, and the mucous membrane is of a livid color. If the tonsils are very painful, and swollen so as to impede respiration, then you must atomize the tonsils every one to two hours with the *peroxyde of hydrogen*, until the patient can breathe freely. If there is danger of suffocation, you should insert a rubber tube between the tonsils, and let it hang out of the side of patient's mouth; thus he will be able to continue his breathing with more comfort. You may puncture the tonsils with a small trochar if there is pus, or use an aspirator.

CHRONIC TONSILLITIS.—If the following remedies are persevered in year after year, they will remove chronic enlargement of the tonsils. *Baryta carb.*, *calcareo iodide*, *calcareo phosphorica*, *mercurius biniodide*, *sepia*, and *silicia*. It is best to make the selection in accordance with the symptoms, and after giving that remedy for a few weeks, then change to another that seems to be indicated. After your patient is well under the influence of the remedies, and the tonsils become spongy, the following will hasten the reduction of the tonsils.

Iodide of zinc one drachm; *aqua dist.*, four ounces. Mix and use with an atomizer to tonsils at bed-time each night for awhile, then drop off to twice a week.

If your patient is in the strumous diathesis, then he must be nourished well with milk, eggs, fresh meat and malted milk. If he is able to spend the winter in Florida, it will greatly facilitate the removal of the tonsils and the scrofulous diathesis.

ŒSOPHAGITIS.

INFLAMMATION OF THE ŒSOPHAGUS.

Inflammation of the esophagus is almost always the result of swallowing poisons, or irritating substances, or inflammation may extend from the fauces.

Rheumatism of the gullet may occur when a patient is afflicted by rheumatism in other parts of the body. Its presence is indicated by painful deglutition referred to some part of the gullet. *Spasmodic actions of the esophagus is of frequent occurrence. It is characterized by difficulty of swallowing with a choking sensation. The food or drink suddenly stops, but after a few seconds the spasm is broken and the patient can swallow as usual. There is often a permanent stricture of the esophagus, which is at first made manifest by slow difficult swallowing. This continues for some time, when the patient is unable to swallow any more without the surgeon's aid. The daily introduction of a bougie, will prolong the patient's life; and sometimes it may be removed if the stricture is not the result of cancer.

You diagnose the spasmodic stricture from the fact that it is of short duration, while the organic stricture is permanent.

Treatment.—If inflammation of the esophagus is due to an extension of disease from the pharynx or tonsils, then the treatment is the same for all. If there is a painful spot, then some of the rheumatic remedies are necessary. If the esophagus is swollen and the pain is stinging, then *apis* is the remedy.

Gelsemium.—Has painful sensation of a lump in the esophagus, and burning in the stomach.

Veratrum viride.—Burning in fauces and esophagus, with constant inclination to swallow.

SPASMODIC STRICTURE OF THE ESOPHAGUS.—*Gelsemium*.—Dysphragia ; or difficulty of swallowing from spasm of the esophagus.

Veratrum viride.—Spasm of the esophagus, with or without rising of frothy or bloody mucus ; sensation of a ball rising in the esophagus.

PAROTIDES.

MUMPS.

Parotitis is singular and means an inflammation of the parotid gland. Parotides is plural and signifies an inflammation of the parotid glands, called mumps. The parotid glands are beneath and in front of the ear.

Causes.—Mumps is due to a specific contagious virus. Cold, iodism, and mercurial salivation may produce non-contagious parotitis.

Symptoms.—The jaws feel stiff and sore when they are moved, eating becomes painful, one or both parotid glands become enlarged and painful. The patient is feverish with more or less headache. As the disease progresses the other glands about the neck often become involved. The disease usually runs its course in about a week or ten days.

Prognosis.—This is generally favorable in healthy individuals. If a patient is exposed to cold the swelling of the neck may subside, and the testicles in the male, and the mamma in females, may be attacked by metastasis, and thus the disease may become very serious.

Diagnosis.—The diagnosis is not difficult when we remember that the parotid glands lie beneath, and in front of the ear, so if the swelling begins in front of the ear then we

know that we have parotitis. By taking a little vinegar in the mouth, if the disease is mumps, then it causes spasm of the jaw, and the patient can hardly swallow.

Treatment.—If a patient is feverish he may have a few doses of *aconite*. But usually the case only requires *mercurius cor.*, or the *mercurius biniodide* is all that will be necessary. But if erysipelatous inflammation should supervene, or the head become involved, then *belladonna*, *gelsemium*, or *hyoscyamus* may be indicated.

If there is metastasis to the testicles or mamma, then *pulsatilla* is a valuable remedy, also *clematis* and *spongia* often prove beneficial.

I have found the following prescription to act beneficially in allaying pain and reducing the swelling. *Aconite leaves*, *belladonna leaves*, each half an ounce; *muriate of ammonia*, half an ounce; put into a quart of boiling water, and when cool enough to use then saturate cloths and apply to testicles and mamma and renew as often as they get dry.

The patient should be kept warm and comfortable, and during the swelling stage the neck should be kept covered and warm.

DISEASES OF THE STOMACH.

GASTRITIS	Inflammation of the Stomach.
DYSPEPSIA	Indigestion.
GASTRALGIA	Pain in the Stomach.
PYROSIS	Water-Brash.
HÆMATEMESIS	Vomiting of Blood.
CARCINOMA OF THE STOMACH. . .	Ulceration and Perforation of the Stomach.

GASTRITIS.

INFLAMMATION OF THE STOMACH.

This disease is characterized by an inflammatory condition of the stomach, and is of three grades: Acute, subacute and chronic. The disease is often ushered in by vomiting, burning pain, tenderness upon pressure at the pit of the stomach and fever, with intense thirst for cold drinks. The tongue is red at first, but becomes dry and brown. This disease may end in resolution, or in chronic gastritis. In gangrene; in ulceration, followed by perforation.

Causes.—Drinking of ice-water when the body is overheated. Acute gastritis is a rare disease except when induced by swallowing irritants and poisons. Subacute or chronic is of frequent occurrence among habitual drinkers, and certain kinds of indigestible food.

Diagnosis.—The nausea and vomiting, with severe pain and tenderness of the stomach and high fever, leave no doubt as to the trouble. The absence of fever and the tumefaction in the stomach, point to cancer instead of gastritis.

Prognosis.—If the pulse becomes less frequent and soft and the pain and tenderness growing less, then our prognosis should be favorable; but if your remedies do not make a favorable impression in a reasonable time, and the tenderness extends to the bowels, then it is unfavorable.

Pathology.—The mucous membrane is red or of a dark red color, patches of dark ulcers are found in every portion of the stomach. In drunkards the mucous membrane is of a dark purple, with patches of ulceration.

Treatment.—*Aconite*.—High fever, intense thirst for large draughts of water; sharp cutting pains in the stomach; bitter bilious vomiting.

Arnica.—Painful pressure in the stomach; vomiting of dark, coagulated blood after internal injuries.

Arsenicum.—Heat or burning in the stomach, with sharp, shooting pains; vomiting of everything eaten or drank; during the vomiting, violent pain in the stomach; wants to drink often and but little at a time.

Patient may be allowed crushed ice at short intervals. A cold compress over the region of the stomach is very beneficial, and often grateful. The patient may take only a few spoonfuls of milk at a time. It would be better to nourish the patient with enemas of beef extract until the stomach is retentive.

SUBACUTE AND CHRONIC GASTRITIS.—These must be managed upon the same general principles as I have laid down for the acute variety.

Bryonia.—Region of the stomach very sensitive to pressure; burning in the stomach; vomiting immediately after eating or drinking; nausea and faintness from sitting up in bed.

Iris versicolor.—Great burning distress in the epigastric region; nausea and vomiting, with pain in the stomach; aggravation by motion.

Phosphorus.—As soon as water gets warm in the stomach it is thrown up.

There are many other remedies that are often indicated, but those I have mentioned will tide your cases over the worst symptoms. You must remember that the remedies mentioned for the acute may also be beneficial in the subacute and chronic varieties.

DYSPEPSIA.

INDIGESTION.

This disease is characterized by the loss of power of the alimentary canal to digest and assimilate food when taken into the stomach. The symptoms are so variable that I need not take up your time in delineating them, but as I point out the indicated remedies you will readily understand the various symptoms that may arise.

Anacardium.—Symptoms disappear while eating, and return soon after (better after eating, *hepar*; worse after, *arsenicum*, *nux vomica*.)

Arsenicum.—Nausea and vomiting after eating or drinking; burning and pressure as of a stone in the stomach.

Bryonia.—Soreness over the region of the stomach. Every thing tastes bitter; (*pulsatilla*, tastes sour, *china*, *nux*); food is thrown up immediately after eating.

Calcarea carb.—Want of assimilation; vomiting of the ingesta, which tastes sour; cold damp feet.

Carbo veg.—Sensation as if the stomach and abdomen would burst when eating or drinking; sour rancid belchings, and burning in the stomach.

China.—Abdomen feels full and tight, as if stuffed, eructations affording no relief; (*argentum nitricum* affords marked relief.)

Lycopodium.—After taking a mere swallow of food, feels full up to the throat; constant sense of fermentation in the abdomen, like yeast working; much rumbling, particularly in the left hypochondria.

Pulsatilla.—Flatulency in the stomach; eructations after a meal, tasting of the food last eaten.

Robinia.—Indigestion with heart-burn and acidity; vomiting of very sour fluid setting the teeth on edge; great distention of stomach and abdomen, with flatulence and severe colic.

GASTRALGIA.

PAIN IN THE STOMACH.

This condition of the stomach is called gastralgia, gastrodynia, and cardialgia. It simply means pain or spasm of the stomach. It is sometimes excruciating.

Treatment.—*Aconite*.—Sudden excruciating pain with gagging, retching, vomiting of blood, gasping; cold sweat on forehead.

Abrotanum.—Pains cutting, gnawing, burning.

Acid hydrocyanic.—Violent pain in stomach, with loss of speech.

Arsenicum.—Pain and vomiting after food.

Bismuth.—Burning pain and vomiting.

Chamomilla.—Spasm with stinging pain in pit of stomach.

Nux vomica.—Violent pain in stomach running upward.

PYROSIS.

WATER-BRASH.

This is characterized by eructations of copious quantities of a tasteless watery fluid. It is produced by muscular spasm of the esophagus, which prevents the saliva from passing into the stomach. It is a very unpleasant sensation. It is commonly due to gastric catarrh, but may be induced by organic disease of the stomach and liver.

Treatment.—*Carbo veg*.—Pyrosis, great flow of water from mouth.

Lycopodium.—Nausea in pharynx; heart-burn; water-brash.

Nux vomica.—Heart-burn; water-brash; worse before breakfast.

HEMATEMESIS.

VOMITING OF BLOOD.

This is generally preceded by nausea, distress or pain of the stomach. The hemorrhage may be acute or chronic.

Prognosis.—The acute vomiting of blood is not always dangerous, as it may be due to slight congestion of the mucous membrane. The chronic is more grave, as it may be the result of organic disease.

Diagnosis.—The only question to be solved, is whether the blood comes from the stomach or lungs. The following table will enable you to make the distinction.

FROM THE STOMACH.

1. In Hematemesis the blood of a dark color.
2. The blood is vomited.
3. The blood is often mixed with food, and is not frothy.
4. Is preceded by nausea and stomach distress.
5. Blood is generally passed with the evacuations from the bowels.

FROM THE LUNGS.

1. In Hemoptysis the blood is of a bright-red color.
2. The blood is generally coughed up.
3. The blood is generally frothy and mixed with sputa.
4. Is often preceded by pain in the chest and dyspnœa.
5. Blood is not found in the stools.

Treatment.—The patient must be kept cool and in the fresh air; all tight clothing must be unloosened, and the patient allowed to swallow bits of ice.

Aconite.—Hemorrhage with flushed face; palpitation and anguish.

Hamamelis.—This is an invaluable remedy for hemorrhage from any part of the body, and especially from the stomach.

China.—After hemorrhage has taken place, and the patient is pale, with feeble pulse, cold feet and hands, fainting, then *china* is your main remedy.

Ipecacuanha.—Bright-red blood, with paleness of the face, and nausea.

Arsenicum.—Vomiting of blackish bile and blood.

Veratrum album has the same symptoms as *arsenicum*.

Arnica is given for mechanical injury of the stomach.

Ulceration and Perforation of the Stomach.

This disease is quite common, especially among high livers and drunkards, and is often mistaken for some forms of dyspepsia.

Symptoms.—There is generally a burning pain in the back opposite the stomach. The stomach is tender to the touch, with slight nausea. Pain worse after taking solid food. The patient often complains of water-brash, and vomiting of food and mucus, which gives temporary relief. The disease is not dangerous unless perforation takes place, then it becomes a fatal complication. It is rare that simple ulcers of the stomach prove fatal.

Diagnosis.—It is sometimes difficult to distinguish between chronic inflammation, and ulceration of the stomach, and some forms of dyspepsia. Simple chronic inflammation of the stomach is not so painful as ulceration; neither is dyspepsia. You almost always get inflammation before ulceration, hence the treatment is about the same. By a close inspection of the stomach you can generally detect a thickening of the muscular coats, or some degree of tumefaction, which is diagnostic of carcinoma, or cancer, of the stomach.

Treatment.—*Argentum nitricum*.—Excessive pain in the left side of stomach, worse from touch and deep inspiration; especially prominent at night.

Arsenicum.—Pain excessive, pressive, burning in the cavity of the stomach, vomiting of every thing taken; vomit is mixed with blood.

Kali bichromicum.—Excessive pain in the stomach, at night, and vomiting of alimentary substances, and blood. This remedy has been known to produce ulceration of the stomach, and hence it is homœopathic to that condition.

Kreosotum.—This remedy is used both for cancer and ulceration of the stomach. It is indicated by pain and vomiting.

Phosphorus.—Is indicated by gnawing and cramp-like pain in the stomach, with vomiting of food and blood.

Uranium.—Vomiting of food, with agonizing, burning pain in the stomach.

CARCINOMA OF THE STOMACH.

CANCER.

This disease is characterized by severe pain in the stomach with vomiting of food and a glarious or brownish substance. It is generally diagnosed from ulcer of the stomach, in view of the fact that cancer produces a tumefaction of the epigastric region, or a small tumor is felt in some portion of the stomach. A cancerous patient usually has a peculiar yellowish leaden hue of the face.

Treatment.—The remedies which I have mentioned for ulcerated stomach, are also our best remedies for cancer of the stomach.

Without going into a detailed description of the various forms of cancer, I will only mention a few remedies that are indicated for the various forms.

Arsenicum is a valuable remedy in almost all forms of cancer.

Aconite is valuable to allay the pain produced by cancer.

Hydrastis is highly beneficial for cancer of the upper lip and tongue. Also, when the glands and uterus are dark and cancerous.

Conium maculatum is a valuable remedy, both internally and externally, for open cancer of the breast.

I wish to say here that many tumors of the breast have been mistaken for cancer, which I was able to cure with remedies indicated for scrofulous glandular swellings. Hence I condemn the habit of amputating the breast until the reme-

dies for scrofula have had a fair trial. Even in cancer an operation is unnecessary unless there is intense suffering. The operation will give temporary relief, but if it is a cancer, it will certainly return, and if the patient gets well it is evidenced that it was not a cancer; that has been my experience.

If a scrofulous breast is very large and ulcerated, then I would advise an amputation, for the drain upon the system might prove fatal the same as if it was a cancer.

Drs. Beebe, of Chicago, and Pease, of Boston, claim to have fine success with *carbolic acid* in the treatment of cancer.

Epithelial cancer often requires *thuja*.

Cancer of the tongue is said to have been greatly relieved by the use of *galium aparine*. It is supposed to favor granulations.

Hydrocotyle asiatica is said to benefit uterine cancer, I have never used it.

Dr. Craig thinks that *sanguinaria canadensis* has a tendency to lessen the return of cancer after excision.

I wish that I could give more encouragement for the cure of cancer, but after a long experience I can only say that the chances of cure are not flattering, but I can say that homœopathy prolongs life, and gives more comfort than all other treatments combined.

DISEASES OF THE STOMACH AND INTESTINES.

GASTRO ENTERITIS MUCOSA. . . . Simple or Sporadic Cholera.
 CHOLERA MALIGNA. Malignant or Asiatic Cholera.
 CHOLERA INFANTUM. Cholera of Infants.

CHOLERA SIMPLEX.

SIMPLE OR ENGLISH CHOLERA—SPORADIC CHOLERA—
 CHOLERA MORBUS.

This disease is characterized by a sudden attack of vomiting and purging, usually in the night. The discharges are bilious, and if unchecked may be followed by cramps in the stomach and bowels, and collapse. It is rare, however, that a patient dies from cholera morbus.

Treatment.—*Camphor.*—For first stage with chills. As a rule, *arsenicum* and *veratrum album* are the first and only remedies needed in cholera morbus.

Arsenicum.—Has violent vomiting of green-yellow liquid; sometimes the vomit is brown and turbid; often black; stools at first are green, then yellow and black, with severe crampings in stomach and bowels.

Veratrum album.—Has violent vomiting of thin, blackish or yellowish substances, with long continued nausea, vomiting and purging simultaneously; coming on at night; stools watery, and greenish; cold sweat on the forehead.

Arsenicum and *veratrum album* both arrest exosmosis, and hence cure the patient.

CHOLERA MALIGNA.

MALIGNA OR ASIATIC CHOLERA.

This is a specific malignant disease, which is perennially endemic in India, and is thence propagated, and becomes epidemic by means of contagion and atmospheric currents. Its diffusion appears to depend on certain meteorological conditions—a warm, moist, stagnant, and oppressive condition of the atmosphere.

Symptoms.—**THE FIRST OR PREMONITORY STAGE.**—This is often so slight as to be overlooked by the patient. Usually, however, there is some degree of lassitude, nausea, and painless diarrhea.

SECOND OR COLD STAGE.—This may be preceded by the symptoms of the first stage; or the second stage may be ushered in suddenly, and it generally comes on from twelve to three o'clock in the morning. The patient is aroused by nausea, vomiting, and purging of serous, or rice-water discharges. Rapid prostration supervenes, the pulse is intermittent, the pupils of the eyes are contracted; there is intense thirst, with a burning sensation in the stomach; the muscles of the thighs, and calves of the limbs begin to cramp and form hard muscular knots; the surface of the body begins to feel cold and damp; the tongue and breath become cold.

THIRD STAGE OR COLLAPSE.—The patient is nearly pulseless; the lips are purple, the tongue is cold and livid; the eyes are sunken; the countenance livid, the skin is bathed with a cold clammy sweat; the voice is low, feeble, and unnatural; the patient is extremely restless; collapse and death close the scene. Patients usually die between the hours of 7 and 11 A. M., and 7 and 11 P. M.

If the patient survives the cold stage eighteen hours there may be favorable symptoms developed, or febrile symptoms may supervene, lasting a short time, followed by a warm perspiration; in that case the patient makes a slow recovery. If the

algid condition continues and the cramps are severe then your prognosis is most unfavorable.

Treatment.—FIRST STAGE.—*Camphor* is indicated for the choleric diarrhea with cold chilly sensation, and spasmodic pains in the abdomen.

Aconite.—Is also a valuable remedy in the invasive stage of cholera, and often cuts short the disease. It is indicated when there is violent heat and dryness of the skin; full and frequent pulse; bitter, greenish vomiting; stools whitish.

It is supposed that *camphor* antidotes the bacteria or bacillus. If that be true, then *camphor* should be given in drop doses of the mother tincture on a lump of sugar for a short time before resorting to the regular treatment, unless the symptoms call for other remedies in preference to *camphor*. During an epidemic of cholera it is supposed that *camphor* is a prophylactic, and should be taken once a day by the profession and the laity.

SECOND STAGE.—If *camphor* has failed to arrest the disease in the first stage, then you must resort to either *arsenicum*, *cuprum*, or *veratrum album*, and make a judicious selection in accordance with the symptoms present.

Arsenicum.—Is called for where there is sudden and extreme prostration; violent vomiting of watery, slimy, greenish, or blackish substances; vomiting and purging simultaneously; violent pains in the stomach.

Cuprum.—Violent vomiting, with colic and diarrhea. The grand characteristics for *cuprum* in cholera is the violent cramps in the stomach, fingers and toes; also in the calves.

Veratrum album.—Violent vomiting and purging simultaneously with profuse gushing rice-water discharges. The matter vomited is blackish or of a yellowish color; cramps in the calves, followed by rapid prostration; cold breath; cold sweat over the whole body.

Ipecac.—Vomiting of large quantities of green jelly-like mucus, or black pitch-like substances; grass-green mucus stools; cramps in the calves, fingers and toes.

THIRD OR COLLAPSED STAGE.—*Arsenicum* and *carbo veg.* are your main reliance in this stage. The patient wants to be stimulated with strong coffee. A tablespoonful of strong coffee, say four times as strong as that for table use, may be given every fifteen to thirty minutes, till pulse begins to respond. If given clear, without milk or sugar, coffee is an excellent remedy to arrest some forms of vomiting.

The reason why there is so much fluid substance thrown out of the stomach, and pass through the bowels during an attack of cholera, is due to the fact of exosmose. That is to say, the watery elements of the blood pass directly from the capillaries into the stomach and bowels by exosmotic action, and hence the rapid drain upon the system, and early prostration of the patient. It is a well-known fact that exosmose and endosmose will take place when a fluid is placed in contact with animal tissue. It is also a demonstrated fact that when the animal tissue is saturated with salt, the exosmotic and endosmotic action is suspended. This being true, then, we infer that salt may be used to advantage in the treatment of cholera. Patients in that disease have intense thirst, owing to the rapid passage of the watery elements of the blood by exosmose to the interior of the stomach and bowels. Now then, by placing a small amount of salt into the drinking water, the stomach is soon saturated with the saline elements, and thus prevent exosmose from the capillaries into the stomach. A quart of warm salt water may be thrown into the colon, and held there by compress for a few minutes, until the mucous coat of the colon is saturated, and thus prevents exosmose of the water from the blood into the colon. At the same time the salt and water is being absorbed, and taken into the circulation, and the blood thus becoming saline, exosmotic action of the tissues is arrested, and thus the blood retains water enough to keep it in its normal condition, and thus life is prolonged.

Arsenicum, veratrum album and other agents, are homœopathic to cholera, owing to the fact that their physiological action produces an exosmotic condition of the tissues of the

stomach and bowels. Some modern authors are using the term osmose instead of exosmose.

TYPHOID CONDITION.—This is met by the use of *phosphorus*, *arsenicum*, *carbo veg.*, and *nitric acid*.

Absolute rest of body and mind is essential to the successful treatment of cholera. The diet must consist of small amounts of milk and beef essence. If the stomach is not retentive then the nourishment can be given per rectum. The patient must be kept warm, but should have free ventilation.

All I need say to you on the prevention and spread of cholera is to enforce absolute and sanitary and hygienic measures.

CHOLERA INFANTUM.

This is a disease peculiar to infants, and it resembles the algid or epidemic Asiatic cholera in the adult.

Symptoms.—Diarrhea is often the first symptom noticed, but vomiting and purging, together with raging thirst, is soon developed. The ejections from the stomach and bowels may be greenish, yellowish, brownish, or rice-water colored. The brain soon becomes involved, the head is hot and dry, eyes suffused, the child is restless, or it may become comatose. It loses flesh rapidly; it may be fat and plump, and in thirty-six hours it may become a mere skeleton, and die within that time. The disease often runs two or three weeks before recovery is complete.

Causes.—The predisposing causes are teething, improper food, sour nursing-bottles and nipples. The exciting causes are excessive summer heat, and crowded population in large cities, and unsanitary surroundings.

Prognosis.—While under homœopathic treatment, thousands of children have been saved, which under almost any other plan of treatment might have been lost, yet our prognosis must be guarded, for it is a very fatal disease in some epidemics. I believe if parents could be taught the im-

portance of calling a physician in the first stage, that a large majority of cases might be saved. But the trouble is, that so many people have the opinion that if a child is teething, its bowels should not be checked, and hence the physician is often not called until the chance of recovery has passed, and then the doctor is abused because he cannot raise the dead.

Treatment.—The physician's skill is taxed to its utmost limit, for the life of the patient hangs upon two contingencies, the stage of the disease in which he is consulted, and a judicious selection of the indicated remedy, for we have no time to guess and try our agents for the exigency demands prompt and energetic measures. I will now give some of the grand characteristics of our remedies in case of emergency.

Aconite.—Fever, nausea and vomiting; stools green, watery, with cutting pain before, during, and after evacuation.

Æthusa.—Violent vomiting of coagulated milk; spasms, with stupor and delirium, clenched thumbs, eyes drawn downward, pupils dilated.

Apis.—Stools greenish, yellowish, slimy mucus; during stool, griping and tenesmus; abdomen tender to pressure.

Arsenicum.—Stools thick, dark, green mucus, or dark, watery, offensive; vomiting, restlessness, extreme prostration; worse after midnight.

Belladonna.—Stools thin green mucus, or bloody mucus; delirium; worse during and just after sleep, with desire to get out of bed; sleepy, but cannot sleep, sudden starting and jumping during sleep.

Benzoic acid.—Stools copious, watery, grayish-white, like dirty soap-suds, and very offensive; dark strong-smelling urine.

Borax.—Stools watery, light yellow, slimy mucus, or greenish; fear of falling from downward motion.

Bryonia.—Wants large draughts of water at long intervals; vomiting of food as soon as taken; turns sick and faint on moving.

Calcarea carb.—This is an invaluable remedy for scrofulous children with large abdomen and emaciated limbs; a want

of assimilation; whitish, watery, or chalk-like stools, undigested; profuse sweat on the head when sleeping; cold, damp feet.

Carbo veg..—Stools light colored; involuntary; putrid, cadaverous smelling.

Chamomilla.—Green, watery; corroding stools, white and yellow mucus, like chopped eggs, with colic; child fretful unless carried; one cheek red and the other pale.

China.—Abdomen distended; stools yellow, watery, painless, or blackish and offensive.

Cina.—White stools, urine white and turbid; restless sleep; waking with cries; grinding of the teeth during sleep.

Croton tiglium.—Dry, parched lips; nausea and vomiting of water, mucus and bile; stools yellow, watery, dark-green, or greenish-yellow, coming out like a shot.

Ipecac.—Constant nausea and vomiting of green mucus; stools grass-green mucus, or white, fermented.

Jatropha.—Profuse watery stools, gushing out like a torrent; vomiting of dark-green bile or watery, albuminous substances; liquid gurgling in the abdomen.

I learned by experience the importance of prescribing in accordance with the symptoms. After prescribing several remedies without any result, I was sitting by the child when I heard the gurgling of liquid in the abdomen, I then prescribed *jatropha*, and the child was relieved within twenty-four hours; it saved the child's life.

Laurocerasus.—Pulse irregular or imperceptible; stools green, liquid, mucus, involuntary; cutting pain in the abdomen before, and tenderness after stool. When the patient takes liquids they produce a rattling sound when passing through the esophagus.

Mercurius.—Stools yellow as sulphur, sometimes green slimy, or bloody; colic before, and violent tenesmus during, and after stool.

Nux moschata.—Stools thin, yellow, like beaten eggs; colic before, and urging during stool.

Nux vomica.—Frequent, small, watery, slimy, dark-colored, mucus stools; violent straining at stool; relief after stool.

Phosphorus.—Drinks thrown up as soon as they get warm in the stomach; stools white, watery, containing little lumps, like grains of sago or tallow.

Podophyllum.—Gagging or empty retching; stools watery, with meal-like sediment; dark-yellow mucus, smelling like carrion; profuse watery, painless, stools; very exhaustive.

Thuja.—Stools pale-yellow, watery, very copious, and gushing out like water from a bung-hole.

Veratrum album.—Vomiting, excited by the smallest quantities of liquids; stools greenish, watery, with flakes; severe colic; during stool, cold sweat on the forehead.

The foregoing remedies with the characteristic stools are beneficial for the adult, as well as for children.

If the mother is healthy, and her milk is pure, that is the best diet the child can have. But if it does not agree, then malted milk, pure milk from one cow, or condensed milk, must be resorted to to nourish the child. Beef essence is nutritious and an organic stimulant.

DISEASES OF THE INTESTINES.

ENTERITIS	Inflammation of the Intestines.
DUODENITIS	Inflammation of duodenum.
CÆCITIS—TYPHELITIS—APPENDECITIS . .	Inflammation of the Cæcum.
DIARRHEA	Purging.
DYSENTERIA	Dysentery.
MELÆNA	Hæmorrhage from the Bowels.
TORPOR INTESTINORUM	Constipation.
COLICA	Colic.
COLICA PICTONUM	Painter's Colic.
TYMPANITIS	Drum Abdomen.

ENTERITIS.

INFLAMMATION OF THE INTESTINES.

This is a disease, as its name implies, in which a part or the whole of the intestines may be involved, including all the coats. The mucous coat may also be involved; in that condition it is termed muco-enteritis, and usually attacks children from six to eight months old.

Symptoms.—This disease is ushered in by rigors, followed by fever, tenderness and pain in the abdomen, usually around the navel. The abdomen is tender to the touch, and often becomes tympanitic. The patient lies on his back, with knees drawn up to relax the abdominal muscles, and to keep the bed-clothing from pressing upon the tender parts.

The bowels are usually costive in the beginning; nausea and vomiting are present.

Pathology.—As might be expected we find all of the coats of the intestines and cellular tissue involved. Disintegration and gangrene is the result of fatal cases.

Causes.—Cold; unripe fruit eaten to excess; use of strong drinks, irritating substances, indurated feces.

Diagnosis.—The local tenderness around the navel distinguishes this disease from peritonitis, in which the tenderness is more general. In the early stages of colic, there is little or no tenderness upon pressure, while the reverse is true in enteritis. And then again, there is little or no fever in colic.

Prognosis.—FAVORABLE.—Gradual abatement of all the symptoms.

UNFAVORABLE.—Increase of swelling and pain, hiccough ensues, pulse becomes irregular, skin is covered with a cold sweat; collapse, cessation of pain, and death takes place from exhaustion.

Treatment.—From my own clinical experience, I do not hesitate to say that *aconite* and *mercurius cor.* are our main remedies. For I tell you that you have an ungrateful monster to deal with when you attack enteritis, and if you dally away a few hours of your precious time you may lose a precious life that might have been saved. While many of the books say but little about *mercurius cor.* in enteritis, yet it is, *par excellence*, homœopathic to the whole of the alimentary canal.

Arsenicum.—Severe burning pains around the umbilicus, obstinate vomiting, and excessive prostration. Intense thirst, drinking often, but little at a time.

Bryonia.—Stitching or lancinating in the bowels, worse from the slightest motion; lies perfectly quiet, does not want to move; hard sore swelling around the umbilicus; great thirst for large draughts of water at long intervals.

Cantharis.—Violent burning thirst, with aversion to all kind of drinks; tenesmus of the bladder, with ineffectual efforts to urinate.

Veratrum album.—Great thirst; furred tongue; nausea and vomiting; severe prostration; extremities cold.

In the early stage of the inflammatory process a cold compress is soothing and greatly allays the heat and inflammation. Towels saturated with cold water, and wrung nearly

dry, may be spread over the abdomen, and covered with dry flannel. The patient must return to solid food very gradually and carefully.

DUODENITIS.

Inflammation of the duodenum may be either acute or chronic. This organ is so closely attached to the stomach, that without proper care the trouble may be located in the stomach, instead of the duodenum.

Treatment.—*Arsenicum*.—Is indicated for tenderness and burning over the course of the duodenum.

Kali bichromicum.—This remedy has a specific action on the duodenum; the tongue may be thickly coated with a white-brown fur, bitter taste, and pale stools.

Podophyllum.—This is indicated in duodenitis when complicated with affections of the biliary ducts, and tendency to jaundice.

INFLAMMATION OF THE CÆCUM.

CÆCITIS—TYPHLITIS—APPENDICITIS.

This is an inflammation of the lower portion of the ascending colon, called the cæcum. It is also called typhlitis, from the Greek word "*tuphlos*," which means blind. It is now called appendicitis.

The pain and tenderness are referred to the right ileo-cæcal region. Sometimes the pain is excruciating, and unless the inflammation is speedily arrested an abscess will form. This, however, ought not to occur under homœopathic treatment if the patient is seen in time, and the trouble is recognized.

Treatment.—*Lachesis*.—Cutting pains in right side of abdomen, causing fainting attacks; swelling in the cæcal region; must lie on the back with limbs drawn up. I had a case in which after all other remedies had failed I determined to try *lachesis* before resorting to an operation. It relieved pain within a few hours, and the patient recovered.

Mercurius.—Hard, painful, hot swelling in the ileo-cæcal region.

Veratrum viride.—Pains at right of umbilicus, passing down to groin.

Saturate a cloth with a lotion of one drachm of the tincture of *veratrum viride* to a goblet of water, and apply over the cæcal region. A warm or cold compress may be applied over the cloth containing the lotion. If there is much pain a hot compress gives more relief. But in the beginning of the inflammatory process, the cold compress allays heat and prevents suppuration. If an abscess forms, then you must aspirate early before it bursts internally. Operate on the appendix early, when your remedies fail.

DIARRHEA.

LOOSENESS OR PURGING.

DEFINITION.—Frequent, excessive, fluid evacuations from the bowels, without tormina or straining, from functional or structural changes in the small intestines of a local or constitutional origin.

Diarrhea really depends upon defective absorption by the intestines, so that more than a healthy proportion of matter passes through them, and less is taken up for the nourishment of the body.

There are several forms of diarrhea. We have irritative diarrhea, from improper food and drink; congestive or inflammatory diarrhea, from cold, or drinking ice-water when the body is over-heated; diarrhea lienterica, from indigestion; and summer diarrhea. Thin watery stools is evidence that the cause is in the small intestines.

It is unnecessary for me to go into a detail of the symptoms of diarrhea, for they are of various grades, and the color of the stools is of all shades and consistency, as you will learn from the grand characteristics of the remedies called for.

Treatment.—I will mention only a few of the most prominent remedies. You have the whole *materia medica* to cull from. You must select your remedy in accordance with the color, consistency, odor, pain, if any, before and after stool.

Aconite.—Stools frequent and scanty, watery, whitish, or slimy; nausea and sweat before, and tenesmus during stool.

Aloes.—Stools; small, brownish, slimy, half fluid; yellow, bloody, jelly-like mucus; drives out of bed at 6 A. M.; sensation of a plug in the rectum.

Apis.—Sensation in the abdomen as if something would break; stools greenish, yellowish, slimy mucus, or yellowish watery.

Argentum nitricum.—Stools green, fetid mucus, passing off with much flatus. Nausea with loud eructations.

Arsenicum.—Stools thick, dark-green mucus, or brown, black, watery.

Belladonna.—Stools thin, green mucus, or white watery mucus, small and frequent; sleepy but cannot sleep.

Benzoic acid.—Stools watery or light-colored; copious; very offensive.

Bryonia.—Stools brown, thin, fecal, or undigested, smelling like rotten cheese; nausea when sitting up.

Calcareo carb.—Stools whitish or watery; chronic diarrhea, with clay-like stools; distended abdomen; profuse sweat on head when sleeping; feet cold and damp.

Chamomilla.—Stools green, watery, corroding, with colic; liked chopped eggs; smelling like rotten eggs.

Colocynth.—Stools saffron-yellow, frothy, or thin, slimy, and watery; before stool cutting colic, great urging.

Croton tiglium.—Yellow, watery, or greenish-yellow stools expelled with great force; colic and writhing around the umbilicus.

Dulcamara.—Yellowish, greenish watery or whitish stools; colic before and during stool; if caused by cold damp weather.

Gummi gutti, or gambogia.—Stools yellow or green, mixed

with mucus; very offensive; loud gurgling as of water in the bowels; rapid expulsion of the stool.

Helleborus.—White, jelly-like mucus stools, with urging and tenesmus; vomiting of green or blackish substances.

Ipecac.—Stools grass-green mucus; fermented; vomiting of yellow, green, or jelly-like mucus; flatulent colic.

Iris.—Painful, green, watery stools, worse at night, about 2 or 3 A. M.; burning in the rectum; vomiting of sour fluid, with burning in the mouth and fauces.

Jatropha.—Profuse watery diarrhea, gushing out like a torrent; noise as of a bottle of water emptied into abdomen.

Leptandra.—Stools black, papescent, tar-like, very fetid.

Mercurius.—Stools dark-green, slimy, frothy, or bloody; frequent urging and tenesmus, during and after stool; violent thirst for cold drinks.

Nux Moschata.—Stools thin, yellow, like stirred eggs; before stool, cutting pain in the abdomen.

Nux vomica.—Frequent small watery, slimy, brownish mucous stools; colic and tenesmus before and during stool, with relief after.

Oleander.—Stools thin, yellow, undigested, involuntary.

Phosphorus.—Chronic; painless diarrhea, worse in the morning; stools undigested, watery, with little white flakes or lumps like sago; vomiting of what has been drunk as soon as it becomes warm in the stomach.

Podophyllum.—Profuse watery stools, with meal-like sediment; also yellow mucous stools, smelling like carrion. Before stool, loud gurgling in the bowels as of water; during stool, *prolapsus ani*.

Pulsatilla.—Stools greenish, yellowish, like bile; very changeable stools; before stool, rumbling and cutting pain in the bowels.

Rheum.—Stools green, brown, fermented; sour smelling diarrhea of children; colic before and during stool, and tenesmus after; the whole body has a sour smell, which cannot be removed by washing.

Rhus tox.—Stools reddish or yellowish mucus; cutting colic before and during stool, with relief after stool.

Sulphur.—Stools, yellow, brown, green, undigested; early morning diarrhea, without pain; constant heat on top of the head.

Thuja.—Copious, pale-yellow, watery stools, discharged with great force; gurgling like water from a bung-hole in a barrel.

Veratrum album.—Profuse, watery, blackish or greenish, stools; severe pinching colic before and during stool; after stool, weakness, cold sweat on the forehead.

DYSENTERY.

BLOODY FLUX.

This disease is characterized by inflammation and ulceration of the mucous coat and glands of the colon. The lower portion of the descending colon is the part usually involved; but in epidemics the whole of the large intestines are often affected.

Symptoms.—The disease is often ushered in with rigors, followed by hot dry skin, quick pulse, thirst, often pain in the head. The patient complains of griping pains in the abdomen and tenesmus.

The stools at first may contain some fecal matter, but soon the stools become scant and bloody; or bloody mucus. Sometimes there is pure mucus, either white or yellowish; and then again there is mucus tinged with blood, resembling the scrapings of the intestines. The tenesmus is often great, and the motions so frequent that the patient can get scarcely any rest. In some forms of epidemics, the disease assumes a low typhoid condition; the stools are dark, bloody and offensive; the pulse becomes weak and feeble. In mild sporadic cases there is but little or no fever, and the patient soon recovers his usual health.

Pathology.—The mucous coat of the colon is often sloughed off; ulceration and gangrene of a part, and often a considerable portion of the large intestine is observed.

Causes.—A high temperature, an epidemic influence, exposure to wet and cold.

Diagnosis.—Bloody mucous discharges with tenesmus.

Prognosis.—There is little or no danger from mild sporadic cases. But in certain epidemics it often proves a most fatal disease.

UNFAVORABLE.—Violent and distressing tenesmus, vomiting, hiccough, delirium, tongue dry and red, involuntary fetid evacuations, the limbs cold, pulse intermittent, and pain ceasing suddenly.

FAVORABLE.—The stools becoming yellow and less frequent, an abatement of tenesmus and fever.

Treatment.—I have had such uniform success with *aconite* and *mercurius cor.*, that I always prescribe them at the beginning of an attack. They are both homœopathic.

It is supposed that in dysentery of warm climates, and in malarious districts, that *gelsemium* acts better than *aconite*. You must however be governed by the symptoms in each case.

Mercurius cor.—Stools pure blood, or bloody mucus; during stool, painful pressing, straining, and tenesmus; almost constant cutting pain in the abdomen, mostly around the umbilicus; great tenesmus of the bladder, with scanty secretion of urine.

If *aconite* and *mercurius cor.* does not cure in a reasonable time, or if other symptoms are present, or are developed, then you must resort to some one of the following remedies as they seem to be indicated.

Aloes.—Stools bloody, jelly-like mucus, or bloody water; violent tenesmus, especially in the lower rectum.

Arsenicum.—Stools dark or blackish fluid, mixed with blood of a putrid foul smell, involuntary; during stool, tenesmus and burning in the rectum; great anguish and fear of death; extreme thirst, drinks often but little.

Baptisia.—Stools scant, bloody mucus; pain before and during stool; soreness of the flesh and whole body, with chilliness; the sweat, urine and stools, are all extremely fetid.

Belladonna.—Stools greenish, slimy, bloody; great tenesmus during and after stool; mouth and throat very dry, with little or no thirst; sudden starting and jumping during sleep.

Bryonia.—Thin, bloody stools, preceded by cutting colic; patient wants to keep quiet, any movement causes nausea; he wants large draughts of water at long intervals.

Cantharis.—Stools white, or pale-reddish, like scrapings of the intestines; great tenesmus and burning, stinging in the rectum; frequent urging to urinate, with slight and painful discharges.

Colocynth.—Stools bloody mucus, or like scrapings; before stool, cutting pain and great urging; relief after every evacuation.

Ipecac.—Stools bloody, or bloody mucus; much nausea and vomiting.

Rhus tox.—Reddish mucus, or jelly-like stools; colic with pain running in streaks down the limbs, with every evacuation; remission of pain after stool, and from moving about.

MALÆNA.

HEMORRHAGE FROM THE BOWELS.

The blood is supposed to flow from the vessels of the intestines in consequence of obstruction of the flow of the vena portæ distributed to the liver. It is rarely attended by any morbid changes in the mucous membrane of the intestines.

Diagnosis.—From hemorrhoids by the absence of soreness and tenesmus, and generally by the more abundant flow of blood.

Treatment.—*Arnica*.—Hemorrhage from the bowels after mechanical injury.

Hamamelis virginica.—Dark blood. If the hemorrhage is alarming, two drachms of the mother tincture mixed in an

ounce of cold water, may be thrown into the rectum by a syringe.

Terebinthina.—This is an invaluable remedy for hemorrhage from the bowels.

Veratrum viride.—This remedy is supposed to act beneficially in hemorrhage from the bowels.

TORPOR INTESTINORUM.

CONSTIPATION OR CONFINED BOWELS.

When in their normal condition the bowels perform their function once in twenty-four hours; but when that condition supervenes, called constipation, then they only move once in two, four, and sometimes only once in seven days. The primary cause of impaction of feces in the rectum, is due to paralysis of the muscular coats of the intestines, by which their peristaltic movement is arrested; and hence there being no force to expel their contents, impaction or constipation is the inevitable result. The worm-like movement, or functional activity of the intestines, is often arrested by over stimulation. Thus drastic purgatives stimulate the muscular coats of the intestines to violent activity, and hence the secondary effect will be exhaustion, and loss of the spiral motion of the intestines, and constipation will result. It is supposed that bile from the gall-bladder furnishes the proper stimuli to the normal peristaltic movements of the intestines. That being true, then torpor of the liver may cause constipation by the withdrawal of the normal stimulus, to the coats of the intestines. Sedentary habit may produce constipation. I am now speaking of simple torpor of the bowels, which medicines may overcome. There may be obstruction of the bowels from hemorrhoids, or internal tumors, which require special treatment before constipation can be overcome. It is unnecessary for me to go into a detailed account of the symptoms of constipation, as the remedies which I will mention

will explain the character and symptoms of each variety of torpidity of the bowels.

Treatment.—*Agaricus*.—Stools very hard, knotty, and scant; much pressing and straining to pass even a soft stool.

Apis.—Tenderness of the abdomen to pressure; sensation in the abdomen as if something would break if much effort was made to void the stool.

Bryonia.—Headache as if the skull would split; worse from motion; hard, dry stools as if burnt.

Calcarea carb..—Stools large, hard, and sometimes only partially digested; cold damp feet.

Causticum.—Stools tough, light-colored, whitish, shining like grease; soft stools, size of goose-quill.

Chelidonium.—Constant pain under the lower inner angle of the right shoulder-blade; stools like small hard black balls.

Graphites.—Stools hard and knotty, the lumps being united by mucus threads; some times large quantities of mucus are expelled with the stool.

Kali carb..—Inactivity of the rectum; the stool is too large, and there is a sensation as if rectum were too weak to expel it.

Lycopodium.—Stools very hard, scant, and passed with great difficulty; loud rumbling and gurgling in the bowels; red sand in the urine.

Nux vomica.—Stools large, hard, and passed with great difficulty; frequent urging to stool.

Opium.—Costiveness for weeks, with loss of appetite; stools of nothing but small, hard black balls; 30th potency the best to relieve.

Phosphorus.—Stools long, slender, hard; difficult to expel.

Plumbum metallicum.—Constipation with violent colic; stools composed of little hard black-brown balls; a sense of constriction in the sphincter ani, with ineffectual urging; 30th potency.

Sulphur.—Stools hard and lumpy, mixed with mucus, followed by burning pain in the rectum; first effort at stool is often very painful; constant heat on top of the head.

Thuja.—Violent pain in the rectum during stool; discharge of large, hard, brown feces, in balls, streaked with blood.

Zincum Metallicum.—Constipation, with hard, dry, insufficient stool, with much straining, and rumbling in the bowels; chronic sick headache, and great weakness of sight.

If constipation is due to mechanical obstruction, then surgical appliances must be resorted to. If there be impacted feces, and symptoms require immediate action, then you should give an enema of a quart to half a gallon of warm water, as warm as the patient can stand. A diet of fruits, coarse bread, and regular exercise, and a glass of cold water before breakfast assist in regulating the bowels. The bowels can be trained to regular habits at any hour of the day, and that habit should never be interrupted on any account.

COLICA—COLIC.

SPASMS OF THE BOWELS.

Symptoms.—Severe pain in the abdomen, retraction of the umbilicus, with a peculiar sense of twisting, occurring in paroxysms, and relieved by pressure; obstinate costiveness; flatulence; nausea and vomiting; with a pulse little increased in frequency.

Diagnosis.—The two conditions that may give you trouble, unless you are on your guard, are enteritis and hernia. Colic has violent paroxysms of pain, which is partly relieved by pressure, and there are periods of intermission from pain; and but little or no fever. Enteritis has fever, with extreme tenderness of the abdomen, especially on pressure. You should inspect every case of abdominal trouble carefully; if the pain or colic is caused by hernia, then you will discover a swelling or tumor-like projection at the right or left inguinal rings.

Causes.—Colic is usually the result of errors in diet, indigestible food, nuts, fruit; cold from getting wet.

Treatment.—If the patient is suffering with intense pain, then you should give a warm water enema at once followed with the indicated remedy. If the enema does not give relief, then cover the abdomen with flannel cloths wrung out in hot water.

Aconite.—Pains in abdomen so violent that he screams, and tosses about.

Belladonna.—Spasmodic colic; constriction of the abdomen around the umbilicus, as if a ball would form.

Chamomilla.—Flatulent colic, the abdomen being distended; pressing towards the abdominal ring, as if a hernia would protrude; *chamomilla* is the grand baby remedy for colic.

Colocynth.—Violent cutting pains; intestines feel like being squeezed by hard substances, compelling one to bend double.

Cuprum metallicum.—Violent spasms in the abdomen and in upper and lower limbs, by spells; fearful cries as if he were being killed.

Iris versicolor.—Obstinate cases with flatulence.

Collinsonia.—Colic with flatulence and spasm of the bowels.

Dioscorea villosa.—Bilious colic, sudden attacks of vomiting bilious matter.

Nux vomica.—Pressure in the stomach as from a stone; flatulent colic; frequent urging to stool without effect.

Plumbum.—Violent colic, with sunken abdomen; constriction of the intestines, the navel being violently drawn in; obstinate constipation with dark small balls.

Veratrum album.—Terrible colic, with violent nausea and vomiting; cold sweat over the whole body.

There are times when the patient is in such pain as to incapacitate him from giving his symptoms; in that case, if *colocynth*, *collinsonia* or *chamomilla*, do not give relief, then rather than run the risk of having a hypodermic physician sent for you may give from ten to twenty drops of *chloroform* in a little syrup of *acacia* at one dose. That will usually

quiet your patient, and give you time to gain a knowledge of the correct symptoms so as to enable you to make a judicious selection of the indicated remedy.

COLICA PICTONUM.

LEAD COLIC—PAINTERS' COLIC.

Symptoms.—This disease resembles somewhat simple colic. It comes on more gradually, and the patient often complains of pains in the limbs, or of weakness. Partial paralysis is of frequent occurrence. It frequently manifests itself by what has been termed drop-wrist.

Causes.—The inhalation of lead by workers in lead works, and by house painters.

Diagnosis.—The history of the case and the occupation of the patient will assist you in arriving at a correct conclusion. If still in doubt, then examine the mouth, and you will usually find a blue line on the gums near the margin of the teeth, which is diagnostic of lead poisoning.

Treatment.—*Alumina.*—Flatulent colic; painters' colic.

Opium.—Colic from lead.

Platina.—Pain in umbilical region, extending through into back; patient screams and tries to relieve the pain by turning into all possible positions

Podophyllum.—Cramp-like pain in bowels, with retraction of abdominal muscles.

Zincum.—Flatulent colic; loud rumbling and rolling; retraction of abdomen.

Sometimes persons working in lead often eat their lunch without washing their hands; and then again water, is often drunk from vessels containing lead. Therefore, when you find more lead in the system than can be overcome by homœopathic potencies; then it is your duty to resort to antidotes. I presume that no one claims that potentized medicines can overcome the effects of poisonous drugs.

Iodide of potash in one to two grains three or four times per day, or every hour, where the symptoms are urgent, will convert the lead into the *iodide of lead*, which is harmless, and hence it is carried out of the system through the kidneys. After this a few doses of *nux vomica* will relieve all pain and weakness of the abdomen.

TYMPANITIS.

DRUM-ABDOMEN.

Symptoms.—This disease may be sudden or slow in its development. It is attended by flatulency and colic; the abdomen is often enormously distended; and the bowels are costive. The air is almost always contained in the stomach and intestines. It is usually found in the arch and sigmoid flexure of the colon.

Causes.—Errors in diet, or anything that will cause the formation of gas in the stomach and bowels. Excessive use of purgatives and alcoholic liquors.

Diagnosis.—Tympanitis gives a clear sound on percussion; while ascites gives dullness on percussion with fluctuation.

Prognosis.—Is almost always favorable unless tympanitis is due to the escape of air into the peritoneal sack, in consequence of ulceration of the bowels in typhoid fever. In that case it is almost always fatal.

Treatment.—*Carbo veg.*—Colic from flatulence, abdomen full to bursting.

Chamomilla.—Wind colic, abdomen distended like a drum, wind passes in small quantities without relief; abdomen tympanitic and sensitive to touch.

China or cinchona.—Tympanitic abdomen, pressure as from a hard body, or spasmodic, constrictive pains from incarcerated flatulence.

Colocynth.—Abdomen distended and painful; tympanitic; incarcerated flatus.

Hyoscyamus niger.—Colic, as if abdomen would burst; abdomen distended, sore to touch, tympanitic.

Lycopodium.—Accumulation of flatulence, which becomes incarcerated; pressing upward, also downward on the rectum and bladder.

Nux vomica.—Flatulence, colic, with pressure upward, causing dyspnœa, and downward, causing urging to stool and urination.

At the same time that you are administering your remedy you can give an enema of water as warm as the patient can stand.

HEMORRHOIDS.

PILES.

One or more small tumors are often found surrounding the external opening of the rectum, which are called piles. They may be single, or appear in clusters like a bunch of grapes, and are called external piles. Those within the rectum are denominated internal piles.

They are of various sizes and texture. Internal piles are semi-solid and covered with mucous membrane. External piles are usually tough and covered by true skin. Internal piles often protrude, hence they are called protruding piles. If they do not protrude they are called blind or bleeding piles.

Symptoms.—Piles are the result of congestion and nodulation of the hemorrhoidal veins, which become tender and often very painful. There is often heat and burning in the rectum, the parts are swollen and tender. By reflex action piles may simulate a diseased condition of the various organs of the pelvis. Hence it is that many patients are treated for inflammation or neuralgia of the ovaries, when the symptoms are only reflex from piles.

Causes.—The causes of piles are constipation, sedentary life, and abuse of *aloes* and other purgative medicines.

Treatment.—My experience has been that piles are curable by medicines without use of the knife, if treated early before they become too hard.

Aconite is called for if the patient is feverish, and the piles are hot and painful.

Æsculus is a valuable remedy for bleeding piles, with pain in the rectum, and pulsations resembling the beating of little hammers.

If the piles are swollen and tender, with stinging pain, *apis* is a valuable remedy

Aloes is the remedy *par excellence* for painful protruding piles; ʒoʒ is the best.

Arsenicum is indicated when the piles are hot and burning, with severe pain in the back.

Collinsonia is beneficial for blind or bleeding piles, with a sensation as if a gravel or sand had lodged in the rectum; obstinate constipation.

Hamamelis will overcome a varicose condition of the hemorrhoidal veins, and arrest bleeding. If the hemorrhage is great then half a drachm or more of the tincture may be mixed in two tablespoonfuls of cold water, and thrown into the bowels and repeated if necessary.

Ignatia has violent shooting pains high up in the rectum; the tumors prolapse with every stool and have to be replaced.

Nux vomica is called for when piles are associated with constipation, with burning, pricking pains in the tumors.

Sulphur is indicated for blind or bleeding piles, with constant urging to stool, which continues after a thin bloody evacuation; stinging, burning, and soreness in and around the anus; prolapsus recti.

As I have said before I think that internal homœopathic remedies can cure without external applications, and yet I can see no impropriety in using them when the patient is suffering intensely and the friends are anxious and impatient. I yield the palm to no one in my devotion to similia. and yet we must use judgment in the treatment of our patients.

The warm water douche to the colon from one to three times per week is very advantageous in many cases, while in others it may aggravate when used too often. It is, however, beneficial in all cases of constipation. The intense pain is often relieved either by cold or warm applications.

I have witnessed fine results from an ointment composed of an ounce of *vaseline* and twenty drops of tincture of *æsculus*. If the piles are very tender and painful, quick relief may be had by adding five grains of *muriate of cocaine* to the ointment. I wish to say, however, that a large majority of the cases may be cured without any external applications.

PURITIS ANI.

ITCHING OF THE ANUS.

This is sometimes a most annoying trouble to the patient. It often prevents sleep, and the patient often makes the parts raw from scratching.

Treatment.—When immediate relief is demanded I usually apply a mixture of ten drops of *carbolic acid* to an ounce of *olive oil*. Sometimes the *flour of sulphur* applied to the parts gives immediate relief. We must look for the cause before we can select our curative agent. If thread-worms are the cause then *cina* and *ignatia* are almost specific.

Sulphur is indicated for itching and burning of the anus.

When *cina* and *ignatia* have failed to prevent the development of thread-worms, I have been able to destroy the larva and prevent their return by injecting the bowels each night, for two or three nights, with a mixture of half a teaspoonful of the juice of bruised *garlic* to two tablespoonfuls of water. I have never known it fail to destroy the nest.

PROLAPSUS ANI.

This is a protrusion of the mucous membrane during stool and resembles in shape a full-blown rose. It is usually free

from pain or tenderness, but sometimes it may be quite sore and painful.

Treatment.—The prolapse should be returned after each stool. The finger must be lubricated and gentle pressure made upon the protruded part until finger and prolapse pass beyond the sphincter.

Ignatia.—This remedy is said to be almost specific. It is indicated for frequent ineffectual urging to stool, straining, difficult passage of feces.

Nux vomica.—Is used for costiveness, straining at stool, with prolapsus.

Podophyllum.—Diarrhea with straining and offensive stools with prolapsus.

Arsenicum, bryonia, calcarea carb., gamboge, lycopodium, sepia and *sulphur*, are indicated in some cases.

When prolapsus becomes chronic, then it becomes difficult to keep it in place, and a surgical operation becomes necessary.

BILIARY SYSTEM.

ICTERUS	Jaundice.
HEPATITIS	Inflammation of the Liver.
BILIARY CONCRETIONS.....	Gall stones.
PANCREATITIS.....	Inflammation of the Pancreas.

ICTERUS—JAUNDICE.

Symptoms.—The patient feels languid and feverish. There is an icteric hue both of the skin and conjunctiva. The color is almost as yellow as gold. It extends to the whole body. There is an uneasy feeling in the stomach, often pain in the epigastric region. The urine is a deep yellowish or brownish color; the feces are whitish, and constipation is present. The brain often becomes involved, and the patient has symptoms resembling those of delirium tremens. The yellowness of the skin is often of long standing in chronic

jaundice; but the early application of homœopathic treatment will usually restore the skin to its normal color in a short time.

Causes.—Inflammation, or pressure from whatever cause, of the ductus communis choledochus will produce jaundice. Also spasm of the duct from mental excitement, or its closure by biliary calculi, will prevent the flow of bile to the duodenum; and hence, having no outlet, it is reabsorbed and carried through the circulation, and stains every tissue through which it passes. Nature, in trying to get rid of the effete material forces it to the surface, with the hope of throwing it out of the system through the cutaneous pores. In this effort those emunctories are clogged with inspissated bile, and hence the yellowness of the skin.

Diagnosis.—The yellow skin and icteric hue of the conjunctiva; the bitter taste in the mouth; the yellow tinge communicated to linen by the urine, the clay-colored feces, leave no room to doubt as to the character of the disease. If you want to demonstrate the fact whether there is bile in the urine or not, all you have to do is to add a little *nitric acid* to the suspected urine, and if bile is present a deep green color will appear. The question is easily answered as to whether a certain case is jaundice, or not; but the puzzle will be what caused it; for the success of your treatment will depend in a measure as to the cause.

Prognosis.—Simple jaundice is easily cured, but if cancer of the liver is the cause then there is no hope. If the disease assumes a low typhoid condition then the case is very grave.

Treatment.—ACUTE JAUNDICE.—*Aconite.*—Yellowish color of the skin; scanty urine; fever and pain in region of the liver.

Chamomilla.—Yellow face; green, watery, corroding stools, with colic, and bilious vomiting; children want to be carried, fretful when they are laid down.

Mercurius.—Complete jaundice, with painfulness in the region of the liver; skin very yellow; grayish-white feces, with tenesmus during and after stool; nausea and vomiting.

Nux vomica.—Swelling and hardness of the liver; sour or putrid taste, with aversion to food; nausea and bilious vomiting; cannot sleep after 3 A. M.

Bryonia.—Yellow skin of the whole body, even of the face.

CHRONIC JAUNDICE.—I need not repeat the remedies already given for acute jaundice, for they are also beneficial in the chronic.

Chelidonium majis.—Yellowness of the skin, with pain or tenderness in the liver, and under the inner angle of the right shoulder-blade.

Arsenicum.—Yellowness of the skin and sclerotica; great anguish, restlessness, and fear of death; urgent thirst, drinks often but little.

China.—If jaundice is accompanied with the passage of biliary calculus through the gall-duct, then *china* is a valuable remedy.

Digitalis.—Soreness and bloatedness of the pit of the stomach; stools almost white; frequent and painful emissions of scanty, brown urine; also, irregular or intermittent pulse.

Iodine.—Yellow, almost dark-brown color of the face; white diarrhetic stools, alternating with constipation; dark yellowish-green, corroding urine.

Leptandra.—Dull aching in the region of the gall-bladder; chilliness along the spine; constant distress between the umbilicus and epigastrium; clay-colored or black, fecal fluid stools.

Podophyllum.—Pain in the region of the gall-bladder, attended with excessive nausea; fullness and soreness in the liver.

Phosphorus.—Brownish-yellow skin and conjunctiva; frequent, copious, whitish-gray evacuation; blackish-brown urine;

dejection and despondency ; sometimes loss of voice, cough, and other symptoms of malignant jaundice.

I should have said that *arsenicum* is indicated in malignant jaundice, with a low typhoid condition, with dark and cold skin.

HEPATITIS.

INFLAMMATION OF THE LIVER.

Inflammation of the liver may be acute or chronic, but the symptoms are similar, only there is but little fever in the chronic form.

Symptoms.—Pain in the right hypochondrium, increased by pressure, by deep inspiration, by coughing ; difficulty of breathing ; shooting pains in the chest, resembling pleurisy ; sympathetic pain in the right shoulder ; a yellow tinge of the tunica conjunctiva, and sometimes actual jaundice ; high-colored urine ; costiveness or diarrhea. When the concave surface of the liver is affected, the pain is more obscure, and is referred to the back ; the breathing is less anxious, the functions of the stomach more disordered, producing vomiting, hiccough, and other symptoms of gastritis. When the left lobe of the liver adjacent to the stomach is inflamed, there is nausea and vomiting, and when the posterior and inferior portion of the organ near the kidney is implicated, there is more or less pain or disturbance in the function of the last mentioned organ.

TERMINATIONS.—In resolution ; in chronic disease ; in abscess ; in gangrene.

Abscess of the liver may burst into the stomach, and be emptied by vomiting ; into the colon or duodenum, and be evacuated by the bowels ; through the diaphragm into the cavity of the chest, and form empyema ; into the lung or bronchial tube, and be expectorated. The nature of the disease will be inferred from the color of the discharged matter, and from the rigors, throbbing pain, and hectic fever attending the process of suppuration.

Causes.—Whatever will cause inflammation in other parts of the body, may produce it in the liver. External violence, powerful emesis, intense solar heat, and the intemperate use of spirituous liquors.

Diagnosis.—By pain and swollen condition of the liver by pressure. It sometimes simulates pneumonia; but in this disease the pain is in the middle lobe of the lung, while in hepatitis the pain is felt in the shoulder. The cough in hepatitis is unaccompanied by expectoration.

Prognosis.—FAVORABLE.—A copious perspiration, and bilious diarrhea, and copious sediment in the urine.

UNFAVORABLE.—Pain and fever intense, pain confined to one spot; obstinate constipation; cold extremities, and hic-cough.

Treatment.—*Aconite*.—For fever and inflammation first stage.

Arsenicum.—Region of the liver tender and swollen, with violent burning pains; vomiting of brownish or blackish substances; diarrhea of blackish stools, worse after eating or drinking; violent thirst, drinking little and often; rapid prostration of strength.

Bryonia.—Burning or stitching pains in the hypochondria; pain in the right shoulder and arm; bitter taste in the mouth, with bilious vomiting; want to keep perfectly quiet.

Chelidonium.—Pain and tenderness of the region of the liver; icteric hue of the skin; pain under the right shoulder blade.

Hepar sulphur.—This is a valuable agent to prevent abscess in the liver. Whenever the symptoms do not yield readily to your remedies, and you fear the formation of an abscess, then you should give the 30th potency of *hepar sulphur*, and in this way you may ward off an abscess of the liver.

Leptandra virginica.—Black, profuse, papescient, tar-like, very fetid stools; constant dull pain in region of gall-bladder.

Silicea.—Hardness and distention of the region of the liver; throbbing, ulcerative pain, increased by contact and motion;

formation of abscesses ; lymphatic swellings, with inclination to suppurate.

Sulphur.—Chronic hepatitis ; swelling and hardness of the liver ; constant heat on top of head ; drowsy during the day, wakeful the whole night.

When you are sure that there is an abscess on the liver, then you should aspirate before it breaks. You must, however, familiarize yourself well with the anatomy of the parts, and make a correct diagnosis of the location of the abscess.

GALL-STONES.

This is a hardened calculus formed in the liver by the crystallization of the constituents of bile. Their presence is made known by pain in the region of the gall-duct.

Treatment.—During the passage of a gall-stone the pain is sometimes excruciating, then *aconite* is a valuable agent. If *aconite* does not give relief, and the patient and friends become impatient, you can saturate a small cloth with *chloroform*, and place over the seat of pain, the cloth must be covered with paper to prevent evaporation of the *chloroform*. This often gives instantaneous relief. You can give your remedies between the paroxysms, and when they return re-apply the *chloroform*. As soon as it begins to burn and pain is relieved, then remove the *chloroform* or else it will blister. By this means the parts are relaxed, and thus the duct is enlarged so as to permit the calculus to pass.

It is said by some writers that *berberis* and *chelidonium majus* low have expelled gall-stones and prevented their accumulation.

It is said that *china* is able to dissolve gall-stones and prevent their formation.

I have removed biliary calculus by giving two ounces of *olive oil*, three times a day for two or three days, or if the *oil* acted on the bowels sooner, then discontinue its use. The philosophy of the treatment is this, the *oil* coming in contact

with the calculus through the circulation, is absorbed by them. After the *oil* penetrates the gall-stones, they are softened and are readily passed through the duct. I presume that after a certain amount of *oil* has been taken, or more than can be taken up by the lacteals at once, the remainder causes catharsis, and hence a powerful peristaltic movement being set up, and hence a vacuum of the duodenum causes a suction in the gall-duct, and hence the softened and lubricated gall-stones readily pass into the bowel.

If water is mixed with the fecal matter the gall-stones will float, and will be seen about the size and color of small hazlenuts.

PANCREATITIS.

INFLAMMATION OF THE PANCREAS.

This is a disease that is very obscure, and on that account but few writers ever mention it. It is characterized by a deep-seated pain in the epigastrium. It occasions nausea, sickness, and emaciation. Constipation or diarrhea, jaundice, and salivation are usually present.

Diagnosis.—This is obscure because the stomach and pancreas are in such close proximity that it is often difficult to make a correct diagnosis. But where there is emaciation, from imperfect assimilation, then you may know that there is a deficiency of pancreatic fluid; and the dull pain in the back, opposite the pancreas, calls your attention to them as the seat of the pathological change going on.

Treatment.—*Iodine.*—Indigestion and emaciation, diarrhetic stools, and wasting—the food not being assimilated—indicates disease of the pancreas.

Iris versicolor.—Inflammation of the pancreas, with burning distress; and sweetish vomiting.

Mercurius.—Fullness in the left hypochondrium, with burning pain and tenderness in the region of the pancreas.

I neglected to say that when there is a want of assimilation and emaciation thereby, not directly traceable to disease of the pancreas, then the trouble is in the mucous coats or the villi of the bowels.

SECRETORY SYSTEM.

Under this head we will only mention the different forms of dropsy. I may remark here that dropsy is not a disease proper; but is the evidence or result of disease or obstruction to the circulation.

ANASARCA	Dropsy of the Cellular Tissue.
ASCITIS	Dropsy in the Abdomen.
HYDROCEPHALUS	Dropsy of the Brain.
HYDROTHORAX	Dropsy of the Chest.
HYDROPERICARDIUM	Dropsy of the Heart.
HYDROPS ARTICULI	Dropsy of the Joints.
HYDROSARCA	Spina Bifida.
HYDROCELE	Dropsy of the Scrotum.

GENERAL DROPSY,

ANASARCA.

Anasarca means dropsy of the cellular tissue. Hydrosarca is defined to be general dropsy of the flesh, and as both have reference to water in the cellular tissue they may be used synonymously; I have, however, placed hydrosarca in the list, as water in the spinal column, which communicates with an external watery tumor through an opening in the vertebræ. This tumor was called hydrosarca, or spina bifida, by the old writers. It is congenital.

Symptoms.—The first evidence we have of the approach of dropsy is a little puffiness around the ankles; after some little time the feet and limbs begin to swell. By pressure there is an indentation left, which is slow about regaining its rounded appearance. The swelling continues to spread,

until the whole body becomes edematous. The urine is scanty and highly colored; the skin is pale and dry, and after the tissues become distended, water often oozes through the pores of the cuticle.

Causes.—Any and everything that obstructs a free and easy circulation of the blood. Organic disease of the liver, heart, lungs and kidneys. General anæmia is a fruitful source of dropsy.

Diagnosis.—Dropsy is distinguished from emphysema, by the swelling in anasarca pitting on pressure; in emphysema being elastic, and accompanied with crepitus.

Prognosis.—Is favorable when the cause is amenable to treatment, otherwise it is a fatal symptom.

Treatment.—*Apis.*—Dropsical effusion, with waxy paleness of the skin; great soreness in the abdominal walls; stinging, burning pains in different parts of the body; must sit straight up to get any ease; urine scanty, dark, like coffee-grounds.

Apocynum.—Sinking feeling at the pit of the stomach; irritable condition of the stomach; obliged to sit up; lying down produces violent dyspnœa; urine very scanty, thick, yellow, and turbid.

Arsenicum.—The skin looks pale, greenish, or livid; extremities swollen; faint feeling from slightest motion; suffocative spells, especially at night.

Bryonia.—Lower eyelids edematous; lips bluish, dry and cracked; stitching pains in the region of the heart; wants to lie perfectly quiet; great thirst, and scanty urine.

Digitalis.—Paleness of the face, blue lips, and swelling of the eyelids.

Senega.—Dropsy as a sequela of albuminuria, or symptomatic disorder of the liver, peritonitis, or abdominal tumors.

These remedies are usually all that are needed to cure general dropsy in all curable cases. In addition to these remedies, you must select those that are indicated for organic diseases that caused the dropsy.

ASCITES.

DROPSY OF THE ABDOMEN.

Symptoms.—A gradual increase in the size of the abdomen. It usually follows some organic disease; in that case you have in addition to the swelling of the abdomen, symptoms which usually accompany those diseases. When the abdomen becomes considerably enlarged you have dullness on percussion, and succussion. By placing your hands flat on the sides of the abdomen and give a quick to and fro motion, if there is water you will hear a splashing sound. As the abdomen increases in size, the urine becomes scanty, bowels costive, and there is difficulty of breathing. If ascites continues long, it is soon complicated with anasarca or general dropsy.

Causes.—All organic diseases that obstruct the general circulation are causes of ascites.

Diagnosis.—From all other causes of enlargement of the abdomen by the uniform infiltration; dullness on percussion, and splashing sound heard by succussion. Encysted dropsy is local; tympanites has clearness on percussion.

Prognosis.—FAVORABLE if there are no incurable organic diseases.

UNFAVORABLE where there are incurable organic diseases; great emaciation; coma; an impaired constitution.

Treatment.—*Apis.*—Urine scanty, dark, like coffee-grounds; complication with scarlet fever or uterine tumors.

Apocynum cannabinum.—Bruised feeling of the abdomen; irritable condition of the stomach; obliged to sit up; lying down produces violent dyspnoea; urine very scanty, thick, yellow, and turbid; after scarlatina.

Arsenicum.—Dropsical swelling of the abdomen; great debility and prostration; dropsy after scarlatina, and when complicated with heart disease.

Asparagus.—Is recommended as a food in dropsies; the

potencies are given for scanty, straw-colored, and offensive urine.

China.—Organic affections of liver and spleen, and general debility.

Convallaria.—Abdomen filled with water; urine almost entirely suppressed; weakness with a good appetite.

Helleborus.—Cramp-like pains in the abdomen; frequent desire to urinate, with scanty emissions; after standing the urine looks like coffee-grounds; after scarlet and intermittent fevers.

Kali carbonicum.—Dropsy, especially of old people; in complication with liver and heart disease.

Lachesis.—Dropsies complicated with liver, heart, and spleen diseases; urine black and scanty.

Lycopodium.—Upper portion of the body emaciated, while the lower is greatly swollen; one foot cold, the other hot; urine scant, with red sediment, like sand; after abuse of alcoholic liquors.

Senecio.—Abdomen very tense; feet and legs swollen; pain in the lumbar region, and in the ovaries; urine scanty and high-colored, or profuse and watery.

Sulphur.—Dropsical, burning, swelling of external parts; bluish spots on the skin; it is dry and husky.

HYDROCEPHALUS.

WATER IN THE HEAD.

This disease is called chronic hydrocephalus by some authors, because some children are born with it. It may also be the sequela of acute meningitis of children.

Symptoms.—This disease is sometimes developed in utero, and the child is born with a hydrocephalic head. I have seen cases in which the head was so large that it had to be punctured and let the water flow off before the child could be born. The disease is liable to develop at any time before the child is eight years of age.

Hydrocephalic children have a delicate look, they look drowsy, languid, the eyes become crossed, nausea and vomiting are often present, coma and convulsions are premonitory symptoms of the accumulation of water on the brain. The fontanelles enlarge, and the head acquires an immense size.

Causes.—Scrofulous diathesis and infancy.

Treatment.—I need not dwell long upon the treatment, for the majority die. Some may recover if seen in time and properly treated. If there are any meningeal complications, if the child is restless and starting, then *belladonna* will be required.

Apis.—Child lies in torpor; delirium, sudden shrieking cries, squinting, grinding teeth, boring head in pillow, acute hydrocephalus.

Apocynum.—Stage of exudation, sutures open and enlarging, stupor, urine scanty.

Arsenicum iodide.—This is good for the scrofulous cachexia.

Digitalis.—Urine scanty, thick, turbid and blackish.

Helleborus.—Head enlarging and urine scanty.

Silicea.—Perspiration of the head and a tendency to softening of the cranial bones.

Calcarea carb. is one of our most valuable remedies for the scrofulous diathesis and a want of assimilation.

The diet, clothing and hygienic regulations recommended for the scrofulous diathesis must be enforced.

Dr. Von Grauvol says that he has known mothers to bear healthy children by taking *calcarea phosphorica* 6, and *sulphur* 6, while *enceinte*, who had previously borne hydrocephalic children. This is a hint that should be observed by all medical practitioners.

HYDROTHORAX.

DROPSY OF THE CHEST.

This is an effusion of serum within the pleura. If the serum degenerates into pus the affection is called empyema.

Symptoms.—Usually the first indication we have is effusion within the pleural cavity, edema of the lower eyelids. Next we notice a puffiness around the ankles and feet. The patient is soon distressed by dyspnoea on the slightest exertion; has to sit up, can not lie down for fear of suffocating. The countenance looks pale, or purple, and anxious, the pulse is irregular, often intermitting for two, sometimes for three strokes; frequent spells of palpitation; the urine becomes scanty; there is sometimes asthmatic cough.

PHYSICAL SIGNS.—These are the same as those of empyema. The diseased side enlarges until the ribs begin to bulge, and the intercostal spaces fill out even with the ribs. There is dullness on percussion; the breathing becomes laborious. The heart is often pushed out of its normal position, and its beat may be heard on the right side of the sternum.

Causes.—Pleuritis, organic diseases of the heart, and anything that will hinder the free circulation through the lungs.

Prognosis.—If there is no organic disease of a serious character the prognosis may be favorable; for with proper treatment the infiltration may often be arrested if detected in time. If the chest continues to fill, or if pus is present, then the symptoms are unfavorable. But if the constitution is good and the organic trouble is curable, then with the aspirator many patients may be saved.

Treatment.—*Apis.*—This is always indicated for much swelling anywhere in the body; especially when the urine is scanty.

Apocynum.—This is a grand remedy in all forms of dropsy when the urine is scanty. Its specific action is on the kidneys, increasing the flow of urine; it is said that *apocynum* and *cactus* have cured general dropsy with mitral regurgitation.

Arsenicum.—This is indicated for debility and prostration; suffocative spells, especially at night; anxiety, restlessness, and fear of death; drinks often but little at a time.

Asparagus.—Countenance pale, wax-like, and bloated; visible throbbing of the heart, especially at night; great fullness of the chest.

Bryonia.—Lips bluish, dry, and cracked; stitching pains in the region of the heart; want to lie perfectly quiet; great thirst, and scanty urine.

Digitalis.—Paleness of the face, blue lips, and swelling of the eyelids; hydrothorax originating in organic diseases of the heart. When all else fails to give relief, then resort to the aspirator.

HYDROPERICARDIUM.

DROPSY OF THE HEART.

There are two species of dropsy of the heart. 1. Active; 2. Passive.

Symptoms.—The symptoms of the active species are the same as those of acute pericarditis. Those of passive dropsy of the pericardium are generally obscure. The pulse is small, frequent and irregular; there is tendency to dyspnoea and syncope. The patient sits erect, and is afraid to move; there is usually extensive dullness over the region of the heart, and of the sternum; the sounds of the heart indistinct in the region of the heart, but more audible at the upper part of the chest.

Prognosis.—Very unfavorable; yet under homœopathic treatment there is often a chance of recovery.

Treatment.—Any of the remedies recommended for dropsy may be resorted to in this disease. I only mention a few that are most highly recommended.

Arsenicum.—Dropsy of the thoracic and abdominal cavities.

Helleborus.—Proves valuable in hydrocephalus, hydrothorax, and anasarca.

Spigelia.—Is recommended for dropsy of the internal parts.

Warm baths to promote perspiration are often beneficial.

As a last resort, if you can be sure of your diagnosis, you may use the aspirator if you are sure that you can do so without piercing the heart or lungs.

HYDROPS ARTICULI.

DROPSY OF THE JOINTS.

The remedies usually recommended are *aconite*, *bryonia*, *iodine* and *pulsatilla*. If it is simply synovitis, then *biniiodide of mercury*, *rhus tox.* and *silicea* are your remedies. In addition to those internal remedies, I apply the *iodine liniment* to which I have already called your attention. It produces re-absorption of the fluids within.

HYDROCELE.

DROPSY OF THE SCROTUM.

Arum, *iodine* and *rhododendron* are the remedies needed for internal use, and the liniment before mentioned may be used, and nearly all cases in children may be cured without any surgical interference. But if the treatment fails then you must tap the scrotum and draw off the fluid and inject a dilute aqueous solution of *iodine* and *iodide of potash*. After the solution has remained for a few minutes let it flow out through the canal. The *iodine* sets up an inflammation which prevents an accumulation of water in the scrotum again.

URINARY SYSTEM.

KIDNEYS.	{	Nephritis—Inflammation of the Kidneys.
		Granular Disease of the Kidneys.
		Gravel.
		Urinary Calculus.
		Hæmaturia—Bloody Urine.
		Ischuria Renalis—Suppression of Urine.
		Diabetes—Immoderate flow of Urine.

NEPHRITIS.

INFLAMMATION OF THE KIDNEY.

There are two stages of this affection, called ACUTE and CHRONIC. Without care the latter may be often overlooked.

ACUTE NEPHRITIS—MORBUS BRIGHTII—BRIGHT'S DISEASE.

Symptoms.—Pain in the region of the kidneys, extending along the course of the ureter from the neck of the bladder to the groin. The pain is deep-seated, circumscribed, or diffuse, acute or dull; sometimes only felt upon pressure, but always increased by firm pressure. Instinct directs the patient to incline to the affected side and bend the limb, thereby relaxing the muscles of the loins. Hence, he lies on the affected side or back, and draws up one or both lower extremities. Nausea and vomiting are often present. The pulse is full, hard, and frequent at first, but becomes small as the disease advances; the tongue is covered with a white fur. The bowels are costive, tympanitic, and painful; there is an anxious expression of countenance and depression of spirits. There is frequent desire to pass water, which is scanty, highly-colored or smoky-looking, albuminous, and of high specific gravity. If the urine be examined by the microscope, blood corpuscles may be seen in it, and granular casts of the minute tubes of

the kidneys, consisting of numerous spheroidal tubes of epithelium, the kidneys being in an active state of congestion, if not of inflammation. If the urine be tested by heat and *nitric acid*, it will deposit *albumen*. This condition has been called desquamative nephritis, owing to the rapid separation of epithelium which goes on. The morbid anatomy of the kidney shows it to be small, hard, and granular.

Causes.—Nephritis may follow or be complicated with fever, especially scarlet fever. Alcoholic liquors, irritating drugs, exposure to wet and cold, are fruitful causes of nephritis. Dr. G. Johnson says that out of two hundred cases analyzed, it was found that 29 per cent. were caused by intoxicating drinks; 25 per cent. was due to exposure; and 12 per cent. arose from scarlet fever.

Diagnosis.—In lumbago the pain is in the lumbar muscles, and is aggravated by motion; while the pain in nephritis is worse on pressure, and not by motion, and then again the pain follows the course of the ureter, and there is frequent and painful micturition.

Prognosis. — FAVORABLE. — The early abatement of fever and pain; followed by a copious flow of highly-colored urine, mixed with mucus and pus.

UNFAVORABLE.—Little or no secretion of urine, with frequent and painful efforts to pass what is secreted. Hectic fever preceded by rigors; the pain suddenly ceases; hiccough, delirium, and cold extremities supervene, followed by death.

Sometimes, unless on your guard, you may be mistaken as to the character and location of the real disease. If nephritis, as is sometimes the case, is not accompanied with pain, and the symptoms point to the brain, stomach, and bladder; then if you treat those reflex symptoms, instead of the real symptoms of the disease, you will make shipwreck of your patient. When you are in doubt, then, analyse the urine, with heat and nitric acid, and if you find albumen, and if you find blood mixed in the urine, then you may be sure that the patient has nephritis; and the other symptoms are only reflex.

Treatment.—*Aconite*.—Acute stage for fever; retention of urine, with stitches in the kidneys; so giddy cannot sit up in bed.

Cannabis sativa.—Shooting pains along the ureters to the groin; painful urging to urinate, passing only a few drops of bloody, burning urine; burning during and after urination.

Cantharis.—Shooting, cutting, or tearing pains in the loins and in region of the kidneys; constant desire to urinate, passing but a few drops at a time, sometimes mixed with blood; vomiting, with violent retching and severe colic.

Chelidonium.—Desquamative nephritis; renal irritation; cylindrical casts with epithelial cells.

Terebinthina.—Scanty, dark, smoky, bloody urine; acute hyperæmic state of the kidneys; much hemorrhage; renal tubes, but no epithelial cells in the blood; albumen present when blood is present.

CHRONIC NEPHRITIS.

CHRONIC BRIGHT'S DISEASE.

In this stage of nephritis it is known as granular kidney, gouty kidney.

Symptoms.—The chronic form may be the result of an acute attack of nephritis, or it may come on insidiously. The urine is scanty or almost suppressed, occasionally bloody, and loaded with albumen; there is frequent micturition, dull pains in the loins, sometimes shooting to the groins; nausea, pain in the epigastrium increased by pressure, and in some cases, vomiting. The patient's face becomes pallid, pasty, and edematous, so that his features are flattened, and there is loss of appetite; acrid eructations; his urine is found to be of less specific gravity than natural, as shown by the depth to which the urinometer sinks below its surface; it is also albuminous and coagulable by heat and nitric acid. There is most albumen at the beginning of the disease, because the kidneys

are more congested; but it is of lowest specific gravity at the end, when the urinometer may go down to 1.004, and then the quantity of urine is very small.

I wish to say here that experimenters are not agreed as to the specific gravity of the urine in health. It is safe to say that in different individuals the specific gravity, in healthy urine, ranges from 1.005 to 1.033, anything above or below is considered unhealthy.

Complications.—Anasarca and ascites; bronchitis, diarrhea, dyspepsia, constant vomiting; pleurisy, peritonitis, pericarditis, pneumonia; coma; chronic rheumatism; and organic diseases of the heart and liver; and uræmia.

Diagnosis.—From the acute by a reduction in the density of the urine, with diminution of its solids; excessive reduction of the coloring matter of the blood.

Prognosis.—Is grave, but by early observance of the disease, and judicious treatment, patients may recover. The favorable symptoms are a gradual disappearance of albumen from the urine, and its increasing specific gravity; moisture of the skin.

UNFAVORABLE.—Suppression of urine, coma, and the appearance of complications.

Uræmia.—This is a poisoned condition of the brain from urea. The kidneys being diseased, are unable to eliminate the urates from the blood, and hence they produce uræmic poisoning of the brain, producing delirium, convulsions, coma, and death.

Causes.—**PREDISPOSING.**—The scrofulous diathesis. Of seventy-four fatal cases recorded by Dr. Bright, nineteen were under thirty, fifty under fifty, thirteen above fifty, and four above sixty.

EXCITING.—Impure air; intemperance; mechanical injuries; cold; scarlatina.

ANATOMICAL CHARACTERS.—Christison enumerates the following condition of the kidneys: 1. Congestion of the kidneys with enlargement. 2. A granular deposition into its cor-

tical and tubular textures. 3. Deposition of a homogeneous yellowish-gray matter, with similar atrophy. 4. Disseminated tubercles. 5. Induration of semi-cartilaginous hardness. 6. Atrophy, from disappearance of the proper renal structure, with little or no deposition. 7. Mere anæmia or paleness.

Dr. George Johnson claims that there is an increase in the quantity of fat naturally existing in small proportion in the epithelium cells lining the urinary tubules. This being true, then Bright's disease must be regarded as a fatty degeneration of the kidneys, bearing a close analogy with the fatty liver.

Treatment.—*Arsenicum*.—Chronic disease; diminished urine, with albumen, renal epithelium, fibrine casts, and blood-corpuscles; post-scarlatinal nephritis; ascites, hydrothorax, and general anasarca; granular or fatty degeneration.

Acidum phosphoricum.—Said to be beneficial in amyloid-starchy degeneration of the kidneys; from suppuration or other cachexia.

Colchicum.—Granular degeneration from lead-poisoning, decreased elimination of the organic solids.

Nux vomica.—The first to be given to hard drinkers, and those being used to taking strong medicines.

Opium.—In uræmic poisoning of the brain, the patient becomes delirious, stupor, and coma.

Phosphorus.—Fatty degeneration of the kidneys, albumen and exudation cells in the urine.

Plumbum.—Morbus brightii; contracted kidneys; granular degeneration.

Several cases have been reported as being greatly benefited by Dr. Hall's method of slushing the colon with warm water three times a week. This being true, then homœopathic remedies will greatly assist in performing a cure. It is said that patients have been greatly benefited by an exclusive milk-diet when other treatment had failed. An adult should take at least a gallon of milk within the twenty-four hours. It may be taken cold or tepid. A vegetable diet is more beneficial than the nitrogenous products. Patients should have plenty

of out-door exercise. Warm baths are often grateful and beneficial to the patient. If blood coagulates in the bladder, you must inject warm water and then draw off with a double catheter.

CALCULUS—STONE.

GRAVEL.

If urine lets fall a precipitate after being voided, it is called a sediment, but if the precipitate takes place in the kidneys or bladder, it is called gravel. When gravel lodges in any of the urinary passages and becomes concrete, it is called stone.

There are three principal varieties: 1. Uric or lithic deposit, this forms a pink or brick-dust sediment, called red-gravel. 2. Phosphatic deposits, called white gravel. 3. Oxalic deposits. These may occur in the form of minute crystals diffused through the urine, and only to be detected by the microscope; or more rarely, in the form of small calculus concretions resembling hemp seeds, one of which may lodge in the bladder and increase till it forms a mulberry calculus.

RENAL CALCULI.—The most frequent source of stone is the formation of small calculi in the kidneys, which passes into the bladder, and there deposits are added until it becomes quite a large stone. The passage of calculi through the ureters often causes excruciating pain along the ureter to the bladder.

VESICAL CALCULI.—Stone in the bladder is usually the result of the passage of a renal calculus, and when it reaches the bladder, it is enlarged by precipitation from the urine. When formed its presence produces a great deal of pain in proportion to its smoothness or roughness. There is frequent desire for micturition, and often a discharge of blood. Stone occurs both in women and boys. It is, however, not frequent in women, owing to the fact that the urethra is short and usually the calculus passes off before becoming large.

Diagnosis.—The calculus diathesis may be known by an examination of the urine. The lithic diathesis is characterized by yellow, red, brick-dust, or pink, sandy deposits. The phosphatic diathesis is characterised by white sediment. Oxalic diathesis is suspected by the darkish color of the urine, which deposits a darkish sediment. If a drop of the sediment is placed under the microscope it displays myriads of crystals of various shapes and sizes. If the patient suffers during the day when exercising, but free from pain at night when quiet, then stone in the bladder may be suspected. But if the suffering is greatest at night then we may suspect that enlarged prostate gland is the cause. The only positive test is the use of the sound, which if difficult to introduce is evidence that the prostate gland is enlarged. But there may be enlarged prostate in connection with stone, hence the metallic click heard or felt when the sound comes in contact with the stone is proof positive of its presence. In order to make a thorough test the examination should be made when the bladder is full of urine. I shall only refer to the treatment of the calculus diathesis, for when stone has already formed then a surgical operation is the only rational treatment.

Treatment.—RENAL CALCULI.—*Berberis*—Urine dark or bright yellow, or red, with sediment; blood red, speedily becoming turbid, depositing thick mucus and bright red mealy sediment.

Bryonia.—At times urine deposits white sediment, at other times the deposit is a whitish sediment.

Coccus cacti.—Urinary calculi, with violent colic, hæmaturia, large deposit of uric acid and of urates, pains lancinating, extending from kidneys into bladder.

Eupatorium perfoliatum.—Urine dark brown, depositing a whitish, clay-like sediment.

Lycopodium.—Urine dark-red, deposits a red, sandy sediment; before passing water, the child screams with pain; red sand on the diaper.

This remedy established my faith in homœopathy which

nothing can shake, for while practicing allopathy I regarded *lycopodium* as inert, but when I saw a patient with the red sand in the urine, and saw how rapidly it disappeared by the action of *lycopodium*, all doubt was removed from my mind, and I then knew that homœopathy is the true science of therapeutics.

During the passing of renal calculi the pain is intense. *Aconite*, *berberis*, *chamomilla*, *gelsemium* and *nux vomica* are indicated.

I have frequently given relief by saturating a cloth with chloroform and applying over the ureter at the seat of pain; this gives instantaneous relief. The spasm of the ureter is broken and permits the calculus to pass into the bladder, but if it is large it may only pass down a few inches when the spasm returns and the *chloroform* has to be repeated.

VESICAL CALCULI.—The same remedies as recommended for renal calculi are beneficial in this also.

I had a case in which the red sand was so copious, urine scanty, and the sand so coarse, that the indicated remedies failed to give prompt relief, and before suggesting an examination, I gave the patient fifteen grains of *citrate of lithia* three times a day, and in three days the urine became copious, and two tablespoonfuls of red sand was deposited; some of the grains or crystals were as large as grains of wheat. The patient's diet should be changed. It is supposed that too long continuance of a diet of oysters, shell fish, and constant use of hard or lime-stone water, has a tendency to increase the trouble.

HÆMATURIA.

BLOODY URINE.

Symptoms.—If not produced by an injury, there is pain or aching over the region of the kidneys, followed by a bloody discharge of urine. If the blood and urine are thoroughly mixed, then we know that it came from the kidneys; but if it is clear blood it is from the bladder.

Diagnosis.—Bloody urine is distinguished by its color and dark deposit.

Causes.—It may be caused by external injury, or irritation of the kidneys. It is, however, generally a forerunner of inflammation of the kidneys.

Treatment.—*Cantharis.*—Urine contained coagulated blood; urine contained bloody filaments, then blackish, coagulated masses of blood, at last mucus.

Chimaphila.—Urine is offensive, turbid, containing ropy or bloody mucus and depositing a copious sediment.

Hamamelis virginica.—Hæmaturia; passive congestion of the kidneys; dull pain in the renal region.

Millefolium.—Constant desire to urinate; hæmaturia; urine dark.

Terebinthina.—Bloody urine, dark and smoky.

ISCHURIA RENALIS.

SUPPRESSION OF URINE.

Symptoms.—There is weight in the loins, frequent pulse, heat of skin, flushed face, headache, nausea, and vomiting. About the third day drowsiness sets in with edema of the face, or of the limbs and entire body. About the fourth day coma sets in followed by death in a few days. At first the bladder is found to contain a small quantity of muddy urine, but when the disease is fully formed there is complete suppression.

Causes.—Pre-existing disease of the kidney, excited into activity by blows or falls, or exposure to wet and cold. The action of certain poisons, as *digitalis*, *corrosive sublimate*, and *cantharides*. Acute inflammation of the kidneys.

Diagnosis.—In suppression there is no urine in the bladder; while in retention the bladder is full, as is ascertained by placing the hand above the pubic bone, when a round tumor may be felt.

Prognosis.—The disease may yield to treatment if the patient is seen early; but if the patient is not relieved in a short time it proves fatal.

Treatment.—*Aconite*.—Is indicated for inflammation of the kidneys with retention or suppression of the urine.

Apis.—Inflammation of the kidneys, during or subsequent to eruptive diseases; the urine may be almost entirely suppressed, loaded with tube casts.

Terebinthina.—Urine scanty, black, epethelial sediment, bloody, albuminous, on the borders of suppression.

DIABETES.

IMMODERATE FLOW OF URINE.

There are three forms of this disease: 1. Diabetes insipidus. 2. Diabetes mellitus. 3. Diabetes chylosis.

DIABETES INSIPIDUS.—This is characterized by a large flow of limpid urine without any trace of sugar.

Symptoms.—Emaciation, depression of spirits, debility, anxious expression of countenance, thirst, gnawing sensation at the stomach, dyspepsia, white tongue, constipation, dry skin, irritable bladder and greatly increased secretion of urine.

There are three conditions of urine usually found in this form of diabetes. 1. There is simply an increase of water, without any change in the other constituents. 2. Sometimes urea is deficient. 3. The urea is in excess. These are the non-saccharine conditions of diabetes insipidus, to which Dr. Willis has given the names hydruria, anazoturia, and azoturia. In the first and second varieties the urine is of very low density (in one case of the first form 1.001—Christison); in the third variety the density is high, (commonly 1.030 to 1.035, but sometimes as low as 1.020 to 1.024).

Causes.—Too great a supply of liquids, especially spiritous liquors; hysteria; granular disease of the kidneys.

Prognosis.—If there is organic disease of the kidneys then the case is very unfavorable; but if there is no organic disease, then the symptoms are favorable.

Treatment.—*Ignatia.*—Frequent profuse passage of watery urine.

Murex.—Urine very pale and excessive.

Scilla.—Pale watery urine.

Helonias.—Great flow of insipid urine.

DIABETES MELLITUS—SACCHARINE URINE.—This disease is characterized by diabetic urine. Diabetic urine contains diabetic sugar. That is the sweet principle of most acid fruits. It is also termed starch-sugar, sugar of fruits, grape-sugar, glucose, etc. It is called mellitus because it has the sweetness of mel—honey.

Symptoms.—This disease comes on gradually, and it is often a long while before our attention is called to it. The patient complains of weakness of the limbs with general debility. The urine on being examined, is found excessive in quantity, of a pale color, wanting its proper odor, and containing sugar in greater or less quantity. There is inordinate appetite, generally accompanied by dyspeptic symptoms; excessive thirst; constipation; the tongue is clammy, and red at the edge, or clean, or white with a brown streak down the middle; the gums are red and tender; the throat dry; the breath has often a sweetish odor like that of hay, or it has a smell of *chloroform*, which is diagnostic of the disease. The urine is very excessive, with a faint odor as of apples (apparently due to a large secretion of glucose, for as this diminishes the odor correspondingly declines), and a specific gravity 1.035 to 1.050. The skin is dry, harsh, and scaly; debility and rapid emaciation. The mind is generally affected, the power of attention being weakened, and the disposition being rendered melancholy, anxious, and irritable. The temperature is always less than normal, ranging from 97° to 94°. It is estimated that thirty pints of urine of the specific gravity of 1.040, which is

about the heaviest, contains nearly four pounds of sugar. It is said that when the urinometer stands above 1.030, we may infer that sugar is present.

DIABETIC TEST.—I will only call your attention to Trommer's test. Mix a test-tube half full of the suspected urine, to this add about two drops of a solution of *sulphate of copper*, or enough to make a slightly blue tint. Then you add an excess of liquor *potassa* to clear up the mixture by re-dissolving the precipitate which it at first produces. If the mixture is boiled over a spirit-lamp there will be a reddish-brown precipitate of the *sub-oxide of copper*, if there is sugar present; if not the precipitate will be that of black *oxide of copper*.

Cause.—The Pathological Society, of London, now claim that the seat or cause of diabetes is in the pancreas, liver, or duodenum; and that it arises from a disturbance of duodenal digestion, caused by pancreatic or hepatic organic disease.

Brunton says: Although diabetes was formerly associated with albuminuria, and other diseases of the kidneys, we know that these organs are not at fault, and that they only separate from the blood the excess of sugar which it contains. The blood always contains more or less sugar, but unless the amount of sugar be more than one-third per cent. it is not eliminated. The sugar found in the urine is not the cause of the trouble, but is the result of some pathological condition outside the kidneys.

Pathology.—There is no change in the kidneys except that produced by over-work in trying to eliminate the excess of sugar in the blood as an abnormal product. As already stated, the pathological changes are to be found in the pancreas, liver or duodenum. As evidence of this fact, there is a want of power to assimilate and employ for the nourishment of the body those carbo-hydrates which enter into the composition of the food, and, on the other hand, a perverted change of the carbo-hydrates, by which they are converted into diabetic sugar—a product incapable of oxydation and assimilation, and therefore excreted by the kidneys as useless and injurious.

Owing to some dyscrasia of the liver, the sugar, which ought to be available for the maintenance of the body, enters the blood, leaves it again unchanged, and is discharged in urine.

Prognosis.—FAVORABLE.—Moist skin, moderate appetite. Cutaneous eruptions; gradual disappearance of sugar in the urine.

UNFAVORABLE.—But few recover under twenty years of age. Spare habit, unhealthy location; increase of sugar in the urine; tendency to tuberculosis. The disease often lasts for several years before proving fatal. Owing to frequent relapses, you should not promise a permanent cure until the patient is free from the disease twelve months.

Treatment.—*Acidum phosphoricum*.—Drs. Dalzell, Harvey, Holland and Wilde, of England, claim to have cured many cases with the ix dilution of this remedy. The sugar began to disappear at the end of the fourth week, and the patients were well in four months.

Large doses of the crude medicine increase the sugar in the urine; thus demonstrating its homœopathicity.

Uranium nitricum.—Drs. Cornell and Holland have reported cures with this remedy. On February 18th, 1874, 1-6 grain was given in water three times a day, and increased to 1-3 grains. On March 11th, specific gravity 1.038; much sugar; 21st, specific gravity 1.021, sugar a trace. April 8th, specific gravity 1.025, no sugar; 15th, specific gravity 1.024, no sugar; 25th, specific gravity 1.025, no sugar. That is a very encouraging report in such a grave disease.

Helonias.—Large quantities of sugar in the urine, with emaciation, thirst, restlessness, melancholy, etc.

Terebinthina, *arum triphyllum* and other remedies, are mentioned as being useful in this disease. *Muriate of quinine* and *plumbum* are recommended highly for the removal of sugar from the urine.

Diet.—The patient may be allowed all kinds of meat, oysters and soup, but no vegetables containing starch; eggs and skim-milk may be allowed freely. Four to six pints of

skim-milk may be taken daily. One patient took five pints a day, and in six days the specific gravity fell from 1.040 to 1.017; the patient became stout and strong. The patient should eat no bread except "diabetic bread," that is, bread made from eight parts of gluten, and two parts of bran, freed from starch, and a little butter. The patient may be allowed cheese, cream, butter, greens, spinach, turnip-tops, mushrooms, water-cress, mustard-and-cress, cucumbers, lettuce, radishes, celery, vinegar, oil, pickles, custard without sugar, and olives. Tea and coffee may be taken without sugar.

As you will often be asked how to distinguish between mushrooms and toadstools, a poisonous fungus, which resembles mushrooms so closely that it takes an expert to tell the difference, I give you the following test. If you stew some sliced onion with the suspected product, if it is mushrooms there will be no change in the color. But if it be toadstool, then the onion turns it black.

DIABETES CHYLOSUS—MILKY URINE.—**Symptoms.**—

The urine is generally abundant, and of a milky appearance, and varying in density from 1.010 to 1.020. A short time after its discharge, it sometimes coagulates into a white gelatinous substance, and after a long interval, separates into a clear yellowish fluid and white clot. Sometimes a white creamy substance rises to the surface. This disease is of rare occurrence; but you should understand its nature.

I am not sure but that children have been doctored to death for worms, when diabetes chylosus was the trouble. It is a well-known fact that in times past when any one passed milky urine, it was said to be caused by worms.

Treatment.—*Apis.*—Urine milky.

Cina.—Passage of much urine all day, which becomes turbid soon after its passage.

Phosphorus.—Profuse, watery urine; like curdled milk.

Phosphoricum acidum.—Large quantities of milky urine passed at night.

DISEASES OF THE BLADDER

AND ITS APPENDAGES.

CYSTITIS.....		Inflammation of the Bladder.
DYSURIA	$\left\{ \begin{array}{l} \text{Spasm of the Blad-} \\ \text{der—Strangury} \\ \text{Spasm of the Ure-} \\ \text{thra.} \end{array} \right\}$	Difficult Urination.
ENURESIS.....		Incontinence of Urine.
RETENTIO URINÆ		Retention of Urine.
PROSTATITIS.....		Inflammation of the Prostate Gland.
URETHRITIS		Inflammation of the Urethra.

CYSTITIS.

INFLAMMATION OF THE BLADDER.

This disease may be acute—cystitis acuta—and chronic cystitis chronica. The symptoms are the same, only there is little or no fever in the chronic variety.

Symptoms.—Acute pain, swelling and tension in the region of the bladder; pain and soreness, increased upon pressure, above pubes, or in the perinæum; frequent micturation, painful discharge of urine, in small quantities; or complete obstruction to its passage; tenesmus; vomiting.

In the chronic form the mucous membrane of the bladder, by repeated or continued irritation produced by calculus, by stricture, by disease of the prostate, kidneys, or other causes, has become thickened, indurated, ulcerated, and pours out a large quantity of mucus and pus, which added to the urine, gives to it the appearance of whey. There is often a discharge of blood.

Causes.—Mechanical injury; falls on the abdomen when the bladder is distended; local irritation by calculi; the inflammation of gonorrhœa extended along the urethra; spasm-

dic or permanent stricture; all the usual causes of inflammation; cantharides; stimulant urethral injections.

Diagnosis.—The large amount of tenacious mucus found in the urine after standing; and the pain running up from the bladder to the loins, are diagnostic symptoms of cystitis. While pain running from the loins down the ureters with tenderness over the kidneys, is diagnostic of inflammation of the kidneys.

Treatment.—The first object in the treatment of this disease is the removal of the cause. If caused by calculus or gravel, then medicines will be of no avail, and you must resort to surgical means.

Aconite.—Dry, hot skin, intense thirst and great restlessness; frequent and violent urging to urinate, with burning in the bladder; painfulness of the region of the bladder.

Berberis vulgaris.—Blood-red urine, depositing a copious, slimy, bright-red bran-like sediment; dark urine, with transparent jelly-like sediment.

Cannabis indica.—Inflammation of the bladder; painful discharge by drops of bloody urine.

Cantharis.—Violent pains and burning heat in the bladder; constant desire to urinate, with scanty emissions of dark or bloody urine; with burning and cutting pains, so severe the patient screams aloud.

Chimaphila.—Copious mucus or albuminous discharge.

Digitalis.—Frequent sharp, cutting pains in the neck of the bladder, as if a straw was being thrust back and forth.

Dulcamara.—Painful pressing down in the region of the bladder; urine turbid and white, or reddish and burning, depositing at times a red, at times a white sediment.

Mercurius.—Constant desire to urinate, with scanty emissions of dark-red urine, soon becoming turbid and fetid. The urine looks as if mixed with blood, with white flakes, or as if containing pus.

Ruta graveolens.—Pressure on the bladder as if continually full, with scanty discharges of green urine.

Sarsaparilla.—Tenesmus of the bladder, with cutting pain during micturation; urine red, fiery, turbid, containing long flakes; the urine contains large quantities of pale sand; children cry before and during micturation.

DYSURIA.

DIFFICULT URINATION.

Irritability, spasm of the bladder and urethra, either or all combined, produce strangury or difficult urination. As I mention the remedies they will illustrate the symptoms in each case.

Treatment.—*Apis*.—Stinging pains in the urethra during micturation. Sensation as if something in the abdomen would break.

Belladonna.—Difficult micturition, the urine being passed drop by drop, with frequent urging. The urine is yellow and turbid, or the color of gold.

Cannabis indica.—Violent burning in the urethra during and after micturition.

Cannabis sativa.—Strangury; burning while urinating, but especially just after.

Cantharis.—Very frequent micturition, with burning and cutting pains, so severe the patient screams aloud.

Copaiva.—Catarrh of the bladder, with dysuria.

Capsicum.—Burning smarting in the urethra; the urine is emitted in drops.

Conium.—The flow of urine suddenly stops, then continues at short intervals, during spasms of the neck of the bladder or urethra; cutting pain in the urethra while urinating; vertigo, particularly when lying down.

Gelsemium.—This is a sovereign remedy for spasm of the urethra and bladder.

Mercurius cor.—Violent inflammation of the neck of the bladder, with extreme tenesmus and burning.

Nux vomica.—Burning and lacerating pain in the neck of the bladder and urethra; painful, ineffectual desire to urinate, with discharge of a few drops of red, bloody, burning urine.

Pareira brava.—Strangury, with violent, pains in the bladder. He cries aloud and can only emit urine when on his knees.

Sulphur.—Obstinate cases; the urine is mixed with mucus or blood, very fetid; burning in the urethra during micturition.

ENURESIS.

INCONTINENCE OF URINE.

This means an inability to retain the urine from any cause.

Causes.—Reflex action, from brain complications, cold, or any thing that may produce a partial paralysis of the sphincter vesicae, or relaxation of that viscus.

Diagnosis.—If incontinence is caused by stone in the bladder, the patient is not troubled much at night. But if incontinence is caused by enlarged prostate gland, the patient is worse at night. The use of the sound is the only means of deciding the question. If a stone is discovered, then medicine is of no avail, and surgical treatment gives the only show for relief.

Treatment.—*Acidum phosphoricum*, *belladonna* and *gelsemium* are almost specific for incontinence in the aged. For relaxed or paralytic condition of the sphincter, there is probably nothing better than *gelsemium*.

For alkaline urine, and in hysterical females, you will find relief from, *cantharis*, *nux vomica*, *acidum phosphoricum*.

For highly-colored and strong-smelling urine, you can call to your aid *podophyllum*, *calcarea carb.*, *acid nitric*, *opium*, *lycopodium*, and *acid benzoic*.

For worms you must look to *cina*, *spigelia*, or *argentum nitricum*.

For diurnal incontinence, *ferrum*, *sepia* and *silicea*, are valuable remedies.

For profuse discharge of urine *murex* and *scilla*, are valuable remedies.

For children with uneasiness at micturation, you can resort to *aconite*, *belladonna*, *cantharis*, *secale*, *chloral hydrate*, *ferrum*, *mercurius*, or *chamomilla*.

It requires a great deal of care to manage children with this annoying complication. It requires very correct diagnosis as to the remedy in each case. Therefore, you should pay **strict** attention to your *materia medica*.

RETENTIO URINÆ.

RETENTION OF URINE.

You must never confound retention of urine with suppression of urine. In the latter the fault is in the kidneys; in the former the bladder may be full but the patient cannot pass it.

Causes.—Cold, inflammation of the neck of the bladder, fibrinous exudation, thick tenacious mucus from catarrh of the bladder, prostatitis, or enlarged prostate gland, spasmodic stricture of the urethra, and organic stricture. Poisoning from cantharidies or fly-blister will often cause retention of urine.

Diagnosis.—When a patient does not pass any urine, and you find a tumor above the pubes, then you may infer that it is retention of urine, if the patient is a male; but if a female then you have to diagnose between a full bladder and a distended uterus. In that case the catheter and a digital examination are your main reliance. If you do not find a distended bladder, and the catheter gives no evidence of urine in the bladder, then the case is suppression and not retention. The next step in your investigation, if it is retention, is to find the cause, so as to enable you to make a judicious selection of your remedies, or if the cause is mechanical, then you must resort to surgery at once, and lose no time experimenting with remedies.

I have always been conservative in my practice of surgery, and if there was no immediate use for the catheter, then I would try the remedies a reasonable time before resorting to its use. If the symptoms lead me to suspect the possibility of stricture or stone, then I would use the sound, and if that gave no evidence of either of those complications then I would use the catheter, and give temporary relief until the remedies had time to act.

I once learned a valuable lesson from an old German lady while I was in the old-school practice. I had a patient with retention of the urine, as was evident by the tumor above the pubis bone; but as I disliked to use the catheter, I postponed the operation for four hours longer. As I was leaving the house the old lady referred to, asked me if she could put a warm onion poultice on the patient's lower bowels; I gave my consent, and in four hours I returned with my catheter, but I did not use it, for the patient passed his urine within an hour after the onion poultice was applied. I have used the same treatment many times since, with the happiest results, and that too after warm water had been applied with no result. I presume that the odor of the onion being inhaled had something to do with the result. That was when I knew nothing about homœopathic remedies.

Treatment.—*Aconite*.—From cold.

Camphor.—Spasm at the neck of the bladder. If retention has been caused by absorption of *cantharides blister*, or an overdose of that poison, then drop doses of the *tincture of camphor* on a lump of sugar every fifteen minutes for three or four hours, will usually antidote the poison and thus remove the retention.

You must remember that *similia* deals only with pathological symptoms of disease, and not with those produced by poisons; hence you must use antidotes for poisons and potencies for disease.

Cantharis.—Urging to urinate; cutting and tearing pains when caused by cold, etc.

If retention of urine is due to the accumulation of mucus

in the urethra from catarrh of the bladder, then you must wash out the bladder with warm water, and give the treatment as laid down for chronic cystitis.

PROSTATITIS.

INFLAMMATION OF THE PROSTATE GLAND.

Inflammation of the prostate gland is known by the tenderness, and pain in the region of the neck of the bladder. The pain is sometimes excruciating, with constant desire to urinate.

Treatment.—*Aconite*.—Pain in neck of bladder, with frequent painful urination.

Belladonna.—Frequent desire to urinate; vesical region very sensitive to pressure or jar.

Apis.—Great irritation at neck of bladder, with frequent and burning urination.

Iodine.—Swelling of the prostate gland.

Pulsatilla.—Tenesmus in the neck of the bladder; enlargement of the prostate gland.

Sometimes a hot sitz-bath gives temporary relief. If the patient is suffering intensely you may apply a little *bella-donna ointment* over the region of the gland.

Solidago and *saw palmetto* are both highly recommended for enlargement and chronic inflammation of the prostate gland. Several cases have been reported as cured by the 1x dilution of the tincture made from those two plants. They were given one at a time.

While I was visiting in Florida, I learned that several persons had been cured of chronic prostatitis, by eating the berries of a bush called pichi. The profession there had a fluid extract made, and have been using it to good advantage.

I have tried the fluid extract of pichi in five-drop doses every three hours until relieved, and then increase the interval between the doses. The patient had received no relief

either by allopathy or homœopathy. He was urinating nearly every half hour during the night and day, and his pains were great. He was unable to leave his room for months. After taking the pichi three or four days he began to improve, and was able to walk several squares, and his suffering was trifling compared to what it had been before. The patient improved for a few months, but finally died. A post-mortem revealed the fact that the prostate gland, bladder and urethra, were all diseased and sloughing.

I would recommend you to use the pichi in enlargement of the prostate gland, if the usual remedies fail to give relief.

URETHRITIS.

INFLAMMATION OF THE URETHRA.

This disease may be acute and chronic. I am now treating of urethral inflammation independent of gonorrhœal complications. I wish here to enter my protest against the habit of some doctors, with more egotism than brains, calling all urethral irritation gonorrhœal. It is very humiliating to refined ladies and gentlemen to hear such imputations from their medical advisers. If you think so, I see no reason for exposing your patient.

Symptoms.—Inflammation of the urethra is characterized by soreness, tenderness, burning, and a scalding sensation when urinating.

Causes.—The mucous membrane of the urinary organs is similar to that of the respiratory organs, and hence is liable to inflammation from the same causes. Cold damp weather, and the poisonous and irritating substances often found in the urine, produce non-gonorrhœal inflammation both of the bladder and the urethra. This being true, then we are liable to have an irritation or chronic inflammation of the bladder and urethra until the cause is removed from the urine.

Treatment.—*Aconite.*—Urine scanty, fiery, scalding hot, dark-red, and turbid.

Cannabis indica.—Burning and scalding, or stinging pain in the urethra, before, during and after urination.

Cannabis sativa.—Burning while urinating, but especially just after.

Cantharis.—Before, during and after urinating, cutting pains in the urethra.

Copaiva.—Inflammation of urethra, with great burning far back on urinating.

NEUROLOGICAL DISEASES.

NERVOUS SYSTEM.

NEUROSIS Non-Inflammatory Nervous Affection.

ENCEPHALITIS Inflammation of the Brain.

MYELITIS. Inflammation of the Spinal Cord.

MENINGITIS. . .	{ Cerebral Meningitis. Cerebro-Spinal Meningitis. Spinal Meningitis.

Under the head of NEUROSIS belong all nervous affections unaccompanied by inflammation.

HYPOCHONDRIASIS.

LOW SPIRITS.

The definition given of this condition is low spirits, melancholy, tending to insanity.

Symptoms.—The patient is gloomy, imaginary; thinks that he has various diseases, when there is really nothing the matter. If you convince him that his ailments are imaginary he will find some new trouble, and thus he will continue until he has passed the whole list of organic functions. He may be dyspeptic, and hence his case becomes aggravated; he fears danger and death. Sometimes organic diseases will produce hypochondriasis.

Causes.—PREDISPOSING.—Hereditary melancholic temperament.

EXCITING CAUSE.—All causes of indigestion, excess of amusements, and everything that tends to depress the nervous centers.

Diagnosis.—From simple melancholy from the more constant tendency to dyspeptic symptoms. From dyspepsia proper, by the affection of the mind being greater, that of the stomach less, than in idiopathic dyspepsia.

Prognosis.—Is unfavorable.

Treatment.—*Nux vomica*.—Hypochondriasis is associated with affections of the liver, irritability, and fractious disposition.

Aurum.—Melancholy which nothing seems to affect; loathing of life, or a suicidal tendency; religious melancholy; uneasiness, apprehensiveness, sullenness, and indisposition to conversation.

Arsenicum.—Melancholy, with debility; also for the burning pains sometimes complained of.

Ignatia.—Melancholy from loss of friends or property.

Pulsatilla.—Mild, tearful disposition, weeps often.

Platina.—Low-spirited, inclined to shed tears, worse in the evening; weeps with the pain.

Anacardium orientale.—Hypochondriac mood in forenoon, dejected and desponding, with foolish, clumsy actions.

Petroleum.—Sadness and despondency, inclination to weep.

Sepia.—Anxiety—with fear, flushes of heat over the face—about real or imaginary evils.

The patient should have plenty of out-door exercise, and some useful employment to divert his mind from himself. He should not be allowed to read any medical works, or patent medicine advertisements, that will in any way call his attention to himself.

I had a patient once who imagined that her stomach was full of worms, and that she could feel them come up in her throat. She sent for me one day to know if I could not

make a small trap to fit her mouth so as to catch the worms. I do not advocate the practice of deceiving patients, but I saw that medicines could have no effect upon her case, so I worked upon her imagination. I said that I had a remedy that could certainly destroy those worms and restore her to health again; but I was afraid to give it to her unless she would promise to follow my instructions to the letter. She agreed to do so. I then filled a bottle with clean water and colored it a slightish pink by some inert substance. She was to take a teaspoonful every two hours. I explained to her that when she experienced a great commotion in the stomach then she might know that the worms were dying, and she must stop the medicine at once; for after the worms were dead, then the medicine would begin to act upon the stomach, and then there would be no hope of her recovery. I gave her one dose and told her to take another in two hours, and watch the symptoms, and stop the medicine as soon as she found the worms beginning to die. I was sent for in three hours, and found her apparently in great distress. She described the terrible agony of the dying worms, and felt that she would die with them. I told her to quiet down and let the worms die, and for her to try to go to sleep before the worms were dead, and then she would awake free from all disease. She slept for several hours, and awoke refreshed, and in her right mind, and got entirely well. The only explanation that I could offer my conscience for the deception played on my patient was that the end justified the means. That occurrence goes to prove what influence one mind can have over another.

NEURALGIA.

NERVOUS PAIN.

Neuralgia wherever located is characterized by severe, sharp or burning pain. We have facial neuralgia of the fifth pair of nerves, and is commonly known as tic-doloureux. There is hemicrania or brow-ague, the seat of pain being just above the

eye-brow. Intercostal neuralgia (pleurodynia) is often associated with an eruption of clustered vesicles, called herpes zoster.

Sciatica is a form of rheumatic-neuralgia of the sciatic nerve. We have neuralgia of the stomach called gastrodynia; neuralgia of the cardiac nerves, called angina pectoris; also neuralgia of the liver and ovarian neuralgia.

As I have already called your attention to the different forms of neuralgia when treating rheumatism, I shall only call your attention now to facial neuralgia.

Treatment.—*Aconite*.—Facial neuralgia from cold, anxiety, with palpitation, quickened full pulse, and in plethoric persons.

Arsenicum.—Burning and tearing pains, intermittent or periodic, worse at night or during rest, with extreme restlessness and anguish, especially in weak persons.

China or cinchona.—From malaria; loss of animal fluids.

Colocynth.—Sudden violent lacerations, extending from the point of origin to a distance, chiefly on the left side.

Coffea.—Nerve-pains, with restlessness and sleeplessness.

Chelidonium.—Pain over right eye, with liver troubles.

NERVOUS SICK-HEADACHE.

Symptoms.—This affection usually commences in the morning on rising; the patient looks pale, dark around the eyes, the pupils contracted, and looking and feeling extremely ill. Giddiness, swimming in the head, throbbing of the temples, stupefying or agonizing, deeply-seated headache, often limited to one spot on the side of the head, on the forehead, over the eyes, and increased by movement, noise, strong light, and any kind of mental perturbation. Nausea and vomiting, or retching, are sometimes very annoying.

Causes.—**PREDISPOSING.**—A hereditary nervous temperament.

EXCITING.—Any powerful impression made upon the patient; overjoy or grief, fright, or sudden loud noises; mental or physical fatigue, deprivation of sleep or food.

Diagnosis.—From organic diseases of the brain, owing to the absence of fever. There may be congestion to the head, but no fever.

Treatment.—*Belladonna*.—Face flushed, eyes red and hot, head feels too large, severe frontal headache.

Bryonia.—Violent pains in head, with vomiting of bitter fluids.

Cocculus.—Sick-headache with much retching, and but little, except water or mucus, vomited.

Coffea.—Nervous headache, with sleeplessness.

Glonoinum.—Throbbing pulsating headache.

Iris versicolor.—Copious vomiting of bilious matter.

Nux vomica.—Congestive headache, with giddiness and constipation.

Veratrum album.—Sick-headache, with prostration, cold sweat on the forehead.

INSOMNIA.

SLEEPLESSNESS.

This is a condition in which a person is incapable of sleeping; often lying awake for hours, or sometimes all night without sleeping a moment.

PHYSIOLOGY OF SLEEP.—By recent experimental research, Durham and Hammond have found that the brain is almost bloodless during sleep, that the rapidity of the circulation is diminished, and that whatever increases the activity of this circulation favors wakefulness. At the meeting of the British Association in 1873, Professor Ferrier stated that he had known animals fall sound asleep on losing a large quantity of blood, a portion being of course drawn from the brain. At the same meeting, Dr. Forthergill affirmed that attacks of loss of consciousness are often found to depend upon an imperfect blood-supply to the brain, and are cured by the administration of remedies acting on the circulation and steadying the blood-pressure on the nerve centers. Dr. Carpenter thought that

activity of the brain was the functional expression of the changes going on between the capillary circulation and the substance of the brain itself—a conclusion which, he said, was confirmed by Prof. Ferrier's recent experiments on the brains of animals. The conclusion to be drawn from this testimony of the first scientific men of the day, is that whatever increases the circulation of the blood to the brain occasions wakefulness, while whatever lessens the supply induces sleep.

Causes.—Indigestible food, or whatever causes dyspepsia; trouble, over-joy, or sad and unexpected news; exhaustion both mental and physical; alcoholic liquors and every thing that stimulates the brain are causes of sleeplessness. If the cause cannot be traced to irregular habits, indigestion, mental and physical exhaustion, then we may suspect trouble in the nervous centers, that may be a forerunner of insanity.

Treatment.—*Aconite*.—Wakefulness from fright, agitation or anxiety, with febrile symptoms; teething irritation.

Belladonna.—Sleepy but cannot sleep; throbbing in the head, pain or redness of the eyes.

Chamomilla.—Nervousness, palpitation from anger.

China.—Wakefulness of convalescents; disturbing dreams causing anxiety and starting, which remain for sometime after waking; morbid effects of tea.

Coffea.—Mental fret, and fret and friction; patient cannot sleep for thinking; excitement of all the organic functions; agreeable excitement; playfulness; wakefulness of children and the aged.

Gelsemium.—Sleeplessness; a wide-awake feeling; sleepless from violent itching of face, head and shoulders; sleepless during dentition; face red; in extreme cases one drop of the mother-tincture every half hour is often very beneficial. I advise this in preference to having a hypodermic doctor sent for.

Hyoscyamus.—Light sleep broken by dreams; nervous irritability; excitement with depression of spirits; disagreeable dreams.

Lachesis.—Feeling of intense weariness, worse in the morning; palpitation; confused thoughts; jactitation all night with extreme nervousness; melancholy.

Nux vomica.—Sleeplessness consequent on errors of diet, excesses, the use of alcoholic drinks, coffee and other stimulants; on immoderate strain of the nervous system by haste and worry of business; on late hours of study, indigestion and constipation.

Opium.—Sleeplessness, with acuteness of hearing; clocks striking and cocks crowing at a great distance keep the patient awake.

A hop-pillow is often beneficial. A cup of warm malted milk at bed-time often proves grateful to the patient. Reading aloud often lulls a patient to sleep. A cold sponge-bath often produces sleep.

If there should be brain complications, and your remedies fail to procure sleep, then I recommend that you give your patient one grain of *extract lactuca*, or *lettuce opium*, every hour. It procures refreshing sleep without any of the deleterious effects of *opium*, *morphine* and *hydrate of chloral*, so often resorted to by empirics.

BRAIN-FAG.

This means mental exhaustion, and is common in nervous, excitable individuals.

Symptoms.—The trouble comes on gradually; the patient takes cold easily; he is cross, excitable; sheds tears easily. The patient is annoyed by sleeplessness, loss of appetite, headache, and loss of memory. As the disease advances a good sedate man becomes surly and cross; although he may have been temperate all his life; but when in that condition, called brain-fag, he is apt to crave intoxicating drinks. He becomes melancholy, takes but little pleasure with those around him.

Causes.—Over-work, both mentally and physically, and worry, are the principal causes of brain-fag.

Treatment.—*Ignatia*.—Alternate excitement and depression; tendency to tears on slight cause; sleeplessness; fearfulness.

Nux vomica.—Ailments after continued mental labor; worse after mental exertion; can not read or calculate, for they lose the connection of ideas.

Phosphorus.—This becomes one of our best remedies in brain-fag, owing to the fact that the *phosphorus* of the brain is consumed by mental exertion. If that be true, then low dilutions of *phosphorus* should be given after each meal. It is supposed that fish, lobsters and oysters contain large quantities of *phosphorus*, and hence when taken as a diet they increase that supply to the brain which has been consumed by over-mental exertion. Pleasant company is essential to a tired brain. A cold bath followed by rubbing until the body is aglow is highly beneficial.

It is not best to withdraw the patient too suddenly from his accustomed work, but he must relax gradually. It is recorded of a miller, who had been used to the sound of his mill all his life, on being confined to his bed from sickness, was unable to sleep, and the most powerful opiates could not procure sleep. The doctor was at a loss to know what to do, for if the patient did not get sleep soon he must die. All of a sudden the doctor seemed to realize that the mill was not running. He asked why the mill was not running; being informed that they feared the noise would disturb the patient. The doctor then realized what was the trouble, and ordered the mill to be started again. As the wheel began to revolve, the old miller turned his head and listened attentively for a few minutes, when a satisfactory expression passed over his countenance, and he soon fell asleep, and began to recover from that moment.

Let me urge upon you the importance of allowing no whispering in the sick-room, it annoys the patient, for he is listening to catch every sentence of an unfavorable prognosis. There should be no loud boisterous talking. The room must

be kept quiet, and persons talk in a clear tone, so that the patient catches every sound without an effort. Let no one approach you in the hall-way and begin asking you questions as to the condition of the patient unless you are far enough away that he can not hear your voices.

I remember well of learning a grand lesson on this subject when I was quite a young man. A traveler came along at night-fall and put up at a hotel. He was taken sick during the night, and my father's family physician was called in. The patient had a high fever, and craved cold water all the time, but at that time cold drinks were forbidden to all patients. After a few days the doctor gave up all hopes for his patient, and as he left the sick-room he met the landlord in the hall-way, but neglected to close the door after him, and the patient heard him repeat his unfavorable prognosis. The landlord urged the doctor to let his patient have cold water as he had to die any way, but the doctor utterly refused lest it might kill the patient at once. As the landlord entered the sick-chamber, the apparently dying man said to him, Mr. Grose, please give me some cold water, but he refused because the doctor had forbidden it. The poor suffering man said, Mr. Grose, I heard the doctor tell you that there was no hope for me, then why let me suffer, for I can bear the suffering of death better than this burning thirst. Mr. Grose told me that he could not resist any longer, and went immediately and got a pitcher of cold water, and set it on the table by the bed, and immediately left the room. On his return he found that the patient had drank about a quart of water; he removed the pitcher, and sat down to see the patient die. In an hour or two the patient broke out in a copious perspiration. The doctor was astonished when he came in and found the patient perspiring and the rapid pulse abating, and he seemed to be dumfounded, but expressed the belief that the patient would recover. Mr. Grose then confessed what he had done. The patient recovered, and the doctor changed his practice, as to cold water, to my great delight, for he had drenched me many

a time with warm drinks prior to that period. The result proved that with *aconite* and cold water the patient might have been cured in one-fourth of the time.

MELANCHOLIA SIMPLEX.

SIMPLE MELANCHOLY.

DEFINITION.—Disorder of the intellect, with depression, often with suicidal tendency. It consists essentially in a state of mental pain; in a vague feeling of anxiety, gloom, or depression. Life has lost its interest in the present and its hope of the future.

Symptoms.—The patient is rational and intelligent, labors under no delusion, but is depressed by a tormenting self-accusation and poignant grief, which sometimes drives him by sudden impulse to suicide, or other violent acts. If the patient has any real or imaginary trouble, he is wedded to it, and broods over it continually. He becomes restless, despondent and can not sleep; the pupils of the eyes dilate, tongue red and tremulous, headache, and loss of appetite.

Treatment.—*Aurum.*—Suicidal melancholy.

Arsenicum.—Restless depression, with anguish.

Ignatia.—Grief from loss of relatives, fright, disappointment.

Iodine.—Sense of discouragement, want of spirit.

Mercurius.—Fretful irritability, with nervous tremors.

Phosphorus.—Nervous exhaustion.

Platina.—Religious melancholy, and that consequent on deranged uterine health; apprehension of death.

Pure air, good nourishing diet, cheerful society, refreshing sleep, change of occupation and scenery, are essential to the restoration of the patient.

CEPHALAGIA.

HEADACHE.

This must not be confounded with neuralgia, reflex symptoms of organic diseases, or inflammatory conditions of the brain. There is, however, a reflex action from perverted digestion, and hence you will have to remember that fact, or you may not be able to remove headache until indigestion is overcome. Occupation and habits of the patient must often be changed before headache is relieved permanently by your remedies. Close application to books often produce headache, especially what is called school-girl's headache.

Treatment.—*Aconite*.—Sensation as if the brain would press through the forehead; vertigo when rising from a sitting posture; bitter bilious vomiting; gets desperate.

Arnica.—From falls or bruises; headache principally over the eyes; head and face hot, while the body is cool; soreness in the stomach, nausea and vomiting.

Arsenicum.—Periodical headache; beating pain in the forehead; violent vomiting; pain on top of the head, with cold sensation; extreme thirst, drinking little and often.

Belladonna.—Violent throbbing pain, especially in the forehead, obliging one to close the eyes; vertigo, with stupefaction and vanishing of sight; nausea and vomiting of bile, mucus or food; cannot bear noise or bright light.

Belladonna is the great headache remedy, and when you are in doubt as to which remedy to give, let your patient have *Belladonna*.

Bryonia.—Headache sets in on first waking in the morning; wants to keep perfectly still; gets faint or sick on sitting up; sour bitter vomiting.

Cactus.—Pain commencing in the morning and growing worse as the day advances; must lie perfectly quiet, as any motion, noise, or light increases the suffering.

Calcarea carb.—Throbbing headache in the morning, con-

tinuing the whole day ; feeling of coldness in the head ; feet cold, as if they had on damp stockings.

Chamomilla.—Acute shooting or throbbing pains in the forehead ; one cheek red and the other pale ; over-sensitive to pain, gets almost furious.

China.—Intense throbbing headache after excessive depletion ; ringing in the ears, and weak faint spells ; worse every other day.

Coffea.—Headache as if a nail were driven into the brain, worse in the open air, worse from noise or light ; head feels too small ; extreme wakefulness.

Glonoinum.—Violent throbbing, pulsating headache, with fullness and upward pressure in the head ; undulating sensation in the head, worse from turning round.

Ignatia.—Pain as if a nail were driven out through the side of the head ; patient full of suppressed grief.

Ipecac.—Headache as if the brain and skull were bruised even to the root of the tongue ; vomiting is a prominent symptom ; stooping causes vomiting.

Cimicifuga.—Great pain in head and eye-balls ; increased by the slightest movement ; head feels too large and throbs.

Nux vomica.—Headache with sour, bitter vomiting ; stupefying headache, especially in the morning, aggravated by mental exertion.

Phosphoric acid.—Dreadful pain on top of the head, as though the brain were crushed, after long-continued grief ; school-girl's headache.

Pulsatilla.—From eating rich, greasy food ; tearing, drawing, or stitching pains, worse towards evening ; craves cool, fresh air, and feels worse in a close, warm room ; chilliness, even in a warm room ; she weeps and complains.

Sanguinaria.—Pains in the back part of the head, running in rays from the neck upwards, and settles over the right eye, with nausea and vomiting ; has to keep in a dark room and lie perfectly still.

Spigelia.—Periodical headache ; pains boring, pressing,

increased by motion, noise, and especially by stooping. Nervous headache when one or both eyes are involved; severe sticking pains in the eyes, worse during motion; palpitation of the heart.

Sulphur.—Pains mostly in the forehead and temples, pressing, throbbing, or tearing; constant heat and pain on top of the head; suppressed eruptions; lean persons who walk stooping.

Veratrum album.—Nervous headache; violent pains, that almost deprive the patient of reason; becomes very weak and faint, with cold perspiration all over; constant heat on top of the head; great thirst for cold drinks.

VERTIGO.

GIDDINESS.

This disease is characterized by a swimming or dizzy feeling in the head; giddiness means the same thing; the patient often feels like falling, and often does unless supported. They may fall forwards, backwards or sidewise. Sometimes there is a feeling as though the couch on which he lies is constantly turning round.

Causes.—It is often associated with dyspepsia, nervous condition, and is often a reflex of brain, heart or kidney troubles.

Prognosis.—Is favorable when not the result of organic diseases. Men in middle age, who are perplexed by business affairs, are liable to attacks of vertigo. Sometimes it may last for years and finally pass off leaving the patient in good health. If, however, vertigo is the result of organic diseases then your prognosis must be grave.

Treatment.—*Aconite*.—Vertigo from congestion, as in the sun; vertigo on raising the head, especially after lying down in a warm room; sometimes the patient reels as if drunk.

Agaricus.—Vertigo, when walking in the open air; reeling as if drunk, long lasting; head falls backwards.

Belladonna.—Cloudiness, as if intoxicated; blood mounts to the head, which becomes heavy as if giddy.

Bryonia.—Vertigo, as though all objects were reeling; as though the brain were turning around; as if the head were turning in a circle; on rising, or on raising the head, with reeling backwards.

Cactus.—Vertigo from congestion; face red, bloated, pulsation in the brain; madness, anxiety; heart complications.

Calcarea carb.—Vertigo when walking in open air, as if he would reel, especially when turning the head quickly; on going up stairs; worse in the morning, with nausea and vomiting.

Cocculus.—Vertigo as from intoxication, or with inclination to vomit, when raising up in bed; must lie down.

Conium maculatum.—Vertigo like turning in a circle, on rising from a seat; worse when lying down, as though the bed were turning in a circle; when turning in bed or when looking around; from motion downwards; when walking.

Digitalis purpurea.—Vertigo when walking or riding; with trembling; very slow pulse.

Gelsemium.—Vertigo, dim vision, fever; seems as if intoxicated when trying to move. Child dizzy, when carried seizes hold of the nurse, fearing that it will fall.

Iodine.—Vertigo, only on left side; with throbbing in head and all over body, tremor at heart, fainting; worse immediately after rising from a seat or bed; or by sitting or lying down after slight exercise.

Laurocerasus.—Vertigo with disposition to sleep; worse in the open air.

Nux vomica.—Vertigo, with loss of consciousness; falls forward when stooping, as if the bed was turning in a circle.

Phosphoricum acidum.—Vertigo, on closing the eyes it seems as if feet arose.

Veratrum album.—Vertigo, with cold sweat on forehead, with loss of vision, sudden fainting; things seem to whirl in a circle.

CATALEPSIA.

CATALEPSY.

This is a rare affection, but lest you might be taken by surprise as I was once, I thought best to call your attention to the subject. This disease is characterized by a sudden spasm or rigidity of the limbs, which remain in any position in which they are placed independent of the laws of gravitation; that is to say, if you take hold of an arm or a leg of a cataleptic and raise them in any position, they will remain in the same elevated position in which you place them. I well remember the first case I ever saw, or ever heard of at that time, for I had never read a word on the subject, prior to that case. I was called to see a lady, and when I entered her room I found her unconscious and motionless, with one arm extended. When I took hold of her hand I found the arm stiff and would remain in the same position, whether I raised or lowered it. I elevated one of the lower limbs and found that it remained where I placed it, irrespective of its weight and the force of gravity. Being a good diagnostician, and not knowing what to call the disease, I explained it as one of those obscure hysterical affections, which was distressing but not dangerous. After a careful study of the limited literature on the subject, and finding that the cause is obscure, I have come to the conclusion that I was about correct in my hasty and forced diagnosis of my case. I now believe that catalepsy is a form of hysteria in which the will of the person so controls the nerves supplying the muscular system as to produce that condition called catalepsy. This being true, then the will has power to hold the limbs in an elevated position contrary to the laws of gravitation.

I wish that I was able to carry the investigation further and tell you the cause or influence over the will to produce that singular condition, but I am sorry to say that I know nothing about it. One thing, however, I do know, and that is, that

crude doses of *cannabis indica* will produce catalepsy ; and hence that remedy is homœopathic to that disease.

Treatment.—*Cannabis indica*.—Cataleptic condition of the muscles ; tetanic spasms of the jaws.

Cicuta virosa, *cuprum*, and *opium* may be used to advantage for any complications that may arise.

NAUSEA MARINA.

SEA-SICKNESS.

This is an affection produced by the motion of a vessel in a rough sea. Similar symptoms may be produced in a less degree by a railway train, and the motion of a carriage.

Symptoms.—Dizziness, vertigo, headache, nausea, and vomiting are the prominent symptoms, followed by extreme physical prostration, and loss of appetite.

Causes.—It is supposed that the wave-like motion communicated to the brain causes a deficient amount of blood supply to that organ.

Treatment.—*Cocculus*.—Nausea, which is felt in the head ; nausea and vomiting when riding in a carriage or cars.

Chloralum hydrate.—For sea-sickness.

Petroleum.—Nausea and vomiting of bitter, green substances ; worse from riding in railway carriage.

Tabacum.—Persistent deathly nausea and vomiting from sea-sickness.

It is said that *Petroleum*, *cocculus*, and *nux vomica*, should be given before going aboard of a vessel and cars to prevent sea-sickness. *Kresotum*, *tabacum* and *petroleum*, are the best for an attack.

The horizontal position should be assumed and retained if possible until the attack is over. It is said that sour, or butterless milk, is a nice relish, and hastens a return to health. I think that an attack of sea-sickness may be warded off, or modified, by using the colon douche a day or two before start-

ing on a journey. *Nux vomica* taken several days before embarking on a journey will promote digestion and regulate the bowels.

PARALYSIS.

PALSY—PARALYTIC STROKE.

This is a disease which is characterized by loss of motion in any part of the body. When sensation is lost with motion it is called anæsthesia; that is, paralysis of the nerves of sensation. For convenience of description paralysis may be classified under the following heads. 1. General paralysis. 2. Hemiplegia. 3. Paraplegia. 4. Facial paralysis. 5. Paralysis agitans. 6. Glosso-Laryngial. 7. Tabes dorsalis-locomotor ataxia. 8. Scrivener's palsy.

Causes.—The general cause of paralysis in different forms may be classified thus: 1. Disease of the brain, arising from apoplexy, minute hemorrhages, softening, induration, tumors. 2. Disease of the spinal cord, arising from inflammation, atrophy, renal disease, loss of continuity. 3. Disease of the investing membranes, causing pressure on the brain or nerve, or simple lesion of the nerve, which impairs its conducting power. 4. Epilepsy, chorea, hysteria, diphtheria or rheumatism; and 5. the influence of poison.

I. GENERAL PARALYSIS.—This disease may come on suddenly or gradually. It pervades the muscular system in a more general way than any of the other varieties.

This disease is characterized by a pricking or tingling sensation in the fingers and toes, and gradually extends to the whole body. This form of paralysis, however, is rare.

Treatment.—*Belladonna*.—Paralytic weakness of all the muscles, especially of feet; if produced by apoplexy.

Baryta carb.—General paralysis of old people; loss of memory, childishness, trembling of the limbs; after apoplexy; in old age.

Cocculus.—Paralysis of face, tongue, or pharynx, paraplegia.

Gelsemium.—Paralysis of motion; muscles will not obey the will; tingling, pricking, crawling.

Opium.—Paralysis, insensibility after apoplexy, also in drunkards; old people.

Phosphorus—Paralysis; formication and tearing in the limbs; anæsthesia.

Plumbum.—Paralysis; the parts emaciate; wrist-drop; caused by apoplexy, sclerosis of the brain or progressive muscular atrophy.

2. HEMIPLEGIA.—This disease is characterized by paralysis of one side of the body, and mostly on the left side. Which ever side is affected the opposite side of the brain is involved. The reason of that is the nerves of motion and sensation cross each other; that is from left to right, and vice versa, before being distributed to the body. So if the left half of the body is paralyzed then you know that the cause is in the right side of the brain. The cheek on the affected side becomes flabby, the mouth and face are drawn to the sound side. When the tongue is protruded it is thrust towards the palsied side; the speech is either lost, or it is thick, muttering, and unintelligible. The limbs on the affected side are powerless, and if raised fall by their own weight. In rare cases the mouth, is drawn to the affected side, and the tongue protruded toward the sound side. That is due to the impression made on two sets of nerves. Hemiplegia may be only partial. In that case but one arm may be affected more than the leg. The dropping of the upper eye-lid, called ptosis, is due to the slight affection of the third nerve. The mind is usually pretty clear, but sometimes it is beclouded.

Prognosis.—Favorable when the patient is young and the paralytic stroke is recent, partial, and incomplete. Unfavorable when the shock is severe, perfect loss of power, and occurring in advanced life.

If anæsthesia has accompanied the shock, and there is a tingling sensation returning to the limbs, then your prognosis may be favorable.

Treatment.—*Aconite*.—Numbness, tingling; left side lame; paralysis of the limbs.

Arnica.—Paralysis; generally painful; left side (after apoplexy); partial, from concussion of the spine.

Nux vomica.—Paralysis; parts cold, numb, emaciated; caused by apoplexy or cerebral softening, with vertigo and weak memory; from abuse of alcohol.

Rhus tox.—Hemiplegia, right sided; sensation as if gone to sleep.

ARAPLEGIA.

This condition is characterized by partial or complete paralysis of the lower half of the body. The legs, muscles of the rectum and bladder, are more or less affected. This form of paralysis is caused by disease of the spinal cord, its membranes, or of the vertebræ, or any pressure on the cord and its meninges.

There are two kinds of paraplegia—reflex, due to some excitation of the spinal cord from a sensitive nerve, and associated with injury or disease of organs remote from the spinal cord; and myelitic, due to inflammation of the substance of the spinal cord. In reflex paralysis, Dr. Brown-Sequard believes that the disorder is accompanied and perhaps produced by an insufficient supply of blood to the spinal cord. There are, however, no special symptoms of organic disease. Dr. Meryon, making reference to the proximate causes of the disorder, describes several forms of reflex paralysis, as emotional, due to pregnancy; neurolytic; from the irritation of worms; from the irritation of teething; urinary; from uterine diseases; and from mechanical injury. The importance of observing these distinctions is that the practitioner may apply remedial measures to the proximate cause of the palsy, if

he hopes to relieve the consequent disorder. If, instead of diminishing nutrition of the cord, there be increase in the amount of blood, as in chronic local myelitis, causing congestion or inflammation of the cord or its membranes, then this special condition will demand particular attention. Its symptoms are convulsions, cramps, twitchings, and other indications of irritation of nerve fibers.

Paraplegia is slow and insidious in its manifestations. There is numbness and tingling in the toes and feet. There is paralysis of the bladder and rectum, the urine becomes alkaline and fetid.

Prognosis.—If the disease is brought on by cold, intemperance, or self-abuse, then the prognosis will be favorable. But if caused by disease of the spinal cord or brain then it is grave.

Treatment.—*Argentum nitricum.*—Paraplegia from debilitating causes.

Caulophyllum.—Paraplegia, with retroversion and congestion of the uterus after child-birth; partial loss of sensation; emaciation, anæmia, general debility.

Cocculus.—Paralysis of face, tongue or pharynx, paraplegia.

Conium maculatum.—Muscular paralysis with spasms.

Phosphorus.—Paralysis; formication and tearing in the limbs; anæsthesia.

Rhus tox.—Paralysis; after unwonted exertion; rheumatic, from getting wet, or lying on damp ground.

Strychnia or nux vomita.—Paralysis; parts cold, numb, emaciated; caused by apoplexy or cerebral softening, with vertigo and weak memory.

Veratrum viride.—Paralysis; tingling in limbs; cerebral hyperæmia.

FACIAL PARALYSIS.—Paralysis on one side of the face.

Treatment.—*Causticum.*

Ignatia.—Paralysis after great mental emotion and night-watching in sick-chamber.

PTOSIS. — This has reference to paralysis of the eye-lid.

Treatment.—*Gelsemium*.—Paralysis of the muscles of the eye; of the upper lid and of the proper muscles of the eye-ball.

PARALYSIS AGITANS.—This complaint is the well-known disease, shaking palsy.

Treatment.—*Mercurius*.—Paralysis agitans.

Hyoscyamus.—Paralysis after spasms.

Tarantula.—Paralysis agitans.

GLOSSO-LARYNGIAL PARALYSIS.—This is an affection characterized by paralysis of the tongue and larynx.

Treatment.—*Causticum*.—Speechlessness from paralysis of the organs of speech. The laryngeal muscles refuse their service; cannot speak a word aloud.

Belladonna.—Paralytic weakness of organs of speech.

Hyoscyamus niger.—Paralysis of the tongue.

Gelsemium.—Tongue and glottis partially paralyzed; paralysis of the glottis.

SCRIVENER'S PALSY.—This is a paralysis of the fingers and thumb, in which the controlling or co-ordinating power of the hand is lost, which prevents writing, sewing, painting, etc.

The first indication is a tired feeling of the hand when writing, and often reaches that stage when the hand becomes powerless.

Causes.—The constant use of the hand by writers, painters, etc.

Treatment.—*Arnica*.—Arm weary as if bruised, so that he could not bend his fingers inward; when writing the pain is felt especially in dorsum of hand; letting the arm hang down.

Rhus tox.—Index and middle finger asleep in the morning.

Nux Vomica.—Lameness and stiffness of right wrist and hand; no power to write; hand falls to sleep.

TABES DORSALIS.

LOCOMOTOR ATAXIA.

This disease is attended with loss of power of co-ordinating movements, causing unsteadiness of gait; there may be perfect muscular power, but progressive loss of voluntary and instinctive controlling power. The symptoms may be arranged in three series. 1st. Temporary loss of power in one of the motor nerves of the eye, disordered vision, paroxysms of neuralgic pain, impotence. 2d. Difficulty in standing or walking with steadiness, loss of sensibility, incontinence of urine, constipation. 3d. All preceding symptoms are aggravated, and loss of power becomes general.

Cause.—Disease of the posterior columns of the spinal cord is the cause of locomotor ataxia.

Pathology.—The whole cord is affected, the pia and dura mater become thickened and adherent, and the whole cord becomes atrophied.

Diagnosis.—If you are not on your guard you may mistake this disease for paraplegia. Paraplegia is a true paralysis, ataxia is not; and it is readily proved that in the latter disease muscular force is not diminished. In paraplegia the limbs are not thrown about in walking—they are merely dragged. In paraplegia there is little or no resistance to artificial movement, while in ataxia there is great resistance in bending the limbs against the will of the patient. The nutrition of the muscles is markedly impaired in paraplegia, and normal in ataxia. Neuralgic pains are absent in paraplegia and present in ataxia.

You must not lose sight of the fact that the inability to control the limbs is not unfrequently the consequence of severe cerebral diseases, of fevers, of poisoning by *belladonna*, tobacco, alcohol, etc.

Prognosis.—Very unfavorable, cure rare; but life may be prolonged many years.

Treatment.—*Argentum nitricum*.—Voluntary motion impossible; left side indescribably weak.

Belladonna.—Hyperæmia of spine, with difficulty in walking, loss of co-ordination when walking.

Phosphorus.—Progressive locomotor ataxia,

LOCAL APPLICATIONS.—Electricity judiciously applied is often beneficial in some forms of paralysis. But it must be applied in very mild currents, or it may do more harm than good. In my hands the horse-radish has surpassed electricity and all other external applications, especially in infantile paralysis. I tried an experiment on an old lady sixty years of age with hemiplegia. I gave her no medicine, but had her bathed twice a day with a solution of horse-radish. She recovered and could walk as good as ever. I had horse-radish root grated fine, and a tea-cup full to a quart of water; the whole spine and paralyzed side was bathed night and morning with the solution. Sea-bathing, with steady friction is sometimes very beneficial

APOPLEXIA

APOPLEXY.

There are three species of this disease. 1. Simple or congestive apoplexy; congestion of the vessels of the brain without rupture. 2. Hemorrhagic apoplexy, or congestion with rupture. 3. Serous apoplexy, or congestion with serous effusion.

Symptoms.—1. Sometimes the patient is seized suddenly, falling down without warning. 2. After a short premonitory stage, consisting of acute headache, sickness and faintness. 3. With sudden hemiplegia. In all of the forms the fit is characterized by complete insensibility, accompanied by slow and noisy, or stertorous and puffing breathing; impeded deglutition; flushed and livid countenance; prominent and motionless eye, with (generally) a contracted pupil; the limbs are either motionless or rigid, or convulsed, or these

several states exist on one side, or in one limb, and not on the other or in the rest. The bowels are either obstinately confined, or the evacuations are passed involuntarily; the urine also is either passed involuntarily, or being retained till the bladder is full, dribbles away. The pulse is full, strong, and quick, but sometimes more and sometimes less frequent than natural. Vertigo, headache, confusion of ideas, incoherence, loss of memory, faltering speech, drowsiness, numbness of the extremities, pallor, nausea, vomiting, and faintness are often forerunners of apoplexy.

Apoplexy may end suddenly in death, or it may last for an indefinite period, and finally the patient may recover.

Causes.—PREDISPOSING.—From the fifteenth to the eightieth year, the liability increases as the age advances. Few cases occur under twenty, and very few indeed in childhood. A short thick neck, large chest, and stout persons, are more liable to attacks. Metastasis of rheumatism, and other diseases may be a predisposing cause.

EXCITING.—Violent exercise, singing and playing on wind instruments; extreme heat or cold, *opium*, *alcohol*, and narcotic poisons.

Prognosis.—FAVORABLE.—Youth; the function of respiration not much affected; hemorrhage from the nose or hemorrhoidal vessels.

UNFAVORABLE.—Protracted beyond the third day; increased frequency of the pulse from the first, or after an interval; retention of urine; cold extremities; cold and clammy sweat.

Pathology.—In congestive or simple apoplexy, distention of the veins of the brain, with or without effusion into the ventricles, or at the base of the brain. In the hemorrhagic apoplexy, effusion of blood in the substance of the brain, into the ventricles, at the base, or on the surface; in serous apoplexy, effusion of serum in the ventricles, or under the arachnoid, on the surface, or at the base of the brain.

Diagnosis.—From the effect of spirituous liquors, by

the odor of the breath ; from the effect of narcotic poisons, by the history of the case. In narcotic poisoning the patient can be aroused for a short time.

Epilepsy begins with a scream, is always attended by convulsions, and much frothing at the mouth ; symptoms which do not occur in apoplexy.

Treatment.—*Aconite*.—Full, rapid, and strong pulse ; dry, hot skin ; paralysis of the tongue, with trembling, stammering speech ; great difficulty in swallowing.

Arnica.—When the patient has sustained an injury about the head ; active congestion in old people, threatening sanguineous apoplexy.

Baryta carb.—Apoplexy of aged persons, and those of intemperate habits ; paralysis of the limbs, right (left side *lachesis*) ; disturbed consciousness, with childish gesticulations.

Belladonna.—Red, swollen face, throbbing of the blood vessels, convulsive movements of the face or limbs, dilatation of the pupils, loss of speech, suppression or involuntary discharge of urine.

Cactus.—Weight on vertex, or pressure on right side of the head.

Cocculus.—Stupid feeling in the head, and vertigo preceding the paroxysm. Paralysis, especially the lower limbs.

Gelsemium.—Intense passive congestion, with nervous exhaustion.

Hydrocyanic acid.—The eyes fixed and turned upwards, breathing stertorous, and pulse almost imperceptible ; paralysis of the esophagus ; fluids pass down into the stomach with a gurgling sound.

Hyoscyamus.—Sudden falling down, with a shriek ; loss of consciousness and of speech ; foam at the mouth ; paralysis of the bladder and sphincter ani ; twitching and jerking of all the muscles.

Lachesis.—Apoplexy with paralysis of the left side, and coldness of the hands as if dead ; mouth drawn to one side ; can not bear anything to touch his neck.

Laurocerasus.—Sudden attack of apoplexy, where the patient falls down without any precursory symptoms; eyes staring, or lightly closed; pupils dilated, or contracted and immovable; low, feeble moaning, or rattling breathing.

Nux vomica.—The paroxysm is preceded by vertigo with headache and buzzing in the ears, or nausea with vomiting; stupefaction, with stertorous breathing; paralysis of the lower jaw, and often the lower extremities, which are cold and without sensation.

Opium.—Drowsiness, cerebritis, stupor or profound coma; slow, full pulse; stertorous and irregular breathing; bloated face, stupid and besotted expression, half-open eyes, contracted pupils; cold extremities.

Phosphorus.—This remedy is supposed to retard or correct the calcareous degeneration of the arterial blood-vessels.

During the fit the patient should be placed in a large room where there is a constant supply of cool air. You should loosen all clothing about his waist and neck; warm bottles should be placed at his feet and around his limbs, cover up warm; apply a rubber cap to the head containing crushed ice. Sometimes a sinapism applied to the epigastrium or along the spine, acts as a counter-irritant, and thus has a tendency to draw the attraction from the brain.

EPILEPSIA—EPILEPSY.

FALLING SICKNESS—FITS.

Symptoms.—Sudden loss of sense and power of motion; the patient gives a peculiar, loud, piercing cry as he falls in convulsions. The whole body becomes convulsed; the hands are clinched and the arms tossed about; the breathing is laborious, a bloody foam issues from the mouth; the tongue and lips are often bitten. The convulsive movements last for several hours, when the patient passes into a quiet slumber, after which he is able to continue about his avocation. This form of epilepsy the French call *grand mal*, in

contradistinction to a milder form, which they call *petit mal*. This form is preceded by giddiness, confusion of mind, unsteadiness, with loss of consciousness, and sometimes only slight convulsions.

The patient is sometimes warned of the approach of an attack by the sensation as if insects were creeping over the body, or as if cold or warm water was running over him. This is called the *aura epileptica*, and when present gives the individual time to reach a place of safety.

Causes.—Hereditary taint, dissipation, intemperance and everything that has a tendency to produce nervous prostration.

Diagnosis.—Patient wholly unconscious, pulse excited; while in hysteria the pulse is normal and patient is conscious. In feigned epilepsy there is no loss of sensation, while in epilepsy there is a total loss of sensation even of the retina. Apoplexy has stertorous breathing, and partial paralysis.

Prognosis.—If epilepsy comes on before puberty and is not hereditary, then it is often curable. If, however, it occurs after puberty, and is hereditary, the chances of cure are unfavorable.

Treatment.—It is supposed, that the inhalation of *nitrate of amyl* will prevent the attack. It is advisable for an epileptic to carry with him constantly a vial containing a sponge saturated with the medicine, and as soon as he feels the least symptom of the approach of the disease to open the vial and inhale the fumes.

Artemisia vulgaris.—Fits recurring at intervals varying from three to five weeks; laceration of the tongue; dilatation of one pupil; picking with the fingers.

Belladonna.—Spasmodic motions of the body; convulsions commencing in arm.

Calcarea carb.—Before the attack, sense of something running in the arm, or from the pit of the stomach down through the abdomen into the feet.

Cicuta virosa.—Epileptical attacks; screaming, loss of consciousness.

Cuprum metallicum.—Epileptic convulsions; trembling, tottering and falling unconscious without a scream; preceded by drawing in left arm; aura epileptica; with froth at the mouth, opisthotonos; limbs abducted.

Hyoscyamus.—Before the attack; vertigo, sparks before eyes, ringing in ears, shrieks, grinding teeth.

Ignatia.—Convulsions, with frothing at the mouth.

Kali bromicum.—Dr. Maffey says that he once saw a person take ninety grains of *bromide of potash* at one dose, and it produced symptoms resembling an epileptic fit. This being true, it shows the drug to be homœopathic to epilepsy. It is a favorable remedy with the old-school, but they give too much.

Laurocerasus.—Epileptic convulsions.

Nux vomica.—Convulsions beginning with an aura; spasm begins with loud screams; then foam at mouth.

Plumbum.—Chronic form; before the spell, legs heavy and numb, tongue swollen.

Stramonium.—Epilepsy from fright; attacks sudden, with screams, afterwards drowsy.

Sulphur.—Epilepsy with stiffness; a sensation like from a mouse running up arms to back before the fit.

Argentum metallicum, and *nitricum*, have been recommended for epileptic attacks, followed by delirious rage, and epilepsy from fright.

The patient's surroundings and mode of living should be looked after, and everything that tends to excite the nervous system should be avoided. The diet should be nourishing and unstimulating.

CHOREA SANCTI VITI.

ST. VITUS'S DANCE.

The term chorea comes from choreia, a dance, and was called St. Vitus's dance, from the fact that those afflicted with

the malady, flocked to the shrine of St. Vitus, where they hoped to be cured by a miracle. The disease is caused by a functional derangement of the motor nerves, and the peculiar convulsive twitchings of the muscles and limbs, have caused some to term it insanity of the voluntary muscles.

Symptoms.—The disease usually begins in the left arm, by slight twitchings and turning of the hand; it may remain in one limb, but usually it involves the whole body; as the disease advances the patient is unable to feed himself; in attempting to do so his hand will jerk past his mouth, and often if he attempts to take a drink of water he lets the glass fall. In walking the lower limbs have a dragging or jerking movement. The mouth and eyes often become distorted. Sometimes there is only a jerking of the muscles of the face, and the head may be tossed from side to side, or backward. The choreic movements cease during sleep.

Causes.—There may be a hereditary tendency, or it may be acquired by irritation of the stomach and bowels by fright or any thing that will produce nervous irritation. Girls are more liable to attacks than boys. The disease usually occurs between the ages of five and twenty years, but may occur at any period of life. It is said that the pure-blooded negro is exempt.

Prognosis.—Is favorable. I never knew any one to die of it. It might prove fatal in a broken-down constitution.

Diagnosis.—I know of no disease that might be mistaken for it. Some boys get into the habit of twitching the muscles of the eye and mouth, and jerking of the head, that may be mistaken for chronic symptoms. If the habit is noticed early, it may be broken up, but medicine can have but little effect upon it.

Treatment.—Rest and quiet are of the first importance, and mental excitement should be avoided.

Homœopathy has gained some of its greatest triumphs in the speedy cure of choretic patients. The following are the remedies in which I place most reliance.

Aconite.—Jerking of the left leg or arm, twitching of single muscles.

Agaricus.—Simple involuntary motions and jerks of single muscles, to a dancing of the whole body; involuntary movements while awake; ceasing during sleep.

Belladonna.—Weakness and tottering gait. Muscles of face, jaw and limbs, agitated by convulsive twitchings.

Causticum.—Chorea even at night, right side of face and tongue may be paralyzed.

Cimicifuga.—Trembling of the legs, twitching of the flexors; irregular motion of the limbs, worse left; legs unsteady.

Cina.—If chorea is induced by worms, then *cina* is a valuable remedy; twitching, jerking and distortion of the limbs.

Cuprum metallicum.—Nervous trembling, twitching of the limbs.

Hyoscyamus.—Throws arms about, misses what is reached for; gait tottering; angular motions; jerks of single muscles or sets of muscles.

Ignatia.—Trembling of the limbs; convulsive twitchings, especially after fright or grief.

Mygale.—Dr. J. G. Houard gives the following provings of this drug. Muscles of the face twitch; mouth and eyes open and close in rapid succession; can not put the hand to the face, it is arrested midway and jerked down; gait unsteady; legs in motion while sitting, and dragged while attempting to walk; constant motion of the whole body.

Spigelia.—Restless; can not keep limbs still at night.

Tarantula.—Chorea, especially of the extremities; nocturnal chorea in children.

Veratrum viride.—Cerebral complications, trembling, and jerking of the limbs.

Zincum.—Twitchings in various muscles; the whole body jerks, during sleep; chorea, caused by fright.

All exciting causes should be avoided, and the patient kept quiet as possible.

TETANUS.

LOCK-JAW.

This disease is characterized by spasm of the voluntary muscles. There are two varieties; idiopathic from general causes, and traumatic, from wounds. A prolific cause of traumatic tetanus is the Fourth of July toy pistol.

Symptoms.—The following from Hooper's *Vade-mecum* coincides better with my experience than any thing I can say on the subject. "Sense of stiffness in the back part of the neck, rendering the motion of the head difficult and painful; difficulty in swallowing; pain, often violent, referred to the sternum, and thence shooting to the back; spasm of the muscles of the neck, pulling the head strongly backward; rigidity of the lower jaw, which increasing, the teeth become so closely set together as not to admit of the smallest opening, when the affection is called trismus or lock-jaw."

If the disease proceed further, it soon involves the muscles of the trunk and spine, so that the whole body is bent forcibly backward—opisthotonos; or forward—emprosthotonos; or to the side—pleurothotonos. Duration of the disease is from four to eight days. Some cases have died within a few hours.

Prognosis.—Very unfavorable, more favorable in idiopathic than traumatic.

Treatment.—*Aconite* is one of our most reliable remedies when fever is present. It is said that *aconite* can produce spasms closely resembling those of tetanus. It causes trismus, stiffness of the limbs and opisthotonos.

Belladonna.—Throws body forward and backwards while lying; like constant change from emprosthotonos to opisthotonos.

Cicuta virosa.—Convulsions, with opisthotonos; frightful distortion of whole body.

Hypericum.—Hering says: "It prevents lock-jaw from wounds in soles, fingers, or palms of hands."

Physostigma.—Traumatic tetanus, congestion of spinal cord, tetanic spasms.

Bromide of potash, *nicotinum*, *picrotoxin*, *passiflora incarnata*, *hydrocyanic acid*, and *strychnia*, all have more or less influence in lock-jaw.

HYDROPHOBIA.

RABIES.

Rabies or canine madness, is produced by the bite of a mad dog. The period of incubation is from a few weeks to one or two years.

Symptoms.—Erichson arranges the symptoms under three heads: 1. Spasmodic affection of the muscles of the throat and chest; the act of swallowing, commonly exciting convulsions, makes the patient afraid to repeat the attempt; hence the horror of all liquids is so remarkable a feature of the disease. 2. An extreme degree of sensibility of the surface of the body. 3. Mental agitation and terror frequently mark the disease throughout. After a few hours or days, wandering pains are felt in different parts of the body, the patient complains of stiffness of the neck and throat, and is restless, irritable, and drowsy, his sleep is disturbed with frightful dreams. The sufferer often screams violently, and talks in a loud, important, and authoritative tone; spits out the viscid saliva between his closed teeth, with loud and noisy strainings, not unlike the barking of a dog. Duration of the disease is from two to eight days.

Treatment.—Immediate sucking of the wound and cauterizing with *nitrate of silver*, *carbolic acid*, and *nitric acid*, and the actual cautery are recommended by all authors.

While I have never tried it, but my experience with *iodine* in the bite from rattlesnakes, induces me to believe that the application of the compound tincture of *iodine*, after the parts have been well sucked, and a hypodermic injection of an aqueous solution of *iodine* and *iodide of potash*, would give the best show for recovery.

Belladonna, according to Hahnemann, is the most sure preventive. Hempel, in his materia medica, says that several cases of genuine rabies have been cured by this remedy.

Dr. Hale, says that *scutellaria* is homœopathic, and cases have been cured by it.

A peculiar sponge-stone found in some portions of the United States called the mad-stone, is said to have cured many cases, by soaking it in milk and applying it to the bite.

Pasteur claimed to cure and prevent rabies by the hypodermic injection of his anti-rabies serum.

HYSTERIA.

HYSTERICIS.

This is a singular functional nervous affection peculiar to women, but may occur in men.

Symptoms.—The patient is of a nervous temperament, easily excited to tears and melancholy. Disappointment, or imaginary rebuke or unexpected news, is liable to throw her into convulsions, preceded by screams, when she falls to the ground. She is conscious, pulse is normal, and eyes natural. The patient may burst into fits of laughter, sobbing or screaming. She often complains of a ball rolling in bowels, which rises until it reaches the throat, this is called globus hystericus. The patient often imagines that she has all of the diseases to which flesh is heir, and as she is driven from one she lays hold of another.

Causes.—Anything that disturbs the mental faculties and nervous centers.

Diagnosis.—In hysteria the convulsive motions are controlled by a strong effort of attention; trembling of the eye-lids. In epilepsy the patient has no control, as the convulsions are involuntary, and patient is entirely unconscious. The countenance is distorted, and the pupils are dilated, while in hysteria they are normal.

Prognosis.—Is always favorable when there is no organic complication. When males are affected there is some danger of future unsoundness of mind.

Treatment.—If women could be impressed with the fact that hysteria is a nervous disease over which the will can exert a wonderful influence in warding off the tendency, then with proper treatment the disease may at last be eradicated from the system. But, on the other hand, if the causes are nursed then medicines can only give temporary relief. A change of climate and surroundings are sometimes very beneficial.

During the fit *camphor* and *moschus* by olfaction is sufficient to quiet the patient. When she arouses then one of the following remedies must be given, according to symptoms then present.

Asafœtida.—Burning dryness, or sensation of a ball rising in the throat; spasms, cramping pains, or distended abdomen; nausea and inclination to vomit.

Aurum metallicum.—Excessive menstrual discharge, congestive headache, melancholy.

Causticum.—Loss of voice, profuse flow of urine.

Cimicifuga.—Uterine disturbance, restlessness, pain in the left side under the breast.

Coffea.—Nervous excitability; can not sleep.

Ignatia.—Sensation of a ball in the throat, suffocative constrictive sensation, and difficult swallowing; tearful mood; hysteria from disappointment and grief.

Moschus.—Small fluttering pulse, with faint feeling.

Platina.—Depression of spirits; anxiety; contemptuousness; irritability, and uterine disorders.

Pulsatilla.—Tearful women with suppressed period or uterine disorder.

Valeriana.—Dread of being left alone; over-excitability, especial dread of the dark or being left alone; very restless and excitable; globus hystericus, with sensation of something warm rising from the stomach into the throat.

Zincum.—Nervous excitability ; globus hystericus, rising from pit of the stomach.

If brain or mental symptoms should arise, then *belladonna*, *gelsemium* and *hyoscyamus* must be given. In a word, when any organ becomes the seat of nervous excitability, the cause must be sought and removed.

INFANTILE CONVULSIONS.

FITS OF INFANTS.

Infantile convulsions are, as a rule, due to nervous excitability, but may be the forerunner of meningitis.

Symptoms.—The child is fretful, and the muscles of the face are seen to twitch before the convulsions appear. Sometimes, however, the child is suddenly seized with convulsions without any observable warnings. During the fit the whole body is convulsed, the hands are clenched, the thumbs turned inwards, the feet are turned together and great toe bent ; the head is jerked sidewise and backward, and at each convulsive movement there is a peculiar choking noise. The face may be red or pale, the lips livid, breathing difficult and often froth issues from the mouth. The fit may last from a few minutes to several hours and entirely pass off, or may return from time to time until arrested by treatment.

Causes.—Teething, indigestion, irritation of stomach and bowels, fever and everything that produces nervous irritation in any organ or tissue.

Diagnosis.—The only thing to diagnose is the cause of the convulsion ; that is to say, are the convulsions due to simple nervous irritation, or to inflammation of the brain ? If the latter, the head and face are hot and red, with rapid pulse, and there is more or less paralysis of one arm or leg, or both.

Prognosis.—Simple irritative convulsions are rarely fatal. The only alarming feature to settle is the convulsion, the result of nervous excitability or from meningitis.

Treatment.—While the child is in a fit its feet and legs may be put into a tub of warm water, and at the same time a towel wet in cold water should be applied to the head. I think it unwise to place the child's whole body in warm water, the relaxation is too sudden, and children have been known to die in the warm bath.

As the patient can not swallow, and there is danger of congestion of the brain or lungs from the powerful convulsions, I do not hesitate to drop a few drops of *chloroform* on a napkin, and let the child take a few inhalations from time to time until the spasms are arrested, which only takes a few seconds or minutes. It is free from danger when given gradually, and withdrawn as the muscles begin to relax. After a long experience I have never seen bad results, even when given to very young infants. It requires care in its administration. As soon as the child can swallow, one of the following remedies should be used.

Aconite should be given if fever follows the fit, or if the child grinds the teeth and has convulsive hiccough.

If a child has a spasm after a fall then *arnica* should always be given.

Belladonna.—This is the first remedy to be thought of if there is a tendency to the brain with red eyes and face, the child is restless, can not sleep, or jumping during sleep.

Chamomilla.—The child is fretful except when carried, one cheek red, and the other pale.

Cicuta.—The child suddenly becomes stiff, with fixed eyes, head bent backward or forward.

Cina.—Picking and boring at the nose; there seems to be something in the throat which causes frequent swallowing.

Cuprum.—The child turns and twists in all directions after the fit is over.

Gelsemium.—Nervous excitability with tendency to the brain; sudden loud outcries as the spasm comes on.

Hyoscyamus.—Starting, twitching of muscles of face and eyes even during sleep.

Ignatia.—Sudden starting from a light sleep, with loud screaming and trembling all over; spasms return about the same hour every day, or every other day.

I once visited a child in the second spasm before I gained the correct symptoms to indicate the remedy. While I was watching the action of the child, it developed a perfect picture of *ignatia*, and hence it cured the case. When we fail to cure a curable case, we must confess that we have been unable to select the indicated remedy. The fault is in us, and not in homœopathy.

Opium.—Fright followed by loud screaming and spasms. The face dark-red, hot and swollen; stertorous breathing, and stupor.

Stramonium.—Tossing of the limbs, and involuntary evacuations of feces and urine; child awakens with a shrinking look.

Veratrum viride.—Nausea and tendency to head symptoms; trembling, as if child was frightened, and on verge of a spasm; convulsions, with opisthotonos.

Zincum.—Twitchings in various muscles; the whole body jerks during sleep, the child rolls its head from side to side when it awakes; it cries out during sleep and seems frightened.

If the child is costive it should have an injection of warm water.

When there is an objection to administering *chloroform* by inhalation, I have seen immediate relief by applying it along the spine; half a drachm of *chloroform* to an ounce of *olive oil*, may be shaken well and applied along the spine.

If nursing mothers become overheated or excited, then they should not nurse their babes until they have become perfectly quiet, or else they may cause convulsions in their children; if a child is laid on its left side it often terminates a spasm.

ENCEPHALITIS—CEREBRITIS.

INFLAMMATION OF THE BRAIN.

Symptoms.—This disease usually manifests itself by dull headache, vomiting and constipation. The head is hot, pupils of the eyes first contract, but when effusion sets in they dilate. Delirium is usually present, the head rolls from side to side, and grating of the teeth, the urine is retained, coma sets in and often carries off the patient.

Prognosis.—Always unfavorable.

Diagnosis.—The following is the table of Dr. Tanner :

CEREBRAL VOMITING.

1. Little or no nausea, and the vomiting continues in spite of the discharge of contents of stomach.
2. No tenderness over liver or stomach. Pressure borne without inconvenience.
3. The pulse is infrequent and hard.
4. Tongue clean ; breath sweet ; conjunctivæ colorless or injected, and headache primary.
5. Generally obstinate constipation.
6. Stomach emptied without effort, no salivation.

GASTRIC OR HEPATIC VOMITING.

1. The nausea is relieved, at all events temporarily, by the discharge. It returns directly as food is taken.
2. Tenderness over the liver and stomach. Pressure induces the inclination to retch.
3. Pulse is frequent and weak.
4. Tongue furred ; breath offensive ; conjunctivæ often yellowish ; and headache secondary as to time.
5. Gripping abdominal pain, diarrhea and clay-colored stools.
6. Retching and increased salivation.

Treatment.—*Aconite* is usually the first remedy to be given, both for fever, pain in head and vomiting.

Belladonna.—Headache, red eyes, restless jerking and starting. When *belladonna* failed to give relief, I have seen good results follow the 3x of *atropia*. *Belladonna* is, *par excellence*, a head remedy. As a rule I rely more on *belladonna*, *gelsemium*, *opium* and *veratrum viride*, for inflammation of the

brain, and its meninges. Crude *opium* is a powerful congester of the brain, and hence to overcome that condition it is only safe to use it in 30x or higher.

The head should be sponged with cold water, or apply the ice cap.

CONCUSSION OF THE BRAIN.

This is a stunning sensation, produced on the brain by a blow or fall on the head.

Symptoms.—In the mild condition the patient lies motionless, unconscious, and insensible; he is easily aroused, but instantly relapses into insensibility, at length he is seen to move his limbs and vomits, and rallies quickly. In the more severe shock the patient is insensible, the skin is pale and cold, the features ghastly, the pulse feeble, and intermittent, the breathing slow or performed only by a feeble sigh. Vomiting is a favorable symptom, showing a return of vitality.

Treatment.—If there is a fracture it requires the services of a surgeon.

Arnica.—This remedy should be given at once.

Aconite, if fever develops.

Belladonna, for red face and eyes, and pain in the head.

MYELITIS.

INFLAMMATION OF THE SPINAL CORD.

Symptoms.—This affection is either acute or chronic, but the latter is by far the most common. The chronic form begins with a little uneasiness in the spine, somewhat disordered sensations in the extremities, and unusual fatigue after any slight exertion. After a short time paralytic symptoms appear, and slowly increase; the gait becomes uncertain and tottering, and at length the limbs fail to support the body. The paralysis finally attacks the bladder and rectum and the evacuations are discharged involuntarily; death takes

place as the result of exhaustion, or occasionally of asphyxia, if the paralysis involves the chest. In the acute form there is much pain, especially in the spinal region, which usually ceases when paralysis supervenes. The other symptoms are the same as those of the chronic form, but they occur more rapidly and with greater severity, and death sometimes takes place in a few days. The most common causes of this disease are falls, blows and strains from over-exertion, but self-abuse, and intemperate habits occasionally induce it.

Treatment.—If from falls or blows, *arnica* is the indicated remedy; if from strains, then *rhus tox.* must be given. Some of the remedies mentioned under the head of spinal meningitis may be indicated.

I have seen good results from wearing a *belladonna* plaster on the spine; or an application of the *iodine* liniment as already referred to allays irritation and pain, and prevents the accumulation of fluids within the cord, and causes its reabsorption if it is already there.

MENINGITIS.

This is an inflammation of the meninges or sheaths of the brain and spinal cord, and is thus classified.

MENINGITIS	{	Cerebral Meningitis. Cerebro-Spinal Meningitis. Spinal Meningitis.
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CEREBRAL MENINGITIS.—This is a disease in which the meninges, or covering of the brain, are inflamed.

Symptoms.—The child may be fretful, the head and face become hot, red and painful, fever is high, carotids bound; there are muscular twitchings, the eyes are open and staring, or the child may be drowsy and stupid.

Sometimes a child may be at play, and without warning it suddenly clasps its head, screams and goes into convulsions, and often dies in a few hours, or it may rally for a few hours

and go into another convulsion, from which it may rally and merge into a high fever, and lay in a comatose condition.

Prognosis.—Must be unfavorable and uncertain ; yet I have seen many cases rally and get well under homœopathic treatment.

Diagnosis.—This must be the same as given by Dr. Tanner, as recorded elsewhere under encephalitis or cerebritis.

Treatment.—If the child is in convulsions it should be allowed to inhale a small quantity of the fumes of *chloroform* or *ether* until the spasms are broken. If the child remains in a stupor then the head should be showered with cold water from a height until it rallies. At first it may pay no attention to the water, but usually after a few minutes it begins to move and feel. The operation should be continued until the child cries aloud. I usually place a tub to receive the water, the child is laid on its back so that the head projects over the tub. I then shield the child's eyes and mouth, and pour cold water out of a pitcher from a height, on the forehead, and continue until the child is aroused. I have seen several cases restored in this way, by giving the indicated remedy as soon as it can swallow.

Aconite.—High fever, hot dry skin, congestion of blood to the head.

Apis.—Child lies in torpor ; delirium, sudden shrieking cries, squinting, grinding teeth, boring head in pillow.

Belladonna.—Violent throbbing in the head ; eyes red, sparkling, with furious look ; furious delirium, tries to escape ; great intolerance of noise and light ; starting and jumping during sleep, or sleepy, but can not sleep.

Bryonia.—Violent pain with congestion of blood to the head ; delirious talking at night ; lips dry and parched, with great thirst ; worse when moving ; sitting up causes nausea and fainting.

Cuprum acetate.—Fretful or apathy ; restless or disturbed sleep ; inability to hold the head erect ; convulsive movements and distortions of the limbs ; grinding of the teeth.

Gelsemium.—Is a valuable remedy for all brain troubles.

Helleborus.—Usually in the last stage, when serous exudation has already taken place; face pale and puffed; soporous sleep, with screaming and starting; lower jaw sinking down; chewing motions with the mouth; automatic motions with one arm and one leg; squinting, pupils dilated.

Hyoscyamus.—Delirium with wild staring look, jerking of the limbs and throbbing of the carotids; staring, distorted eyes, with double vision; muttering, with picking at the bed-clothes.

Opium.—Stertorous breathing; eyes half closed; delirious talking; eyes wide open; face purplish and swollen.

Stramonium.—Delirium, with desire to escape; disposed to talk continually; grinding of the teeth, with shuddering; glistening eyes and staring look.

The patient may require some mental remedies after the disease is arrested.

CEREBRO-SPINAL MENINGITIS.

SPOTTED FEVER.

This is a disease in which the meninges of the brain and spinal cord are involved. It is often endemic as well as epidemic. After death the back, and sometimes the whole body turns spotted, hence it is called spotted fever.

Symptoms.—The symptoms of this affection are similar to those of cerebral meningitis and inflammation of the spine.

In looking over my diary of thirty years ago, I find two typical cases of this disease, which I will transcribe. Annie M., eight years of age, was taken at three o'clock A. M., Wednesday, with shivering, skin cold, followed soon by vomiting and fever. I saw her at 10 A. M., the pulse was quick, weak and fluttering, eyes looked dull, pupils natural, skin of a leaden hue, dry and hot, pain in the head, back painful and tender upon pressure over the vertebræ; muscles of the neck and

back sore and contracted; throat a little sore, agitation of the limbs; tongue covered with a whitish fur, tip red, edges a little dark, bowels costive. At 3 P. M., I found the pulse growing weaker, the mind more confused, with partial delirium, head, neck and back hot; twitching of the muscles.

At 2 P. M., Thursday, I found her in a comatose condition, with spasms of the muscles of the neck and back, head drawn back, difficult breathing, and pulse almost imperceptible at the wrist. I let her inhale some fumes of *ether* until the muscles relaxed. Finding the pulse again imperceptible at the wrist, I dashed the head and shoulders with cold water, rubbed dry and rolled in a warm blanket; the muscles relaxed and the pulse came up again, and she passed into a quiet sleep for fifteen minutes, after which I noticed the muscles of the face and neck begin to twitch, the body was tossed from side to side; head and shoulders drawn back; pulse again imperceptible. I again dashed with the cold water, it had the same quieting effect; the pulse came up again for a few beats. At 3 P. M., she appeared to be going into a hard spasm, when respiration was suddenly cut short and she expired, just thirty-six hours from the appearance of the first symptoms.

Immediately after death the chest, back and thighs were covered with yellow spots, which soon turned purple as the body cooled.

Martha T., aged twelve years, felt well in the morning, washed and went to comb her hair, found the muscles of the arms and shoulders sore, soon complained of stiffness of the limbs in trying to walk; her jaws felt a little stiff, the pulse was quick and feeble; her head began to draw backwards and the back became rigid. She lay in an opisthotonos condition for three days before the muscles were sufficiently relaxed to permit her head to be turned without moving the whole body. This case recovered by homœopathic remedies, *belladonna* and *veratrum viride*, prescribed at that time by an allopath.

Pathology.—This is an asthenic grade of inflammation which causes infiltration of serum into the surrounding tis-

sues, and the capillaries are congested. Therefore, the capillaries not being supplied with their accustomed stimulus, do not contract and expel their contents into the deeper channels, but retain the already disorganized materials, which rapidly undergo a zymotic change, producing: 1. Morbid action of the nerves which supply and control the circulation. 2. Those of the respiratory system, producing death in a few hours, or if the patient survives the first shock to the nervous system, he at last succumbs to the symptoms of pyæmia, unless relieved in the first stage.

Prognosis.—This has formerly been considered a very fatal disease, but homœopathic treatment has greatly lessened its mortality.

Diagnosis.—Pain in head, and pain and tenderness of the spine, with opisthotonos tendencies, distinguish this disease from all others.

Causes.—Not well understood. A certain epidemic influence, and localities seem to favor its development.

Treatment.—As I repeat the following remedies it will be readily seen they are homœopathic to cerebro-spinal fever.

Aconite.—Chill, fever, restlessness, and great thirst; crawling or numbness in the spine.

Arnica.—Soreness in all the limbs as if bruised; ecchymosed spots on the skin.

Belladonna.—Violent throbbing headache; great soreness and stiffness of the neck; dilated pupils, with double vision; delirium with frightful figures before the eyes.

Bryonia.—Splitting headache, worse from motion; stiffness of the neck.

Cimicifuga racemosa.—Intense pain in the head, as though a bolt were driven from the neck to the vertex with every throb of the heart; stiffness of the back; tonic and clonic spasms; intense pain in the eye-balls; tongue swollen.

Crotalus.—Horrid headache, with feeling of tightness in the brain; red face and delirium, with open eyes; red spots on all parts of the body; pain in the limbs.

Gelsemium.—Dull pain in back part of the head; feels as if intoxicated; paralysis of the eye-lids; double vision and dilated pupils; complete loss of muscular power; pulse very feeble; labored breathing, nausea and vomiting.

Opium.—Stupor and deep, slow breathing; very quick or very slow pulse; drawing the body backwards and rolling it from side to side; spasms, with tossing of the limbs.

Veratrum viride.—Meningitis, high fever, intense congestion; vomiting; or face haggard, cold and pulse slow; convulsions with opisthotonos.

SPINAL MENINGITIS.—The symptoms are so similar to those of cerebro-spinal fever, with the exception of the head symptoms, and the treatment being similar I need not repeat them here but refer the reader to that disease.

SPINAL IRRITATION.

Symptoms.—This is simply a congestion of the spinal cord, but not active enough to produce inflammation, but simple irritation. It often produces obscure symptoms in distant organs and tissues. Unless the spine is examined we may be mistaken as to the real trouble. Some forms of functional derangement of the heart, pains of the chest, stomach, bowels, ovaries and uterus, are due to irritation of their nerve supply, as the nerves pass out from the spine.

Diagnosis.—Pressure on the nerves near the vertebræ, as they leave the spinal column, causes tenderness and pain. As a rule, if pressure directly on the spinous processes causes much pain or tenderness without fever, then we may suspect hyperæsthesia, or chronic inflammation of the meninges of the cord.

Treatment.—*Aconite, agaricus, belladonna, cimicifuga, gelsemium, ignatia, nux vomica, rhus tox.*, and *veratrum viride*, are all indicated remedies at some stage of spinal irritation.

CONCUSSION OF THE SPINE.

This is produced by falls or blows on the spine.

Symptoms.—A numb or tingling sensation in the back and lower limbs.

Treatment.—This calls for *arnica*, *cicuta*, *dioscorea*, and *hypericum*. If the concussion is produced by a stretching or strain of the spine, *rhus tox.* will be indicated.

COCCYXITIS.

INFLAMMATION OF THE COCCYX.

This is an irritation or inflammation of the coccyx or last bone of the spinal column. It may be caused by falls, and when neglected often leads to serious trouble, and renders patients bed-ridden for life.

Treatment.—Whenever a person receives a fall or blow on the sacrum a solution of *arnica* should be applied, and *arnica* given internally. *Carbo animalis*, *cicuta virosa*, *cistis canadensis* are valuable agents.

CEREBRAL AND SPINAL SCLEROSIS.

This signifies a hardening of the brain and spinal cord, probably due first to inflammation. There is also a condition following inflammation either acute or chronic, called softening of the brain. These subjects are obscure and we can only judge of their presence by some forms of insanity, and certain conditions of the eyes. I need not go into the symptomology here, but refer the reader to cerebral and spinal meningitis. The treatment must be similar.

ANGULAR CURVATURE OF THE SPINE.

This is a deformity of the spine due to caries of the vertebræ. It is known as kyphosis, lordosis, and Pott's curvature. I have already given the treatment under caries of the spine, to which the reader is referred.

SKOLIOSIS.

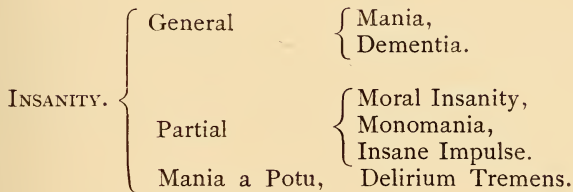
LATERAL CURVATURE OF THE SPINE.

This means a bending of the spine either to the right or left, and sometimes both, giving the spine the appearance of the letter S. It is due to general weakness of the spine in delicate girls, and to certain occupations causing them to lean to one side.

Treatment.—The patient must be trained to lie on the back in a straight position. The diet and general sanitary surroundings must be changed. A brace to hold the patient erect should be worn, if relief is not obtained by medicine. Sponge-bath to the spine once a day with sea-salt and water is highly beneficial. *Arnica*, *calcareea carb.*, *calcareea phos.*, *nux vomica*, *phosphoric acid*, *pulsatilla*, *rhus tox.*, *silicea* and *sulphur*, are all recommended.

DISORDERS OF THE MIND.

The following diagram will illustrate the various forms of insanity.



Wood says: By general insanity is meant a derangement, in a greater or less degree, of all the cerebral functions connected with mind; by partial insanity, a derangement of one or a portion only of these functions. Mania is that form of general insanity in which there is an exaltation of the cerebral actions; dementia, that in which the brain is enfeebled, and the mental operations all participate in its weakness. Partial insanity takes the name of moral insanity, when it effects only the emotional functions, as contra-distinguished from the intellectual; of monomania, when, with a general soundness of thought, there is delusion upon some one point, or in some one direction; and of insane impulse, when, without reflection, and without any known perversion of feelings or passions, the patient is irresistibly impelled to some insane act.

Taylor gives the following definitions of insanity from a legal standpoint. 1. Dementia naturalis corresponding to idiocy; and 2. Dementia adventitia, or accidentalis, signifying general insanity as it occurs in persons who have once enjoyed reasoning power. To this state the term lunacy is also applied, from an influence formerly supposed to be exercised by

the moon on mind. Lunacy is a term generally applied by lawyers to all those disordered states of mind which are known to medical men under the names of mania, monomania and dementia; and which are generally, though not necessarily, accompanied by lucid intervals. The main character of insanity, in a legal view, is said to be the existence of delusion; *i. e.*, that a person should believe something to exist which does not exist, and that he should act upon this belief.

UN SOUNDNESS OF MIND.—Besides the terms idiocy and lunacy, we find another frequently employed in legal proceedings; namely, unsound—(*non compos mentis*)—of the exact meaning of which it is impossible to give a consistent definition.

MANIA.

In this form of insanity, there is a general derangement of the mental faculties, accompanied by greater or less excitement, sometimes amounting to violent fury. The individual is subject to hallucinations and illusions, the difference in the meaning of which terms it may here be proper to explain. Hallucinations are those sensations which are supposed by the patient to be produced by external impressions, although no material objects may act upon the senses at the time. Illusions are sensations produced by a false perception of objects. When a man fancies he hears voices, while there is profound silence, he labors under a hallucination; when another imagines that his ordinary food has an earthy or metallic taste, this is an illusion. Illusions sometimes arise from internal sensations, and give rise to the most singular ideas. When a hallucination or an illusion is believed to have a real and positive existence, and this belief is not removed either by reflection or an appeal to the other senses, the individual is said to labor under a delusion; but when the false sensation is immediately detected, and is not acted on as if it were real, then the person is sane. Perhaps this is the most

striking distinction which it is in our power to draw between sanity and insanity. Illusions refer to the senses—delusions to the judgment.

Symptoms.—This disease sometimes comes on suddenly, but more frequently slowly and almost imperceptibly, being preceded by a period of incubation of variable length, extending from some days or weeks to as many months or years. The symptoms of this period of incubation are an alternation in the thoughts, habits, taste, temper and affections, the patient becoming more and more the reverse of his former self. The general health suffers at the same time; the appetite fails; the sleep is disturbed; the bowels are confined or irregular, or affected with diarrhea; the tongue is furred; the pulse frequent and quick; the patient grows thin, and features alter.

The following symptoms are usually present: Anxiety, uneasiness, restlessness, sleeplessness, alternate excitement and depression, or continued agitation and violent muscular efforts; rapid, incoherent discourse, fits of loud laughter, or loud shoutings, grinding of the teeth, spectral illusions, mental delusions, unfounded antipathy to certain persons, particularly to near relatives and dear friends. There is a peculiar wildness and fierceness of the countenance; the pupil is dilated; the eye-lids widely open, the eyes glistening and unsteady; the features strongly marked; the countenance flushed.

Many maniacs have lucid intervals, which recur with regularity. They are also capable, under certain circumstances, of considerable self-restraint and of concealing their delusions or designs, and they will carry out their plans with the cunning of rogues, and the contrivance of sane men. It matters not how quiet an insane person is, they must be watched every moment, for at a time when least expected, the patient may commit suicide or murder.

Causes.—Hereditary predisposition; violent and stimulating emotions of the mind; uncurbed and immoderate indulgence of the passions; violent exercise; frequent intoxi-

cation; excessive study; suppression of periodical and other evacuations; long-continued discharges; parturition or lactation; certain diseases of the brain; preceding attacks of epilepsy, fever, etc.

Diagnosis.—From inflammation of the brain and its meninges; by mania, having no fever; delirium tremens has a trembling nervous feeling, which is not usual in mania.

Prognosis.—FAVORABLE when the forerunner of curable diseases or a single indulgence in spirituous liquors; the attacks being slight.

UNFAVORABLE.—Coming on after the middle period of life, or of long continuance.

Treatment.—*Agaricus.*—Heaviness and languor of the lower extremities; merry, excited mood.

Anacardium.—Rapid loss of self-reliance, memory and mental vigor.

Arsenicum.—Intermittent symptoms or periodic exacerbations.

Belladonna.—Sleeplessness, delirium, mania; intolerance of noise and light; headache, flushed face; sparkling, brilliant eyes; dilated pupils; tottering gait; hallucinations both visual and auditory; phosphatic urine; generally requisite in hyperæmia of the brain.

Hyoscyamus.—Delirium, with hallucinations, but with little determination of blood to the brain; twitchings, startings and mutterings; dryness of mouth; dilatation of pupils and giddiness; melancholy; silent humor.

Iodine.—Anxiety and despondency, discouragement and dispiritedness, obstruction of vision, illusion of the sense of touch, partial deafness; for scrofulous patients.

Mercurius.—Nervous irritability, slight causes producing great impressions; fretful, peevish, irritable temper; sleeplessness; loss of memory; delirium; apathy.

Nux vomica.—Giddiness and reeling as if drunken; intolerance of light and sound, rushing noises in the ears; constipation, irascibility; drowsy in evening, and awake early in

the morning; particularly suited to active business men, who have mental occupation and little open-air exercise, and who are addicted to wine, coffee, and tobacco.

Phosphoric acid.—Depression of spirits, and disorder of the mental faculties, particularly when due to brain-fag.

Stramonium.—Furious delirium, with hallucinations; excessive talking, singing, striking, biting, shrieking; the pupils are dilated, the eyes glisten, and the whole aspect is furious; or there may be a besotted expression with convulsions, paralysis, and difficult deglutition.

Veratrum album.—Anguish of mind; vertigo with obscuration of sight; collapse of pulse.

Veratrum viride.—Insanity from cerebral congestion; puerperal mania; silent, suspicious; will not see her physician, he seems to terrify her; fears being poisoned; sleepless, can hardly be kept in her bed-room.

Zincum.—Repeats all questions before answering them; stares as if frightened on waking, and rolls from side to side.

Aurum metallicum.—Suicidal tendency, religious mania; determination of blood to the brain, great depression, with congestion of the head and liver.

An insane person, if not sent to an insane asylum, should be removed to some locality where he cannot see the associations by which he was surrounded when afflicted. In the early stage when the patient is manageable he should be taken on a pleasant journey far removed from the scenes, climate or the exciting causes of his affliction. He should be pleasantly amused; music sometimes has a pleasing effect upon the patient. Cold salt-water sponge, or shower bath, is often grateful to the patient, and is often highly beneficial. He should have good nourishing diet, fresh air, and be clothed warm and comfortable.

DEMENTIA.

IDIOCY—IMBECILITY.

DEMENTIA.—In this state there is a total absence of all reasoning power. The mental faculties are not perverted but destroyed. There is a want of memory as well as a want of consciousness, on the part of the individual, of what he does or says. It is by no means an unfrequent consequence of mania or monomania—but it has been known to occur suddenly in individuals, as an effect of a strong moral shock.

IDIOCY, IMBECILITY.—Idiocy is characterized by want of mental power, being congenital; while mania, monomania, and dementia, (from the dementia accidentalis) idiocy, forms the dementia naturalis of lawyers. This intellectual deficiency is marked by a peculiar physiognomy, an absence of all expression, and a vague and unmeaning look, whereby an idiot may in general be clearly identified. In many cases of congenital deficiency, the mind is capable of receiving a few ideas, and of profiting to a certain extent by instruction. To this state the term imbecility is applied. It may be regarded as a minor degree of idiocy. The mind of an imbecile can never be brought to a healthy standard of intellect, like that of an ordinary person of the same age. The degree to which congenital deficiency of intellect exists, is generally well marked by the power of speech, or of communicating ideas by language. In idiocy there is no speech, or only an utterance of single words; in the better class of imbeciles, the speech is but little effected; while there is every grade between these two.

Causes.—Sunstroke, fever, brain-fag, melancholia, mania, old age. Opium and alcoholic liquors in early life may produce that form of dementia called imbecility.

Treatment.—Imbecility may be benefited by treatment, but there is no hope for idiocy.

Anacardium, helleborus, nux vomica, phosphoric acid and *zinc.*, may be used with the hope of benefiting your patient.

The demented should be carefully nursed and kindly and tenderly treated.

MORAL INSANITY.

Writers are not agreed on the subject of moral insanity. Dr. Prichard defined it to be: "A morbid perversion of the feelings, affections, and active powers, without any illusion or erroneous conviction impressed upon the understanding." Dr. Wood says: "There are numerous individuals mingling in society, and participating in the ordinary avocations of other men, whose sentiments and conduct are so peculiar as to attract general attention, but who can reason so well upon all subjects within their capacity, and whose intellect is often so clear, and, in many instances, even strong, that no one questions their sanity. They are simply said to be singular or eccentric. Now the fact is, that such individuals are not unfrequently as much under the control of their morbid feelings, act as irrationally in obedience to these feelings, and are morally as little responsible for their acts, as others who carry out in their conduct some false conclusion of the intellect. Such persons should certainly be considered as insane.

Medically speaking, says Dr. Alfred Swaine Taylor, there are, according to Dr. Prichard, two forms of insanity, moral and intellectual; but in law there is only one.

MONOMANIA.

AFFECTIONS OF THE SENTIMENTS.

Under this head Alden's Encyclopedia recognizes the following: Melancholia, exaltation of grief, penitence, and anxiety; monomania of fear, exaltation of consciousness; monomania of pride, exaltation of self-esteem; monomania of superstition; exaltation of the sense of law, devotion, and the marvelous; monomania of suspicion, exaltation of jealousy, envy, want of confidence; monomania of vanity, exaltation of craving for applause, grandeur, of feeling of ambition.

In speaking of monomania, Dr. A. S. Taylor says: This name is applied to that form of insanity in which the mental

alienation is partial. The delusion is said to be confined either to one subject or to one class of subjects. One fact is well ascertained, that monomania varies much in degree; for many persons affected with it are able to direct their minds with reason and propriety to the performance of their social duties, so long as these do not involve any of the subjects of their delusions. Further, they have occasionally an extraordinary power of controlling their thoughts and emotions, as well as of concealing the delusions under which they labor. This implies a consciousness of their condition not met with in mania; and it also appears to imply such a power of self-control over their thoughts and actions, as to render them equally responsible with a sane person for many of their acts. In a real case of monomania, it is not to be supposed that a man is insane upon one point only, and sane upon all other matters. The only admissible view of this disorder is that which was taken by Lord Lyndhurst, in one of his judgments. In monomania, the mind is unsound; not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or person.

INSANE IMPULSE.

IMPULSIVE MADNESS.

Wood in speaking of this affection says: The existence of this form of insanity unconnected with moral insanity or monomania, has been doubted; but cases every now and then occur, which can be explained in no other way. Persons in the perfect possession of their intellect, with no predominant passion, are seized with an unaccountable propensity to do some insane act, without motive or object appreciable by themselves or others. Sometimes they rush headlong to the act in obedience to the impulse, which takes them as it were by surprise, so that they have apparently no time for resistance. In other instances, the impulse less immediate and powerful, and the pa-

tient is able to resist it for a time, or even to conquer it altogether, or at any rate to hold out against it, until the morbid condition of brain in which it originates ceases spontaneously, or under the influence of remedies.

During the continuance of such an affection, says Alden, three mental conditions are distinctly traced. 1. The sudden arising and irresistible dominion of a propensity; 2. The abolition or impairment of the apprehension of the real and ordinary relations of the individual; 3. The suspension of the powers by which such propulsions are prevented from arising, or ruled and regulated when they do arise.

A lady is mentioned who never entered church, but she was impelled to shriek, or saw plate-glass, but she was impelled to break it; and the incongruous laughter, the grotesque gesticulations, and the involuntary and repulsive associations, to which good and great men have been subject, all must be placed under this category. The treatment of all the various forms of insanity must be the same as that for mania.

The minor forms of mental weakness are classified as follows by Alden.

AFFECTIONS OF PROPENSITIES.—Dipsomania, uncontrollable craving for stimulants. Homicidal-mania, impulsive desire to destroy life. Kleptomania, uncontrollable desire to acquire.

MANIA A POTU.

DELIRIUM TREMENS.

Symptoms. — Sleeplessness; restlessness; delirium, during which the patient recognizes those about him, answers questions rationally, and does hurriedly what he is told to do; trembling of lips, hands and muscles, is generally present, and more particularly in speaking, or on making any effort to be doing something; he fancies that he is surrounded with enemies, or that he is in a strange place from which he is

constantly endeavoring to escape; or he thinks that some great evil is impending, or has actually befallen him. He is suspicious of those about him, and is tormented with frightful images or sounds, and will often be found busily looking, in unlikely places, after some object or other, on which his mind is intent. He is rarely violent, at least in the best marked cases of the disease, but he sometimes exposes himself to danger in endeavoring to effect his escape. There is profuse perspiration, a moist and slightly furred tongue, and a frequent pulse. In fatal cases the delirium is often replaced by coma; the tremor passes into subsultus tendinum, and the evacuations become involuntary. In other cases the coma is rapidly followed by embarrassed respiration, the mucous rale, and death by apnœa.

Patients are often annoyed with the belief that there are snakes in their boots, and they imagine that they see serpents crawling around the walls, and on their beds. The wild and terrified look shows that they are tortured beyond description.

Treat the poor drunkard kindly, he is to be pitied; his appetite for liquor has become a disease, and in many cases he is utterly incapable of refraining from its use. I well remember a fine gentleman, and splendid book-keeper, who had not tasted a drop in eight months. He shunned the saloons where he had been in the habit of indulging. One day he was in a deep study, and going home he did not realize that he was passing his old drinking-place until some one opened the door just as he was passing; he got a whiff of the saloon, and he told me that it was utterly impossible for him to resist the temptation to go in and take a drink. Poor fellow, he continued to drink and slipped away from home, and hid in an old barn, where he drank until he killed himself. When found he was unable to help himself; he was carried to his home and laid on the portico until my arrival. When I took hold of his pulse he opened his eyes, and said: "Doctor, it is my last," and the poor fellow expired in two minutes. My heart ached for him; he was a man of fine address and

kind-hearted. I tell you this, that you may not upbraid poor drunkards, for after they have passed a certain point the appetite is irresistible.

Diagnosis.—Meningitis has headache and fever; delirium tremens has none, and has trembling of the hands. There is sometimes delirium, and trembling of the limbs, which is caused by a poisoned condition of the brain by a congested liver, in which case, the bile, instead of passing off by the gall-duct, is retained in the circulation, and hence the brain becomes so affected as to produce a condition resembling delirium tremens; so you must be on your guard and not make a mistake, for if you make an incorrect diagnosis, you may lose a good family thereby, as some men are very sensitive on that subject.

Prognosis.—Is favorable or unfavorable in accordance with the number of the attacks, and the condition of the patient's general health. If a person takes an over-dose of alcoholic spirits, who has not been used to it, then the prognosis is favorable.

Pathology.—There is an effusion of serum in the ventricles, at the base of the brain, under the archnoid, or in all these situations; injected state of the pia mater. Alcohol has been detected in the serum of the ventricles. If the patient is a habitual drinker, then the white and gray matter are hardened, and when the hardening process reaches a certain point death must follow.

Treatment.—As the patient is in great danger of immediate prostration, he must be nourished and stimulated with strong coffee and beef essence, both of which are organic stimulants. Malted milk is a valuable nutritious substance.

I think it best to withdraw alcoholic stimulants, and if arterial stimulants are necessary, then cayenne pepper tea may be given; or *carbonate of ammonia* given in sweetened water often acts like an antidote.

I have referred to this matter because it is a disputed question whether the patient should be allowed alcoholic stimu-

lants in moderation or not ; or, in other words, let him taper off gradually. It seems to me that there is no sound philosophy in continuing the alcohol after the patient has been poisoned with it. There is as much reason in such a procedure as to try to put out a fire while you are adding oil to the flame once in a while.

If a patient is so far prostrated that he requires immediate nourishment and stimulation, then the beef essence, strong coffee, cayenne pepper, and *carbonate of ammonia*, are your best organic and arterial stimulants in case of emergency.

The patient must be kept in a quiet, darkened room, and procure sleep as soon as possible, for without sleep the patient must die and that speedily.

The following is from an allopathic author : It has been found, from a large amount of experience in various parts of the United States, that the strictly opiate plan is not so successful as a mildly stimulating course. The extreme wakefulness is a strong temptation to administer *morphia*, or similar preparations. If these, however, do not produce a soporific effect immediately, they greatly aggravate the malady, and convert a moderate hallucination into a most violent raving. Thus you see that the old school are not fully agreed as to the proper treatment for delirium tremens.

As usual, in all other cases, homœopathy furnishes a rational plan of treatment.

Antimonium tart.—Nausea and vomiting with headache and trembling of the hands.

Belladonna.—Imagines he sees ghosts, hideous faces and various insects ; delirium ; is afraid of imaginary things ; sees monsters ; desires to escape or hide ; trembling in all the limbs ; weakness, and tottering gait ; sleepy, yet can not sleep ; starts as in affright.

Belladonna is a grand remedy to quiet nervous excitability and procure rest in delirium tremens.

Capsicum.—Lack of reactive force ; vital forces sunken ; weak, exhausted.

Hyoscyamus.—Sees persons who are not and have not been present ; delirium tremens, with clonic spasms ; averse to light and company ; visions, as if persecuted.

Nux vomica.—This is the first remedy to begin the treatment of delirium tremens ; with over-sensitiveness, nervous excitability and malicious vehemence ; sudden failing of strength ; trembling all over ; mostly of the hands ; in drunkards.

Opium.—Drunkenness, with stupor, eyes burning and dry ; delirious talking, eyes wide open, face red, puffed up ; mania a potu, with dullness of the senses, and at intervals, sopor, with snoring ; sees animals ; affrighted expression of face ; inebility of will.

Stramonium.—Hallucinations, which terrify the patient ; sees ghosts, hears voices back of his ears ; sees strangers or imagines animals are jumping sideways out of ground, or running at him.

When you see a patient with delirium tremens, that seems almost utterly prostrated, and his nerves so unstrung that without rest he must die, then you may give him fifteen to twenty drops of *chloroform* in a little mucilage syrup and water. It acts as a stimulant when taken internally, and also quiets nervous excitability and procures sleep, and when he awakes and feels refreshed, then you will have a better opportunity to select the appropriate remedy.

COUP DE SOLEIL.

SUN-STROKE.

This is also called thermic fever, heat-apoplexy, heat-asphyxia, erythismus tropicus and insolatio. The symptoms are greatly modified in different cases. In some there is a tendency to fainting (heat syncope) ; in others the symptoms are apoplectic (heat apoplexy) ; in still others the characteristic feature is the excessive development of heat (hyperpyrexia) to 110° F., or higher.

Symptoms.—Often the first indication that the patient has is, he finds his skin getting hot and dry; the head becomes extremely hot, with vertigo; face red and hot, eyes red and swollen; the face becomes bloated, and the patient becomes comatose, unconscious, and has stertorous breathing. Sometimes the disease is preceded by thirst, but often the patient is suddenly prostrated on the streets, and dies before medical aid can reach him.

This disease is very common in India, and other tropical countries, and during hot summer months in the United States, and other temperate lands. Sun-stroke never occurs on board of vessels on the ocean. It has never been known in Florida; that is due to the constant sea-breeze.

Causes.—The predisposing causes are: 1. Unusually high temperature, with great dryness in the air; 2. The electric condition of the atmosphere that precedes a thunder-storm; 3. A contaminated atmosphere from overcrowding; 4. All debilitating causes, such as prolonged marches, previous disease, intemperate habits, etc.

Diagnosis.—The history of the case, by exposure to the rays of the sun, or heat of crowded rooms, and the intense heat of head, distinguish this disease from all others.

Prognosis.—More than half die under the old treatment. Not so fatal in the hands of homœopaths.

Treatment.—The first thing to be done in sun-stroke is to shower the head with cold water. If the patient can not swallow, then you should hold *spirits of camphor* to his nose, which acts as a stimulant and causes the patient to rally. After the patient rallies a little, or if the pulse is full and rapid, then you continue the application of cold water to the head and shoulders, and give one of the following remedies as they seem to be indicated.

Aconite.—When the head is hot, pulse quick and bounding. It may be continued until fever abates, and then if other agents are required you must select them from the symptoms present.

Belladonna.—Face and eyes red and glistening, vertigo; patient often falls down suddenly; sensitive to light.

Bryonia.—Worse on moving, nausea, and vomiting when raising up.

Camphor.—Great depression of the pulse, and pale face, with violent distress in the head; followed immediately by a reaction—face flushed, accelerated pulse, etc.

Glonoine.—This is a grand remedy for sun-stroke; very severe, heavy and throbbing pain in the head, particularly at the back; or, sudden loss of consciousness; if a patient has warning in time *glonoine* will often arrest the disease; it should always be given when a patient complains of head, from heat.

Gelsemium.—Vertigo, confusion of the head, spreading from occiput over whole head; pupils dilated, dim sight; general depression from heat, sun or summer; severe pain in forehead and vertex, dim sight, roaring in the ears; head feels enlarged.

Helleborus.—Drowsiness and headache, continuing after the heat of the body is reduced.

Hyoscyamus.—Persistent convulsions and startings.

Advise all persons who are exposed to artificial or sun heat, to carry a damp sponge in their hats, and as soon as they find their heads getting hot to apply cold water at once from a pump on the streets. When convenient it is best to shower the head with ice-water.

CUTANEOUS SYSTEM.

The following table will show the various skin diseases and their nomenclature not included under the list of idiopathic eruptive fevers.

SKIN DISEASES.	{	Exanthema . . . Rashes.
		Vesiculæ Vesicles.
		Bullæ Blebs.
		Pustulæ Pustules.
		Papulæ Pimples.
		Squamæ Scales.
Tuberculæ . . . Tubercles.	{	Maculæ Spots.

Under the head of exanthema or rashes we have the following list.

RASHES.	{	Erythema Inflammatory Blush.
		Urticaria Nettle-rash.
		Roseola Rose-rash.
		Intertrigo Chafing of Infants.

ERYTHEMA.

INFLAMMATORY BLUSH.

This disease is characterized by redness of the skin. There are six species, viz. : Erythema fugax, fleeting redness ; erythema læve, redness upon an edematous swelling ; erythema papulatum, red spots the size of a pin's head to that of a small split-pea ; erythema tuberculatum, redness with hard knobs ; erythema centrifugum, or marginatum, redness with well defined circumference ; erythema nodosum, large red spots. There is little or no swelling, pain or fever, thus making the diagnosis easy between erysipelas, rubeola and scarlet fever.

Causes.—Anything that disturbs digestion, or irritates the skin.

Treatment.—*Apis* for erythema læva and nodosum; *belladonna* for simple redness; *kali bichromicum* may be called for in erythema papulatum; *nux vomica* is valuable for redness of the skin after eating. Indigestion must be corrected and any other supposed cause of the disease.

URTICARIA.

NETTLE-RASH.

There are several varieties of this disease named by authors, but for all practical purposes, I only mention urticaria evanida, evanescent, without fever; urticaria febrilis, with fever.

Symptoms.—Sometimes, without warning, the patient is covered with an eruption, resembling that produced by the stinging of nettles, whence its name. The welts often swell and look like musquito bites, itch and burn. The spots do not contain any fluid, and never desquamate.

Causes.—Indigestion, bitter almonds, cucumbers, mushrooms, and shell fish.

Treatment.—*Aconite* for the febrile variety. *Apis* has a stinging sensation with a swollen condition of the rash.

Dulcamara.—Much itching; after scratching it burns; increases in warmth, better in cold.

Nux vomica.—Urticaria, with gastric derangement.

Pulsatilla.—Urticaria, with diarrhea, itching worse at night; from pastry or pork; from delayed menses.

Rhus tox.—Urticaria from getting wet, worse in cold air.

Urtica urens.—Itching and burning, skin raised, red, blotches, requires constant rubbing.

The diet and digestion must be corrected by the means recommended for dyspepsia.

ROSEOLA.

ROSE-RASH.

From the resemblance of the rash in this disease to that of measles it has been called false measles. There is, however, no catarrhal symptoms in roseola as there is in measles. The rash is coarser than that of scarlet fever, and the sore-throat and strawberry tongue are absent. The rash is sometimes so abundant that many mistakes have been made in diagnosis. It requires little or no treatment, the patient must be kept moderately warm, and if any symptoms arise, *aconite*, *bella-donna* or *rhus tox.*, will be all that will be needed.

INTERTRIGO.

CHAFING OF INFANTS.

This disease is characterized by redness and soreness of the skin caused by friction. There may be internal causes or it may be simply an irritation of the cuticle. The folds of the neck, axilla, groin and hips are the parts affected.

Treatment.—I have never seen any case that did not yield readily to *belladonna* 3x internally and a lotion composed of fifteen drops of *tincture of belladonna* to a pint of water. Saturate cloths in the lotion and apply to the inflamed parts, and repeat as often as the cloths become dry. *Calendula* lotion of the same strength, and applied in the same way, gives splendid results. Where the parts are tender and chafing has a tendency to return, I have found great and permanent relief from powdering the parts with the compound *sterate of zinc*.

Scrofulous children may require *calcareo carb.* *Chamomilla*, *lycopodium*, *mercurius* and *sulphur*, may be required in some constitutions.

VESICULAR.	{	Varicella Chicken-pox.
		Eczema Humid Tetter.
		Herpes Tetter—Shingles.
		Scabies Itch.

VARICELLA.

CHICKEN-POX.

Authors place this disease under the classification of idiopathic eruptive fevers; but as it is rarely accompanied with much fever, I have placed it in the classification of vesicular diseases.

The disease is often so mild that the first evidence of its presence is made known by the appearance of one or more vesicles on the back. Usually, however, the child looks languid, with loss of appetite for several meals, and reddish pimples appear on the back. About the second day the pimples become vesicles containing a colorless fluid. About the third or fourth day the vesicles dry and form scabs. The disease runs its course in from five to seven days, when the scabs are all off and leave no scars.

Diagnosis.—Variola is the only disease that is liable to baffle us. But when we remember that the eruption of variola appears on the forehead about the third day, while the eruption in varicella appears within twenty-four hours and on the back first, the scabs fall off about the fifth day, at which time the eruption in variola is just completed.

Treatment.—*Rhus tox.* is often the only remedy required, but if the child is feverish then a few doses of *aconite* may be required. If there is tenderness of the throat, headache, red face, *belladonna* will be indicated.

If there is excessive itching or stinging sensation in the base of the vesicles, then *apis* is the indicated remedy.

The child should be kept within doors to avoid cold, and a light diet should be enjoined. As the disease is contagious cases should be isolated.

ECZEMA.

HUMID TETTER.

This disease is characterized by redness of the skin, with closely packed vesicles about the size of a pin's head, which

coalesce, burst and pour out a serous fluid, which dries into thin yellow crusts. The rash is attended with itching, smarting and pain. The disease is known as catarrhal inflammation of the skin, scald-head, and milk-crust or *crusta lactea*.

The disease is likely to occur on any part of the body, but its favorite resorts are the scalp, behind the ears, face, fore-arms, and legs. The disease may be acute and chronic, and is sometimes a very stubborn case to cure, but all cases finally recover unless complicated by organic diseases.

There are several varieties. *Eczema simplex* is characterized by a few spots caused by heat, and hence are called heat-spots. *Eczema rubrum* is a highly inflammatory variety with a burning sensation, and the formation of brownish scabs. This variety occurs in the flexures of the body in old persons; it may attack the legs, and is called the weeping leg. It is often found on varicose legs, and may lead to ulcers. *Eczema impetiginodes* is the variety occurring in lymphatic children who are in the aplastic diathesis with a tendency to the formation of pus. It is a combination of eczema and impetigo, and is commonly seen on the heads of infants, and is called *porrigo capitis*, scald-head.

Causes.—I think that the quickest way around this subject is to say that we know but little about the cause. It is supposed to be in some measure of a hereditary tendency, but what causes that tendency we know but little. We know that the disease occurs as a rule in light-complexioned, pale, and ill-nourished children. It matters little, however, whether we know the cause or not so that we know how to cure the disease.

Treatment.—In the first place we must put the child in as perfect a sanitary condition as possible, correct indigestion, and a want of assimilation, and remove all causes of irritation.

ECZEMA SIMPLEX.—*Aconite* is called for if the patient is feverish, but as a rule *rhus tox.* is the only remedy for the simple variety of this disease. If it fails then *cantharis* or *sulphur* will perform a cure.

ECZEMA RUBRUM.—*Antimonium tartaricum* has red itching rash over the body with vesicular eruption.

Arsenicum.—Skin dry, scaly, with intense burning, or discharging corrosive ichor on face and extremities. In chronic cases I have seen the best results from 30x potency.

Belladonna.—Skin red and hot, patient restless and sleepy, but can not sleep.

Bovista.—Moist vesicular eruptions, with thick crusts about the mouth and nostrils.

Conium.—Eruption about face, arms and mons veneris, especially in the old.

Croton tiglium.—It is a well known fact that when a drop of *croton oil* is rubbed into the skin it immediately develops a case of eczema, and hence it is homœopathic to that disease when potentized. It is indicated for itching and painful burning, with redness of the skin, and formation of vesicles.

Dulcamara.—Vesicles on face and extremities, oozing out of watery fluid, bleeding after scratching; worse in the cold or in the evening.

Graphites.—Eczema of the chin and behind the ears; violent itching and burning with eruptions.

ECZEMA IMPETIGINODES.—In this condition we must look to the remedies that have a more direct influence over the scalp.

Arsenicum.—Chronic eruptions on the scalp; vesicles filled with pus. This remedy must be given high.

Hepar sulphur.—Eczema spreading by means of new pimples appearing just beyond the old parts. Humid eruptions on the scalp, feeling sore, of fetid odor; itching violently on rising in the morning; burning and feeling sore on scratching.

Lycopodium.—Eruption, beginning on the back of the head; crusts thick, easily bleeding, oozing a fetid moisture; worse after scratching and from warmth.

Mercurius corrosivus.—Burning, redness of the skin, with

formation of small vesicles; severe and stubborn eczema, with much itching.

Sulphur.—Eczema itching violently, and having a tendency to spread, though situated chiefly on the head or vulva. It is said that the disease scarcely ever returns when cured by *sulphur*, especially if the higher potencies have been used. In chronic cases I always begin with the thirtieth potency, and find better results than from any other.

Vinca.—Eczema of scalp and face, crusta lactea, with offensive odor, and matting the hair together.

Viola tricolor.—Allen gives the following clinical history of this drug. Eczema of scalp, with swollen cervical glands. In crusta lactea it is similar to *vinca*—but *viola* has urine like cat's urine. By some considered nearly specific in eczema of the scalp, especially with matted hair.

The patient should be kept clean, and as he is in the aplastic diathesis, should have animal food and such things that restore the normal diathesis. The parts should be washed with pure soft water, and an unirritating soap. If the crusts are thick and accumulation of fluid or pus beneath, then they should be soaked with tepid water or a mild poultice until they are softened, and easily come away by washing. The parts should be thoroughly dried with a soft cloth, but not rubbed, and then dusted with the compound *sterate of zinc*, this soothes the itching and stops the desire to scratch. I have used carbolized water, solution of *calendula*, and very dilute solution of *croton tigr.*, but I have found nothing to equal the *zinc* mentioned above.

If the itching is not intense then external applications should not be used, and trust wholly to internal remedies. One thing, however, is certain, that if something is not done to prevent the child from scratching the head until the scalp is a raw bleeding sore every morning, then no medicine can be expected to cure.

HERPES.

SHINGLES.

This disease belongs to the class of skin eruptions, called vesicular. It is called shingles because it has a tendency to spread around the body like a girdle. It is also called herpes, from herpo, I creep along, that is, spreading vesicles.

Symptoms.—The patient feels languid, feverish and pain in the left side, with patches of vesicles looking like drops of water. In four or five days the serum is partly absorbed and the vesicles turn dark.

As the disease is found in different portions of the body, and assumes different shades, it is called by different names. Herpes phlyctenodes is that variety which has no particular seat. They usually occur on the face, neck, and upper limbs. They form in patches as large as a nickel, or silver quarter, they are surrounded by a red areola. Herpes labialis occurs on the lips, and may extend to the nose, cheeks, chin and mucous membrane of the mouth. Herpes preputialis if found on the external or internal prepuce, and has an itching and smarting sensation. Herpes zoster, zona or the shingles. This usually occurs on the left side and produces pain similar to that of pleurodynia. The disease is apt to spread around the body, and the zona as it is called is dreaded by many, for it was once supposed that when the zones met, the patient would die; this, however, is an error. Herpes circinnatus, arranged in rings, with a red border, and a center of sound skin. Herpes iris, a rare variety, appearing in round groups and consisting of four rings of different shades of color.

Causes.—Anything that may cause an irritation of the nervous system and indigestion.

Prognosis.—Favorable, unless some organic disease is associated with herpes. It usually lasts from seven to twenty-one days.

Diagnosis.—When we remember that it belongs to the vesicular class, eczema is the only disease which may confound us. But the vesicles of herpes are larger than those of eczema, and do not tend to be confluent, while eczema forms raw and moist crusts.

Treatment.—In the beginning of all varieties of herpes if the patient is feverish then *aconite* must be given.

Cistus canadensis.—Herpetic eruption on various parts.

Iris versicolor.—Irregular patches on knees, elbows and body.

Phosphorus.—Vesicles around joints.

Treatment OF HERPES CIRCINNATUS.—*Tellurium* for ring-worms; covering the whole body, more distinct on lower limbs; on single parts.

Treatment OF HERPES ZOSTER.—*Arsenicum*, when there is herpetic eruption, itching and burning.

Cannabis sativa.—Itching vesicles on head and chest filled with serum, and surrounded by red areola; burning when touched.

Iris versicolor.—Herpes zoster on right side of the body.

Ranunculus bulbosus.—Vesicular eruptions, as from burns, shingles and intercostal neuralgia.

Rhus toxicodendron.—Herpetic eruption with incessant itching, burning and tingling, alternates with pains in chest and dysenteric stools, zona.

Zincum.—Neuralgia, from herpes zoster; by painting the vesicles with *tincture of iodine* morning and night, and letting the paint lap on to the sound skin an inch or so will prevent the spread of the disease and cause the vesicles to dry up sooner.

If the parts are very sore and tender *vaseline* and a soft cloth may be applied.

SCABIES.

ITCH.

This is a vesicular contagious disease, appearing as a rule between the fingers, and then on the wrists, inside of the forearm, and at the bends of the joints. It causes intense itching and burning after scratching. I have seen the hands so stiff that the fingers could scarcely bend. The disease is caused by the itch-insect, called *sarcoptes scabies*. I have picked them from matured vesicles and viewed their form and movements with the naked eye.

Treatment.—*Sulphur* internally, and *sulphur* ointment externally, usually cures. It is supposed that the *sulphur* and lard combined destroy the itch-insect. The parts should be bathed in warm water and soap, and rubbed with a coarse towel before applying the ointment, so that it may come in direct contact with the insects. The ointment should be rubbed in well and left on over night, and the patient take a warm water and soap-bath in the morning, to cleanse the skin from *sulphur*.

As it takes so long to get rid of the odor of *sulphur* ointment, I have used an ointment of *sulphuric acid* and lard, say five to fifteen drops of the acid to an ounce of lard. Care must be taken not to get it too strong, or the acid will not only exterminate the insect, but prove an escharotic to the sound skin. The vesicles must be touched lightly, so as to test the strength of the ointment, and when of proper strength it cures with one or two applications. When applied at night, an old garment must be worn, for the acid destroys the clothing if it is too strong. The parts should be washed with warm water and soap in the morning, and the patient is usually well in a few days. It is said that an ointment composed of five to ten grains of *cuprum* to an ounce of lard, relieves the most inveterate itch. When the itch returns after being suppressed by the *sulphur* ointment, *sepia* will arrest its action.

BULLÆ.

The next classification of skin diseases is called bullæ, which comes from the latin word bulla, a water bubble. Bullæ, as collections of serous fluids of considerable size, are situated immediately beneath the cuticle, and rising from the true skin. They differ from vesicles only in size; and no very definite line can be drawn between a large vesicle and a small bulla. They usually vary in diameter from a quarter of an inch to two inches. They constitute a special order of skin diseases, which includes pemphigus and rupia, and are thus classified.

BLEBS. { Pemphigus. . . . Vesicular Fever.
 { Rupia. Atonic Ulcers.

PEMPHIGUS.

VESICULAR FEVER.

The term bleb is of the same import of bullæ, and has reference to large vesicles or blisters. There are three varieties of blebs recognized under the terms pemphigus and rupia. 1. The mild blebs, which vary in size from a pea to a hazelnut, occur on the face, neck, or arms, and legs of teething infants, and young persons who have indulged in unripe fruit. They generally burst, discharge the clear fluid they contain, and heal up in three or four days. 2. The tedious blebs, which commonly affect aged and weakly persons, are seen as an eruption of numerous red elevations, which enlarge to the size of a pea, containing pale yellow serous fluid. The vesicles multiply to such an extent that the sufferer is disturbed at night from the irritation, and slight febrile attacks further debilitate him. 3. The solitary bleb generally selects old women for its victims, and appears, after much tingling of the skin, as one large vesication, and bursts in forty-eight hours, leaving a superficial sore.

Causes.—Adult and old age; summer seasons; exciting causes which induce the aplastic diathesis.

Diagnosis.—From vesicular eruptions, by larger size and less clustered form of the vesicles. From rupia, by the absence of thick scabs. From ecthyma, by the contents of the vesicles being transparent. From erysipelas, by the irregular vesicles of the latter appearing on a highly inflamed surface, which is constantly spreading.

The prognosis is favorable, but the disease may last long.

Treatment.—*Aconite* must be given when the patient is feverish.

Cantharis.—The large blisters of pemphigus with burning sensation call for *cantharis*.

Phosphoric acid.—This remedy is called for when the vesicles or blisters are large, bursting and leaving surface excoriated.

Ranunculus bulbosus.—Pemphigus, vesicular eruptions large.

Rhus tox.—This remedy is homœopathic to almost every form of skin-disease of the vesicular variety; pemphigus, each bulla with a red areola.

If the eruption is irritable *vaseline* may be applied from time to time.

RUPIA.

ATONIC ULCER.

Dermatologists have given several varieties of this disease, but for all practical purposes we mention but three.

Symptoms.—In its simplest form, the blebs are not preceded by inflammatory symptoms, are about an inch in diameter, and contain a fluid which is originally thin and transparent, but soon thickens, becomes purulent, and dries into brown ragged scabs, elevated in the centre. The scabs are easily separated, and leave ulcerated surfaces, on which several successive scabs usually form before healing.

RUPIA PROMINENS.—In this severer form the scab projects so much in the centre as to resemble the appearance of an oyster shell in miniature.

RUPIA ESCHAROTICA affects infants in the interval from birth to the first dentition.

Rupia is a chronic disease, usually limited to the limbs, the loins, and the nates. It is not contagious, and generally attacks persons debilitated by old age, intemperance, bad living, or previous diseases.

Diagnosis.—From pemphigus, by the thick laminated scab, the inflammatory areola, and subsequent ulceration.

Treatment.—*Arsenicum, aurum metallicum, iodine, kali iodatum, mercurius, nitric acid* and other remedies may be indicated from time to time.

The ulcers may be cleansed with *calendula* lotion of tepid water, or *carbolic acid* lotion is sometimes highly beneficial. The parts may be washed with soap and water, and after gently drying dust with the compound *sterate of zinc*.

The pustular classification may be seen in the following table:

PUSTULES.	{	Ecthyma
		Impetigo . . . Running Tetter.
		Acne Copper-Nose.
		Mentagra . . . Tinea Sycosis.
		Porriago Tinea.
Equina Glanders.		

ECTHYMA.

Symptoms.—The eruption begins in the form of distinct inflamed circumscribed spots, which increase till they attain a considerable size. Pustules form on the center, and sometimes increase in size till they bear a close resemblance to the large bullæ of rupia. In two or three days the pustules dry up, leaving behind them thick scabs, and these falling off, leave a purple discoloration of the skin, or in severe cases, unhealthy ulcers.

Diagnosis.—From acne, impetigo, sycosis, and porriago, by the larger size of the pustules, and their inflamed and in-

durated base. From variola, by their size and the absence of the central depression.

Treatment. — *Antimonium tartaricum* is indicated when pustular eruptions leave bluish-red marks; thick eruption, like pocks, often pustular as large as a pea.

Arsenicum.—This remedy is indicated for burning pustules in broken-down constitutions.

Mercurius.—Pustules sometimes running together; forming dry scaly spots, or crusts, and acrid discharge.

Rhus tox. is often indicated.

IMPETIGO.

RUNNING TETTER.

This is characterized by clusters of pustules, which may either be scattered or in groups. There are several species. Impetigo figurata, occurs most commonly on the cheeks of young children during the spring months. Impetigo sparsa appears on the extremities and around the joints, and usually occurs in the autumn. Impetigo larvalis is common to infants and its usual seat is the scalp, ears and lips. Impetigo granulata is characterized by a number of whitish-yellow pustules, containing a single hair; it is accompanied by inflammation and itching. The pustules burst in from two to four days, leaving rough brownish crusts, with a disagreeable odor.

Diagnosis.—The pustules appearing in clusters distinguish impetigo from the other pustular diseases.

Treatment. — *Antimonium crudum*, *antimonium tartaricum*, *arsenicum* and *kali bichromicum*, will usually be sufficient to cure.

The parts must be kept clean and dusted with the compound *sterate of zinc*.

ACNE.

COPPER-NOSE.

As this disease was so frequently seen on the nose, the old writers called it copper-nose. It occurs on the cheeks, temples and forehead, and often occurs on the shoulders. It is placed by some dermatologists in the order pustulæ, and by others in the order tubercula, which includes solid, hard elevations of skin, much larger than papulæ. As acne has at some of its stages the pustular form, though it may be slight, I have placed it in the order of pustules. It is not rare to find on the face and shoulders of young persons about or above the age of puberty a number of black spots, each of which is placed on a slightly raised pale base. These black points are called comedones. Pressure at the base occasions the expulsion of a little elongated, spiral, white mass, with a black point or anterior end, commonly but erroneously regarded as a worm. In the midst of the white mass of sebaceous matter, a parasite, *acarus folliculorum* is, however, often found. When the pustule is the most striking feature, the affection is called acne simplex or vulgaris; when the black points abound, it is acne punctata; and when there is decided induration, it is acne indurata. This affection is never seen in children; and is rare in aged persons. Acne rosacea, usually appear first at or near the end of the nose; in some cases confined to the nose, in others extending to the cheeks, forehead, chin, or even to the whole face. The skin in the part affected assumes a deep-red color, pustules of acne occur. The disease is confined almost exclusively to persons in middle or advanced life, and women are liable to it about the period of the change of life. The face is sometimes disfigured with redness and dotted with pustules.

Diagnosis.—The location, the small-sized pustule on a hardened base will distinguish acne from all other forms of skin disease.

Prognosis.—The simple variety often gets well with-

out any treatment, while acne indurata is often very obstinate.

Treatment.—*Belladonna* is indicated for acne punctata, with bright red pimples, in plethoric persons, with scarlet flushings.

Baryta carb.—Black spots or comedones.

Borax veneta.—Unhealthiness of the skin; red papulous eruption on the cheeks.

Treatment OF ACNE INDURATA.—*Antimonium* crude, *arnica*, *calcareo carb.*, *clematis erecta* and *conium*, are all recommended for this condition.

Iodine.—This is strictly homœopathic to acne. Hebra states that many persons, if they take *iodine* internally, are affected with an outbreak of numerous papules of acne on the face, chest and back, which in some cases quickly change to pustules.

Juglans regia.—Comedones and acne of the face.

Kali bromicum.—Acne on the forehead and cheeks; acne pimples, with yellow tips. This remedy in crude doses has produced an eruption of acne, and hence it is homœopathic.

Treatment OF ACNE ROSACEA.—For the red nose and red blotches and acne on the face, I have been able to relieve nearly all cases with *belladonna* 30x.

Pulsatilla.—Acne rosacea, due to indigestion and deranged menses.

Rhus tox.—This remedy is indicated in almost all pustular diseases and especially for acne rosacea.

MENTAGRA.

TINEA SYCOSIS.

This is a disease affecting the beard, mustache, whiskers, and inner part of the nostrils—caused by minute fungi, or vegetable parasites, at the roots of the hair. It is called barber's itch, because it is supposed that it is communicated by the barber's razor. It is also called chin-welk. Dr. Fox, the

dermatologist, holds that sycosis is a parasitic disease, therefore he called it tinea sycosis.

Symptoms.—The affection first makes its appearance on the chin or upper lip, the parts become red, itchy, with little elevations, which in a few days ripen into distinct pointed pustules, traversed by a single hair. After a few days the pustules burst, and form thin brownish scabs. When the disease is of long standing the beard falls off.

Diagnosis.—The location of the pustules at the root of each beard leave no doubt as to the distinction of the disease.

Treatment.—*Antimonium crudum* produces pimples, pustules, boils on the face, eruptions with thick, hard scabs.

Graphites.—Humid pimples on the face; hair of the whiskers or beard falls out.

Mercurius.—Suppurating pustules sometimes running together, forming dry scaly spots or crusts.

Sulphur.—This remedy is called for in nearly all diseases of the skin.

If tinea sycosis is due to a parasite called the microsporontagrophytes, or the demodex folliculorum, then the *sulphuric acid* ointment recommended for the itch-mite will cure mentagra.

PORRIGO.

TINEA.

Formerly this was treated as a separate disease, but now it is bewildering to try to follow modern writers on the subject, we are referred to favus, or porrigo larvalis, porrigo capitis, scald-head, impetigo, or running tetter, eczema and ring-worm.

There are three forms of ring-worm described under the head of porrigo or tinea. 1. Ring-worm of the body—tinea circinnatus. It appears as a rose-colored and slightly elevated spot about the size of a half-dime, on which a brand-like desquamation of epidermis soon begins, accompanied by slight itching. The disease heals in the center and spreads in a cir-

cular form until it often reaches a diameter of four inches. It may occur on the face, neck, back, and outside of wrist. 2. *Tinea tonsurans*, or ring-worm of the scalp. This occurs in children, and appears in round, scaly, irritable patches on different parts of the head; they retain their circular form. The hair in the center of the rings dies and leaves the parts bald. 3. *Tinea sycosis*, or ring-worm of the beard. This occurs chiefly on the skin, hairy part of the cheeks, and upper lips of men; but it occurs in the axillæ and pubic region of women. It takes the usual course, but when the deeper structures become affected, pustular indurations, resembling acne, occur, and the hairs become readily detached. On examining the hairs under the microscope, it is seen that they are thickened, that their bulbs are partially disorganized, and that the medullary portion is atrophied.

Diagnosis.—The clustered pustules, the rough-pitted scab, and the circular form of the disease, distinguishes it from other pustular affections.

Treatment.—The remedies given under the other pustular diseases must be used for porrigo or ring-worm.

Iris has pustular eruption on scalp, face, around mouth.

Rhus tox.—Eruption suppurating, moist, forming thick crusts, hair eaten off.

Sepia.—Humid tetter, ring-worms, pustules, pemphigus; eruptions on scalp and behind ears.

Sulphur.—Humid, offensive eruption on the head with yellow crusts; intertrigo, acne, eczema, herpes, in short all forms of skin eruption. I have found 30x to act better than anything lower.

Tellurium.—Ring-worms over whole body, more distinct on lower limbs; vesicles in clusters on an inflamed base on forehead; the herpetic spot was circular, about half an inch in diameter, consisting of an elevated ring of vesicles, some larger than others, on an inflamed base, enclosing a depressed area of red skin, which desquamated but contained no vesicles; it itched and had successive crops of thin white scales.

Viola tricolor or jacea.—Tinea capitis, impetigo of the hairy scalp and face; squamous spots on the skin.

EQUINIA.

GLANDERS.

This is an infectious disease and, as its name implies, mostly affects horses, but may be communicated to man by inoculation through the mucous membrane, and runs a similar course to that in animals. When nodular growths appear in the nose, it is called glanders; if in the lymphatic structures, it is called farcy.

Drs. Goodno, McKenzie, Oster and others, have reported cases which came under their observation. Fortunately, the disease is rare in man. Those who have had it complained of pain in the head, back, and limbs; nausea, thirst, great prostration of strength, and stiffness and pain in the joints, increased by motion. After a short time there is redness, heat, swelling, and excoriation of the nose, lips and cheeks; the eyes are inflamed, and the eyelids swollen; there is a profuse discharge of yellow or sanious fluid from the nostrils; and pustules appear on different parts of the body. These local symptoms are accompanied by a hot skin, urgent thirst, frequent, weak and irregular pulse, and feeble respiration. These symptoms increase in severity, and followed by diffused abscesses in different parts of the body, especially about the joints; the nose and lips become gangrenous; the discharges extremely offensive, low muttering delirium sets in, and death takes place by collapse.

Farcy is a disease in horses allied to that of the glanders, which it usually precedes and accompanies. The absorbent glands and vessels, usually of one or both hind limbs, are inflamed, tender, swollen, hard, and knotted. The vitiated lymph thus poured out softens, and ulcers, or farcy buds, appear.

Diagnosis.—The seat and character of the pustules,

and history of the case, render the diagnosis comparatively easy.

Prognosis.—Is very unfavorable.

Treatment.—Dr. Goodno recommends the excision or destruction of the infected spot. From my experience in snake bites and infectious poisons, I should recommend the application of the compound *tincture of iodine*, and a hypodermic injection of an aqueous solution of *iodine* near the seat of infection. For hypodermic use the addition of *iodide of potash* to the *iodine*, causes the latter to be more soluble. The antidotal power of *iodine* over infectious animal poisons is not sufficiently appreciated by many of the medical fraternity.

Aconite, *arsenicum*, *crotalis*, *graphites*, and *kali bichromicum*, are mentioned by different writers as giving some hope of cure.

PIMPLES.	{	Strophulus Red Gum.
		Lichen
		Prurigo Pruritus.

STROPHULUS.

RED-GUM.

This is a disease of dentition and is often called tooth-rash. It is a florid eruption, and usually appears on the face, neck, arms, and hands. Red strophulus or red-gum occurs in minute red pimples, irregularly placed, with occasional red patches, and sometimes a few interspersed vesicles. White-gum consists of pearly white, opaque pimples, smaller than the red, and usually about the size of a pin's head.

Causes.—Unwholesome diet, and child kept too warm.

Treatment.—The first and most important thing to be done is a change of the child's diet and sanitary surroundings.

Antimonium crudum.—Pimples like nettle-rash.

Apis.—White miliary eruption on chest and abdomen.

Arsenicum.—Pimples resembling red petechiæ, from the size of a flea-bite to that of a lentil.

Belladonna.—This is our main reliance for all red rashes and pimples.

Chamomilla.—Red rash on the cheeks.

LICHEN.

This disease belongs to the papular variety of skin diseases. Some authors have classified lichen and strophulus under the same head. While it is true that some forms of strophulus and lichen resemble each other very closely yet there is a difference.

While some writers have given several varieties of lichen, yet some of them are only a commingling of symptoms of the other papular diseases, hence we have but two forms of lichen.

1. Lichen simplex consists in an eruption of minute papulæ of red color, which never contain a fluid, and are distributed irregularly over the body. They appear first on the face and arms, then extend to the trunk and lower extremities, and are accompanied with a sense of heat, itching, and tingling. In a mild case, the disease is over in a week, but sometimes one crop of papulæ succeeds another for many weeks or months.
2. Lichen agrius, in this form the papulæ are more pointed at the summit, and are of a bright-red color, with more or less redness extending round them. In this form of the disease, the general health is usually affected, in consequence of loss of sleep and general irritation. Lichen is non-contagious and not dangerous, but often troublesome to cure.

Treatment.—*Antimonium crudum*, *apis*, *arsenicum*, *ledum palustre*, *nux juglans* and *sulphur* are usually the indicated remedies.

PRURIGO.

PRURITUS.

This is a papular affection characterized by intense itching in which the papulæ are of the color of the skin; larger than those of lichen. There are three forms: 1. Prurigo

mitis, presents a smaller sized pimple than the other varieties, and is attended with less itching; 2. Prurigo formicans, has not only intense itching, but patients complain of a feeling like the creeping of ants—hence the specific name—or the stinging of insects, or as if hot needles were thrust into the skin. The itching is greatly increased by the warmth of the bed; 3. Prurigo senilis or pedicularis is characterizd by the presence of large numbers of minute insects, and is accompanied by greater dryness of the skin.

Diagnosis.—From lichen, by the large size of the pimples, by the dark spot on their surface, and by the more severe itching.

Treatment.—All medicines which in their physiological action on the skin produce intense itching, papular eruptions, are homœopathic to prurigo. I will only mention a few.

Aconite.—Intense itching of the skin with heat or feverish symptoms.

Apis.—Stinging, crawling, itching and burning sensation.

Arsenicum.—Burning itching, parts painful after scratching.

Aurum metallicum.—Violent itching over whole body from evening till midnight.

Capsicum.—Itching worse from scratching.

Carbo animalis.—Itching over whole body in bed.

Cistis canadensis.—Itching over whole body.

Conium.—Erratic itching on all parts of the body.

Cuprum metallicum.—Unbearable itching, measles eruption develops.

Mercurius.—Itching all over, worse at night when warm in bed.

Mezereum.—Violent itching, worse in bed, pruritis senilis, intolerable itching.

Rhus tox.—Itching all over, worse in hairy parts; after scratching, burning.

Sulphur.—Voluptuous itching and tingling, with burning or soreness after scratching; itching worse in warm bed.

We next take up the subject of scale diseases which are thus classified.

SCALY.	{	Psoriasis	Lepra Vulgaris.
		Pityriasis	Branny Tetter.
		Ichthyosis	Fish Skin.

PSORIASIS.

LEPRA VULGARIS.

This is a non-contagious scaly disease, and is called by some dry tetter.

Symptoms.—This is a chronic disease characterized by white scales, and of different varieties. Psoriasis guttata derives its name from the scales not coalescing. It begins with round red patches. Psoriasis diffusa spreads over large portions of the skin, and often renders the patient hideous to look at, the scaly incrustations being interspersed with bleeding fissures. Psoriasis inveterata, merely the severe phase of the preceding form, occurring in aged broken-down constitutions. Psoriasis gyrata, a rare form, occurring in narrow strips or rings.

Causes.—Abuse of spirituous liquors, pork and unwholesome food. It is also hereditary.

Prognosis.—It is free from danger but obstinate to cure.

Treatment.—*Arsenicum* is the remedy *par excellence*, and in my first experience I failed to cure the disease because I gave the remedy too low. I am now curing nearly all cases with the 30x by the help of *sulphur*—30x as an intercurrent remedy.

Hydrocotyle.—Dr. Allen says that this remedy has cured psoriasis with great thickening of the epidermoid layer, and enormous exfoliation of scales.

Iris.—Irregular patches on knees, elbows and body, with shining scales, the edges slightly raised.

Mercurius.—This is indicated where the skin is rough with dry scaly spots, sometimes of a yellowish cast.

Mezereum.—Scurf-like fish-scales on back, chest, thighs and scalp.

Petroleum.—Obstinate cases; scaly patches with deep fissures.

Sulphur.—Skin rough, scaly and scabby.

Teucrium marum verum.—Psoriasis; dry scruffy eruptions; scaly tetter on lobule of right ear, then desquamation of white scales, the ear sore and painful to touch.

PITYRIASIS.

BRANNY TETTER.

This disease is characterized by desquamation of the cuticle, on different parts of the body, and is sometimes called dandruff.

Symptoms.—The disease begins with slight irritation and itching of the skin. Pityriasis capitis occurs on the head of new born infants, and at all ages, and the white bran-like scales are called dandruff. Pityriasis rubra, as its name implies, has red colored spots. In pityriasis versicolor, the skin is yellow instead of red. Pityriasis nigra is characterized by a dark color of the skin.

Treatment.—*Arsenicum* high is almost specific.

Graphites, *lycopodium*, *sulphur*, may be indicated in some cases. I have found *rose-water* containing a few drops of *carbolic acid* to be an excellent dressing for the head, to prevent dandruff from returning.

ICHTHYOSIS.

FISH-SKIN.

This is a disease, as its name implies, in which scales form and overlap each other, resembling fish-scales. They may occur over any part of the body, but more generally on the palms of the hands, soles of the feet, face, eye-lids. There is no pain, or itching, but often a disagreeable odor arises from the parts.

Treatment.—*Arsenicum* is usually sufficient to arrest the disease.

Mezereum.—Hair covered with scurf, hair comes out in handfuls; scurf-like fish-scales on back, chest, thighs and scalp.

TUBERCULÆ.	{	Lepra Tuberculosa . . . Elephantiasis.
		Lepra Græcorum Leprosy.
		Frambœsia The Yaws.
		Molluscum
		Lupus Wolf.

LEPRA TUBERCULOSA.

ELEPHANTIASIS.

We must ever keep in mind the distinction between lepra elephantiasis, and elephantiasis græcorum, for they are two distinct diseases. The latter is true leprosy. Elephantiasis causes a hypertrophied condition, which looks and feels somewhat like elephant's hide. In very severe cases the tubercles become inflamed and ulcerated and discharge an offensive sanies, which concretes into black scabs.

Treatment.—The congenital elephantiasis is rarely ever cured, but other cases are amenable to treatment.

Arsenicum.—May be of much service by long continued use.

Hydrocotyle.—Allen says that this remedy has ameliorated cases of elephantiasis.

LEPRA GRAECORUM.

LEPROSY.

There is a discrepancy among writers as to this affection, owing to the fact that two diseases have been described under the head of lepra. It is probable that the ancients confounded lepra elephantiasis with lepra veræ, which is true leprosy. There are two varieties of leprosy; tubercular leprosy is characterized by tumefaction of the skin, in shining or

bronzed dark-brown patches, and often excessively tender. Non-tubercular anæsthetic leprosy is characterized by light discolored patches, devoid of sensation, on the face, ears, and extremities; bullæ atrophy; distortion of the fingers and toes by contraction, which gives them the appearance of bird's claw, rather than by the ulcerative process.

Dr. Copeland gives the following symptoms of this disease: Dusky red or livid tubercles of various sizes on the face, ears, and extremities; thickened or rugose state of the skin, a diminution of its sensibility and falling off of the hair, excepting that of the scalp; hoarse, nasal, or lost voice; ozæna; ulcerations of the surface and extreme fetor. These tubercles vary in size from that of a pea to an olive. Of all parts, the face is particularly affected, especially the nose and ears.

Causes.—Nothing certain is known regarding the cause of leprosy. The investigations of Stewart at Tranguebar, where it is very prevalent, led him to conclude: 1. That women are less liable to it than men; 2. That it is hereditary; 3. That its contagiousness is extremely doubtful; 4. That a fish-diet renders every symptom worse; 5. That poor living, want of cleanliness, and exposure to cold and damp, are constant attendants. Dr. Copeland ascribes its origin to the use of semi-putrid meat, and fish, and rancid oils; to insufficient vegetable food; and to the contact of matter discharged from leprosy sores.

Treatment.—*Arsenicum* is an invaluable remedy.

Hydrocotyle.—The late provings of this agent have shown that it is homœopathic to leprosy. It has ameliorated cases of leprosy—seems to have arrested the destructive processes.

Gurjun or wood oil.—Dr. Dongall, of Port Blair, Andaman Islands, reports twenty-four cures by this remedy. He believes that leprosy, both tubercular and anæsthetic, can be arrested by this remedy. He used an ointment, externally, composed of one part of the *oil*, to three of *lime-water*, shaken until an emulsion was formed. He rubbed the ointment in thoroughly, then covered the parts with finely-powdered clay,

then finally washing it off in a stream. After drying the skin, the ointment was again applied. He states that in no case have the ulcers returned. He gave the medicine internally at the same time he was using it externally. He used equal parts of the *oil* and *lime-water*; of this he gave four drachms morning and night. It is to be hoped that his treatment may prove a success in the treatment of the dreaded leprosy.

FRAMBŒSIA.

THE YAWS.

This is an African name of a raspberry, or a tubercle resembling a raspberry. Yaws is technically known as fram-bœsia, commonly attacks negroes, but has been noticed in Europeans.

Symptoms.—The disease is in the form of clusters, of variable size and shape, of small, dark-red spots, resembling flea-bites. Upon these spots papulæ are developed, which degenerate into indolent vegetations resembling, when they are found in circular groups, raspberries or mulberries. These vegetations are firm, slightly inflamed, and covered with thin dry scales. In some instances, they become the seat of ulceration, and of a yellow or bloody discharge, which concretes into scabs.

Causes.—Contagion, occurring in the West Indies, parts of America and Africa.

Prognosis.—Favorable, but when chronic often lasts for years.

Treatment.—*Arsenicum*.—Eruption resembling red petechiæ, turning dry and scaly.

Aurum.—Small and large blotches, stinging, burning, feeling like hard knots, of a dirty-yellow color.

Lachesis.—Bullæ dark from bloody serum within, malignant pustule.

Nitric acid.—Skin dark, dirty; brown-red spots, condylo-mata moist, like cauliflower, or in thin pedicles.

Thuja.—Bleeding fungus growths, wart-like tubercles.

While I have never known of its being tried in yaws, yet from its effect on syphilitic excrescences I believe that the application of the tincture of *thuja* would hasten the cure.

MOLLUSCUM.

This is a disease characterized by numerous indolent tubercles, ranging from the size of a pea to that of a pigeon's egg, of the natural color of the skin, containing a curdy matter; there is no pain or ulceration. They may occur on any part of the body, appearing at first in childhood and often continue through life.

Treatment.—*Arsenicum* is considered a good remedy in this disease, but it must be continued for a long time.

Iodine and *biniodide of mercury* are valuable agents. In other words molluscum must be treated upon the same general principles as that of scrofula of the glands.

LUPUS.

WOLF.

This disease is characterized by the development of tubercles and destruction of tissues. Owing to its destructive nature of the tissues of the face, mouth, nose, and the hideous appearance of the naked teeth, bones of the face and nose, the disease is called lupus, a wolf. There are two varieties. 1. Genuine lupus, herpes exedens, or noli me tangera. 2. Lupus non exedens.

Symptoms.—In lupus exedens a portion of the skin of the face, near the alae-nasi, inflames, swells, and becomes of a bright red tint. The swelling frequently occurs in the form of one or more tubercles; not however indurated like scirrhus. After a time, a painful, foul, excavated ulcer forms; variable in its progress, sometimes stationary, or partially cicatrizing,

but in the end destroying the flesh of the nose and cheek; causing caries and exfoliation of the bones; till the patient, a horrid spectacle, dies worn out with pain, his eye dropping from its socket into the chasm made by the destructive cheek. This affection mostly occurs to adults; especially if of weakly scrofulous habit; vitiated by intemperate habits.

The *lupus non exedens* is a milder form, and attacks scrofulous children. It begins, with shining tubercles, which ulcerate; but the ulceration has a tendency to spread widely, rather than deeply; causing prodigious deformity by the successive ulceration and puckered cicatrization of the face.

Prognosis.—Favorable when observed early, but when it becomes chronic it is unfavorable.

Treatment.—Dr. Franklin says that *arsenicum* is the most valuable remedy that he has used in the treatment of both varieties of lupus. *Mercurius biniodide* is also a valuable remedy. *Causticum, cicuta, carbolic acid, hydrastis, kali hydriodicum, iodine, iodide of arsenic, phytolacca,* and *sulphur* are all recommended, but I have but little faith in any except *arsenicum, iodide of arsenic,* and *iodide of mercury*. I think that a wash of carbolized warm water, would be soothing, and I should expect good results by the application of the *iodide of sulphur* ointment.

Several cases of lupus are said to have been cured by the hypodermic injection of *Koch's tubercular lymph*.

MACULÆ.

SPOTS.

To this class of skin diseases belong the common freckle-lentigo, the mole (*spilus*), the several forms of *nævus*, and the liver-spot (*ephelis*.)

MACULÆ.	{	Lentigo Freckles.
		Spilus Mole.
		Nævus Mother's Mark.
		Ephelis Liver-Spot.

LENTIGO.

FRECKLES.

These are small round discolored spots on the skin of young fair complexioned persons with red or auburn hair.

Treatment.—*Ammonium carb.*, *graphites*, *kali carb.*, *lycopodium*, *muriatic acid*, *nitric acid*, *nux moschata* and *sulphur*, are all laid down as having more or less influence in the removal of freckles. It is said that pulverized *nitre* moistened with water, and applied night and morning, has removed freckles.

SPILUS.

MOLES.

These are discolored elevations appearing on any part of the body. They are sometimes small and few, while in some cases they are large.

Treatment.—*Thuja* internally, and an application of the tincture to the moles will usually remove them. If not, then the application recommended for *nævus* may be tried.

NÆVUS.

MOTHER'S MARK.

This is a congenital discoloration of the skin, supposed to be made upon the child, while in utero, by reflex action of the mother's mental faculties. A sudden excitement of grief, joy, fright and a sudden shock to the mother by sight of something unusual is liable to mark her child. It produces various colors, and are said to represent a cherry, strawberry, mulberry, tomato, and port-wine stains. The *nævus* is sometimes covered with hair and is called *nævus pilaris*, and is also known as mouse-mark.

Treatment.—*Lycopodium* for *nævus maternus*.

Thuja is recommended for *nævus* and *calcareea carb.* also. I can not find many remedies that are strictly homœopathic.

Dr. Hempel claims to have cured nævi by the external application of a solution of *kresotum*, one drop to eighty drops of water. He applied this two or three times a day until ex-coriation and ulceration took place. Cicatrization afterwards took place, leaving the parts smooth and healthy looking.

I cured a case once by the application of *tartar emetic* ointment. I applied it once a day until the nævus became pustular. When they healed the skin was left smooth.

EPHELIS.

LIVER-SPOTS.

Symptoms.—This affection is characterized by a discoloration of the skin in small patches, which enlarge. They are of a grayish or yellowish tinge; sometimes of a brownish hue. They usually appear on the fore-part of the body, but may occur on the face. They are caused by slight obstruction to the portal system and are amenable to treatment.

Treatment. — *Lycopodium*, *mercurius cor.*, *podophyllum*, *sepia* and *sulphur* are all homœopathic to liver spots.

FURUNCULUS.

BOIL.

Symptoms.—Boils are various sizes, ranging from a small pea to that of a hen's egg. They begin with a hard, inflamed, painful swelling; the base is red, but as the disease advances it becomes purple. As pus begins to form the swelling enlarges and becomes throbbing. Boils may occur on any part of the body, but more generally appear on the arms, neck, back and nates. When boils appear and do not suppurate, but slowly subside, they are called blind-boils. The difference is due to the fact that when a person has boils if he is bordering on the hyperplastic diathesis they dry up without the formation of pus. If the patient is in the plastic or normal diathesis then they suppurate slowly. If in the aplastic condition they readily suppurate.

Treatment.—*Belladonna* is the remedy *par excellence* for boils.

Apis.—This remedy should be used when there is much tumefaction and stinging pain.

Arnica.—If boils are the result of bruises, then *arnica* should be given first of all.

Arsenicum.—Is indicated when the pain is of a burning nature and the boils are dark, and the patient is prostrated.

Hepar sulphuris.—When I wish to abort boils I give 30x of this remedy, but if there is pus already forming then I sprinkle the boil thickly with the 1x or 2x trituration of *hepar sulphur.* and apply a flaxseed poultice.

Nitric acid.—This remedy is indicated for boils when a patient is in the aplastic or feeble condition.

Silicea.—Dr. Madden thinks that this remedy will often arrest the progress of boils; it is also valuable for indolent chronic boils.

Sulphur.—This agent is said to prevent the return of boils.

LOCAL TREATMENT.—I feel confident that I have aborted boils by applying three times a day, the *aconite*, *belladonna*, and *iodine* liniment to which I have already referred. It must, however, be applied in the incipient stage to be successful.

If suppuration can not be prevented then I apply the poultice and *hepar* as stated above. When the central slough or core is out, then I change to the bread and milk poultice; it is soothing and healing. After the boil no longer discharges pus, then it may be dressed with *vaseline*, containing a few drops of *carbolic acid*.

MALIGNANT PUSTULES.

DELHI OR SCINDE BOIL.

This is a contagious and very fatal disease, common in France, where it bears the name *charbon*; comparatively rare in England and the United States. It begins as a small dark red, painful spot, upon which there soon appears a pustule or

vesicle, seated on a hard inflamed base. When this is opened, a black slough becomes apparent. This sloughing spreads rapidly, involving the cellular tissue, and sometimes even the adjacent muscles. The disease appears to be caused by infection from horned cattle, which are sometimes affected by a similar disease, but it arises also by inoculation of diseased fluids. It is believed that flies which have alighted on the ulcers of diseased animals may occasionally convey the infection. The constitutional symptoms are much the same as those of putrid typhus fever.

Treatment.—The first thing to be done is to destroy the eschar, by strong tincture of *iodine*, *carbolic acid* or *nitric acid*.

Lachesis.—Malignant pustules, bullæ dark from bloody serum within.

Arsenicum.—Black vesicles causing burning pain; burning, stinging pains, as from red-hot needles; prostration of a low typhoid or typhus condition.

Aurum metallicum.—Small and large blotches, stinging, burning, feeling like hard knots.

ANTHRAX.

CARBUNCLE.

Symptoms.—This affection usually appears on the neck and back, and is marked by inflammation of a circular shape, varying from one to seven inches. The part is hot, hard, red and swollen; the pain is dull, burning and throbbing. After a few days the skin turns purple, or of a brownish tint, and begins to soften in the center, when several whitish openings are observed, thus showing that suppuration has set in. The suppuration is slow, indeed there is but little pus formed; the tumefaction is lessened by sloughing until nearly all of the diseased tissues are consumed.

Diagnosis.—A boil has but one head or opening, while a carbuncle has many; and then again a carbuncle is much larger than a boil.

Prognosis.—During epidemics when the vitality of the people are lowered, then if carbuncles prevail, it is often a very fatal disease. I have, however, never seen any bad results under homœopathic treatment.

Treatment.—*Aconite* must be given if the fever and inflammation are of the sthenic grade.

Apis.—If the swelling is extensive and the inflammation has a tendency to spread, accompanied with a stinging pain, then *apis* is our main remedy.

Arsenicum.—When the carbuncle is large and malignant, with burning pain, and prostration of the patient, we have nothing equal to *arsenicum*.

Belladonna.—Is called for when the tissues are bright-red, and any headache or tendency to brain complications.

Lachesis.—Carbuncles, with purple surroundings, and many small boils surrounding them; thus showing a poisoned condition of the blood.

Silicea.—This remedy has a tendency to arrest sloughing and promote healthy granulations.

LOCAL TREATMENT.—When I was an allopath, I used to make incisions through the carbuncle, but since I became a homœopathist I have discarded that operation entirely. When the parts look dark and have a burning sensation, I have found nothing more soothing than a *flaxseed* poultice, containing pulverized charcoal. When the carbuncle begins to look pale, I then leave out the charcoal, and sprinkle the parts with 1x or 2x trituration of *hepar sulph.*, and continue the *flaxseed* poultice. This treatment hastens sloughing of the devitalized tissues, which has to take place before granulation can occur. I have used raw tomatoes to the carbuncle, and I have thought that they were more soothing, and promoted suppuration better than any thing that I have tried. When the sloughing becomes extensive, then the parts should be cleansed once a day with warm water, containing *carbolic acid*, half a drachm to a quart of the water. The patient must be nourished with beef extract, eggs, milk and malted

milk, or in other words, his system must be brought into the normal diathesis as soon as possible.

WHITLOW.

FELON.

This is sometimes called gathered finger. There are three varieties. 1. The cutaneous whitlow, which is characterized by inflammation of the outer skin, which raises into a bladder filled with a bloody fluid; it is attended with a burning pain. 2. The subcutaneous is attended with pain and suppuration under the skin at the root of the nail, which often comes off. 3. Tendinous whitlow, or thecal abscess, is an inflammation of the tendinous sheath of the finger. They all begin with redness, heat, pain and swelling, and after a longer or shorter time an abscess forms. The thecal abscess is one of the most painful affections that we have to contend with.

Treatment.—*Apis* for swelling, stinging pain, *bella-donna* for redness and throbbing pain. Some have recommended *carbolic acid* 3x as a valuable remedy. *Fluoric acid*, *hepar sulphur* and *mercurius*, are all recommended. I have applied the tincture of *dioscorea*, externally, with the view of aborting the whitlow; the pain ceased, but I have not had experience enough with the remedy to speak positively as to its merits.

Rhus tox.—Swelling of the fingers, hang nails.

Silicea.—Some think that the 3x of this remedy will abort a whitlow. It is used for bone-felons with deep seated pains, burning, stinging, aching, in superficial parts. Run-a-rounds; ulceration about the nails; hang nails; finger-tips burn.

Stramonium.—Pain intolerable, drives to despair.

I have but little confidence in many external applications that are advocated. I think that when a whitlow begins to develop it may often be arrested by producing anæsthesia of the part by saturating a bit of cotton with *chloroform* and applying to the inflamed part, and cover with paper. Let it remain

until pain and sensibility is lost, then expose to the atmosphere, and when tenderness begins to return then apply the *chloroform* again, and continue the same methods until the finger is free from pain. After whitlow has progressed so far that the pain is almost unbearable, then the inflamed part may be touched with strong *nitric acid*. The sound skin must be protected by the use of oil.

Whenever it is evident that we can not arrest a whitlow, then it should be lanced deeply through the periosteum, in order to save the bones of the finger. It is unnecessary to wait until matter has formed, for the sooner the periosteum is laid open the quicker the finger will recover.

BURSITIS.

HOUSEMAID'S KNEE.

This is called housemaid's knee, and miner's elbow, because the inflamed bursa is produced by girls kneeling on damp stone steps or hard floors in the act of scrubbing, also by miners bruising their elbows. It is a bunion of the knee and elbow, the same as found on the foot from tight shoes.

Symptoms.—The parts over the joints become thickened, tender, swollen, painful and feverish. If not arrested suppuration may supervene, or the bursa may enlarge and form a hard projection.

Diagnosis.—Bursitis is always found in front of the knee, while synovitis surrounds the joint.

Treatment.—When the irritation is first felt, *arnica* both internally and externally will usually restore the parts.

Belladonna.—When the parts are red and painful, then *belladonna* will prove beneficial.

Iodine.—Hot, bright red swelling of the knee, with inflammation, pricking and burning; aggravated by touch or pressure; painful bunions and corns on feet.

Ledum.—Ball of great toe painful, swollen; soles very sensitive, tendons stiff.

With the foregoing treatment, and the external use of the *iodine* liniment containing *aconite* and *belladonna*, as heretofore mentioned, I have never failed to remove bunions of the knee, elbow and foot. When the bursa becomes hard and of long continuance it may take several months to remove them entirely.

TUMOR SEBACEUS.

WEN.

These tumors appear under the skin and are movable; they are free from pain, and often attain a large size.

Treatment.—*Baryta carb.*, *calcareo*, *iodide of potash*, *lycopodium*, *silicea*, and *sulphur*, are recommended for their removal. But where they are stubborn I have removed them by the *iodine* liniment.

VERRUCÆ.

WARTS.

It is unnecessary to go into a dissertation on warts, for every one knows them at sight. They are an excrescence on the skin, producing a smooth, hard surface, or of a craggy appearance, called seedy warts.

Treatment.—*Thuja* internally and externally will usually eradicate warts. If followed by *sulphur* for a few weeks, it is said that they will not return. One writer claims that *dulcamara* 3x has cured many cases. *Antimonium crudum* is also said to be a good remedy.

POISON OF INSECTS.

The poison from the sting of the bee, bumblebee, centipede, hornet, gnat, mosquito, wasp, yellow-jacket, etc., cause an irritation, swelling and pain. Some persons have been stung to death by a swarm of bees.

Treatment.—Some of the insects I have mentioned, often sting so deeply as to leave their sting in the flesh. When that is the case the sting must be extracted with sharp-pointed forceps.

Ledum palustre is a valuable remedy. It should be given internally, and applied to the part with a piece of cotton saturated with a solution of the tincture, say thirty drops to an ounce of water. I have found that the application of the *tincture of iodine* often destroys the poison and greatly relieves the patient. *Iodine* is an antidote to the poison of insects and serpents. Dr. Hill says that *allium cepa*—onion—cut in thin slices and applied to the parts and changed often, has cured many cases in his hands. If there is fever and much swelling *aconite* and *apis* may be called for.

SERPENT'S BITE.

The rattlesnake, copperhead, moccasin and scorpion, are the most venomous of the reptiles of America; their poison often destroys life in a few hours.

Treatment.—The poison must be antidoted in order to save the patient. If the patient survives the worst symptoms, then *arsenicum* is a valuable remedy for the typhoid condition that may be developed. Many recommend large quantities of whisky, others use hypodermic injections of *ammonia*. But from my experience I think that there is nothing equal to *iodine* as an antidote to the poison of serpents.

Many years ago Professor Daniel Brainard experimented largely on guinea pigs, rabbits, and birds, and found that by injecting *iodine* solutions before the bite, that the subjects felt no bad results, in others he gave no treatment after the bite, and the animal died in a short time, while others that were bitten and were immediately injected, the poison had little or no effect. He used a solution of *iodine*, ten grains, *iodide of potash*, thirty grains, and pure water one ounce. In case that man should be bitten by venomous

serpents, then the first thing to be done is to suck the wound, apply a cupping glass over the bite, and inject one drachm of the foregoing *iodine* solution into the tissues under the glass, and repeat as often as is necessary, and continue until the patient is better. If the patient is relieved, and there are any symptoms of iodism produced then a strong solution of starch given internally will produce *iodide of starch*, which is harmless. The poison of some serpents is so virulent that it kills in a few hours. In that case poisonous symptoms of *iodine* should be developed as rapidly as possible, for a solution of starch will certainly antidote the *iodine* after it has neutralized the serpent's poison.

If a bystander has no sore in his mouth, and no decayed teeth, then it is supposed that he can suck the poison from the bite with impunity by washing his mouth afterwards. I should recommend that he wash his mouth with a weak solution of *iodine* to make sure.

BURNS AND SCALDS.

These conditions are produced by the application of fire, hot liquids, steam, hot bodies and gaseous substances. We have three conditions. 1. Erythematous, simple redness of the skin. 2. Vesiculated, in which the cuticle is so affected as to lead to an exudation of serum, and the formation of vesicles. 3. Gangrenous, a destruction of the tissues. Burns on the body, head or neck, are much more dangerous than the same character of burns on the extremities. There are three stages of constitutional disturbances following deep burns. 1. Congestion and depression during the first few days. 2. Reaction and inflammation of some of the internal organs. 3. Exhaustion following suppuration which may last for weeks.

Treatment.—I will not repeat the long list of external treatment recommended by different authors, but will say that after trying them all, they have been discarded and only

give what I have found to be most satisfactory after an experience in many cases during the last thirty-seven years. I will say, however, that I have found that an application of *bicarbonate of soda* to be very soothing, but as we will have to adopt another dressing after the pain subsides, I have rejected the soda also.

In the treatment of the erythematous variety, I have found a solution of *cantharides*, ten drops to a goblet of water, to be very soothing. Absorbing cotton should be saturated with the solution and applied to the inflamed parts; it should be kept wet and not removed until inflammation has passed. Twenty to thirty drops of the *tincture of urtica urens* to a goblet of water and applied in the same way is also a valuable application.

The vesicular variety may be treated in the same manner after picking the blisters with a needle without breaking the cuticle. The dressing should not be removed until the parts are healed unless there should be some discharge. I think, however, if the blisters are very extensive, it is best to treat the vesicular and the gangrenous varieties alike in the beginning; that is, as a rule, all extensive burns require a stimulating application. I have found nothing more beneficial than an ointment composed of two ounces of *resin* ointment and half an ounce of *oil of turpentine*. Mix well and spread on linen cloths and apply to the burnt surface, cover the part with a thin layer of lint. This dressing should not be removed for several days, or until the parts begin to discharge, then the parts should be washed in a solution of *calendula* or *carbolic acid*, and afterwards dressed with the chalk ointment.

This is a compound of prepared chalk two ounces, lard half an ounce, and *olive oil* half an ounce, or a sufficient quantity to make a soft smooth ointment. It should be spread on linen cloths, and applied to the raw surface. This also should remain several days unless there is much discharge. In the majority of cases I use no other application, and continue it until the new skin has formed. By this plan I have never

seen any scars left after the parts were healed unless the tissues were destroyed deeply. In that case, if the parts begin to slough and discharge an offensive sanies, then we must adopt the same plan of treatment as recommended for gangrene in erysipelas.

INTERNAL TREATMENT.—*Aconite*.—This should be given if fever follows reaction.

Arnica.—To allay extreme sensibility, general restlessness and intense pain, at the seat of injury.

Arsenicum.—If ulcers form and gangrene threatens.

Carbo veg.—In those extreme cases where the shock is so excessive as to threaten complete extinction of life.

Causticum.—For old burns, burns of the lips and tongue.

Coffea.—To promote sleep and allay nervous excitement.

Phosphoric acid.—When there is hot skin, thirst, hard and frequent pulse.

If the patient should require stimulants, strong coffee, beef extract, and unfermented-grape juice, are essentially organic stimulants, milk, soft eggs, and malted milk must be given for nourishment.

CONTUSION.

BRUISE.

This is caused by a blow or falls. If the bruise is slight it produces a red discoloration of the skin, which turns black after a few hours, and is called ecchymosis. But when a bruise involves the deeper tissues, then it sometimes becomes serious.

Treatment.—*Arnica* internally, and a warm *arnica* lotion, half an ounce to a quart of warm water, should be applied by saturating cloths in the solution, and repeat as often as they become dry. The parts must be kept warm.

If the glands are involved in a bruise, such as the female breast, then *conium*, both internally and externally, should

be used. If erysipelatous symptoms should develop in a bruise, then the treatment recommended for that disease must be adopted.

SPRAIN.

STRAIN.

This is an over-stretching of the ligaments and tendons, with rupture of some of their fibers.

Treatment.—Rest is of the highest importance. When possible the limb should be bandaged, and a warm solution of *rhus tox.*, *ruta* or *hypericum* should be applied until pain abates; then the limb should be tightly strapped to prevent movement of the joint.

Rhus tox.—This remedy is always indicated for sprains.

Hypericum.—Is valuable when the fingers and toes are involved, and when the nervous fibers have been injured. If there is fever, heat and redness of the part, *aconite* may be called for. If the patient is bruised as well as strained, then *arnica* should be given.

GANGLION.

This consists of small movable tumors on back of the wrist of one or both hands; they are generally free from pain.

Treatment.—I have been able to remove those cysts by the application of the *iodine*, *aconite* and *belladonna* liniment, to which I have already referred.

It is said that the internal and external use of *benzoic acid* has cured. *Phytolacca* and *mezereum* are also recommended.

DISEASES OF THE EYE.

These affections are thus classified.

DISEASES OF THE EYE	}	Conjunctivitis . . Inflammation of the Conjunctiva. Sclerotitis Inflammation of the Sclerotica. Corneitis Inflammation of the Cornea. Iritis Inflammation of the Iris. Choroiditis Inflammation of the Choroid. Retinitis Inflammation of the Retina. Gutta Serena . . Amaurosis.
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The following table shows the diseases of the conjunctiva.

CONJUNCTIVA.	}	Catarrhal Ophthalmia. Purulent Ophthalmia { of Infants. of Adults. Strumous Ophthalmia. Scrofulous Ophthalmia.
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CATARRHAL OPHTHALMIA.

Some authors speak of simple conjunctivitis, but as it is only a milder type of catarrhal conjunctivitis, I include them both under one head.

Symptoms.—One or both eyes may have a slight burning pain, with itching and redness of the conjunctiva. There is often a feeling as if sand was in the eye. There is intolerance of light, the redness begins on the edge of the lids and extends towards the cornea; if it spreads over the cornea the vision is obscured. There is often considerable flow of tears, and a mucous secretion.

Treatment.—In all diseases of the eye we must diagnose our remedies closely.

Aconite.—This is generally indicated for catarrhal ophthalmia in the early stages.

Arsenicum.—The conjunctiva looks like a piece of raw beef. The first case I was called to see after I became a homœopathist I thought that I saw the picture of *belladonna*. After giving it for two days with no improvement, the patient said that she was thirsty, but the water tasted badly, and she could only take a sip at a time. I then had the key-note, and gave her *arsenicum*, and in less than twenty-four hours she was relieved.

Belladonna.—Bright sparks before the eyes; conjunctiva covered with red vesicles; eyes feel dry as if sand was in them.

Euphrasia.—Inflammation with intolerance of light and copious lachrymation.

PURULENT OPHTHALMIA.

CONTAGIOUS OPHTHALMIA.

This is called Egyptian ophthalmia of adults because it is supposed that it had its origin in Egypt, and was conveyed to other portions of the world. It begins with intense inflammation of the conjunctiva, generally affecting both eyes, accompanied by a profuse purulent discharge. The lids and anterior surface of the eye are swollen and granular, and the cornea is sunk, as it were, into a deep pit formed by the projection of the conjunctiva.

Prognosis.—Very unfavorable; the tendency to the deeper structures and ulceration and rupture of the cornea renders our prognosis grave.

Causes.—Contagion, and the crowding of persons in filthy localities.

Treatment.—*Aconite*.—This is indicated for the inflammatory stage.

Argentum nitricum.—This is the remedy, *par excellence*, for inflammation of the eye, with purulent discharge.

Arsenicum.—Eye-ball feels like a globe of fire; acrid secretion, burning, stinging pains.

Mercurius.—Copious discharge of mucus and pus; agglutination of the lids.

Mercurius cor.—Violent forms with extreme dread of light, or in chemosis, where the conjunctiva is elevated above the transparent cornea.

Zincum.—Conjunctivitis, pains; worse at night; inflammation more in inner canthus.

OPHTHALMIA NEONATORUM.

PURULENT OPHTHALMIA OF INFANTS.

This is an inflammation of the conjunctiva, involving the whole mucous membrane of the eye. It occurs in children about the second or third day after birth.

Symptoms.—The child is fretful, and the eye looks red as though it had taken cold. The conjunctiva begins to swell, and has a darkish appearance; the lids become so much swollen that the lids often can not be opened, and the conjunctiva overlaps the cornea, and protrudes between the swollen lids. There is a copious discharge of a yellowish or greenish purulent substance from the eye. In trying to open the eyes, I have seen the purulent discharge pouring out like as from a small abscess.

If the disease is not arrested at this stage, opacity of the cornea will soon develop, with probable ulceration and protrusion of the iris, followed by total blindness. But thanks to Samuel Hahnemann and his law of cure, such a result is now rare under homœopathic treatment, if the child is seen in time.

Prognosis.—Favorable if seen early and treated properly; if not it is very grave.

Diagnosis.—The severity of the case distinguishes this disease from simple sore eyes from cold.

Causes.—Due to an acrid condition of the liquor amni or the secretions of the vagina.

Treatment.—This is a case in which homœopathy can demonstrate its superiority over all other plans of treatment.

I will mention a few remedies that I have found homœopathic.

Aconite.—Early stage; child feverish and restless.

Apis.—This is an excellent remedy for the swelling of the lids and conjunctiva.

Argentum nitricum.—This remedy is almost specific in purulent ophthalmia of children. I have seen cases recover when there seemed to be scarcely a hope of saving the eyes. It should be administered as soon as the discharge becomes purulent, or sooner if the other apparently indicated remedies fail to relieve. I well remember the solicitude I once had for the worst case I ever saw. In attempting to separate the lids a purulent secretion boiled out as though there was a powerful force behind it. I at once took in the gravity of the situation and administered *argentum nitricum* internally, and with a small syringe I cleansed the eyes from pus by injecting warm water containing a few drops of tincture of *calendula*. This was repeated twice a day or as often as was necessary to remove the pus, for the danger to the cornea is enhanced by the purulent matter remaining in contact with it.

When I cleansed my little patient's eyes from the purulent matter, I dropped one drop of a solution of *argentum nitricum*, two grains of the crystals to an ounce of water, into the eyes once a day until the pus ceased to accumulate. I was then able to examine the cornea and found some degree of opacity and ulceration, and as the *argentum nitricum* had arrested the progress of the disease, and the conjunctiva began to assume a more natural appearance, and as the ulcers and opacity seemed to remain at a stand still, I put the patient on *mercurius cor.*, to arrest the further ulceration of the cornea. Upon a further examination I found that I had another foe to contend with, the eyes were painful, and other evidences of the deeper structures becoming involved. To allay pain and prevent adhesions of the iris, I put one drop of a solution of *sulphate of atropia*, two grains to an ounce of distilled water, into each eye once a day or till the pupils were dilated. They

were then allowed to contract, and if pain had not subsided, or still danger of adhesions, the solution of *atropia* was continued as before. The ulcers finally healed, and only indentations of the cornea were observed, and finally they disappeared, and the eyes and sight were perfect.

Arsenicum is sometimes indicated for ulceration of the cornea, if the *mercurius cor.* does not act promptly.

Sulphur is a good remedy for convalescence to prevent relapses.

STRUMOUS OPHTHALMIA.

This disease only attacks persons of a scrofulous diathesis, producing phlyctæna—blisters—and pustules.

Symptoms.—Children from two to nine or fifteen years of age are the subjects of this disease. There is a slight partial redness of one or both eyes, sometimes confined to the eye-lids, and in the form of groups of enlarged vessels running from the circumference of the eyes to the edge of the cornea, where they terminate in small pustules, which break, and form minute ulcers. Sometimes the injection extends to the conjunctival covering of the cornea, and pustules are formed upon its surface. There is intolerance of light, the eye-brows are contracted, and the nostrils and upper lip drawn upward. There is a profuse flow of scalding tears whenever the eye is exposed to light, which flowing over the skin, irritate and inflame it, and sometimes give rise to a pustular eruption, accompanied by white scabs.

Prognosis.—If the strumous diathesis is strongly marked, then our prognosis as to cure must be guarded. If it is slight, then we can promise a cure.

Treatment.—The diet and sanitary surroundings must be the same as that for scrofula. Fortunately many homœopathic remedies that are indicated for the conditions of the eyes, are also beneficial for the removal of the scrofulous diathesis.

Arsenicum.—Inflammatory swelling of the lids; specks or ulcers on the cornea; nightly agglutination of the lids.

Calcarea carb.—Scrofulous ophthalmia; swelling and redness of the eye-lids, with nightly agglutination; stinging pains, worse from candle light. Specks and ulcers on the cornea; can not bear the light; glandular swellings of the neck, and eruptions on the hairy scalp.

Euphrasia.—Vesicles, or specks and ulcers on the cornea; copious secretion of mucus and tears; swelling of the eye-balls; fluent coryza and headache; photophobia, flickering of the light.

Graphites.—Ulcers on the cornea; eyelids much inflamed and painful; constant desire to keep the eyes covered; unhealthy skin, with eruptions oozing out a sticky glutinous fluid.

Mercurius.—Scrofulous ophthalmia; cutting, burning pains, or pressure in the eyes as if from sand; pustules and scurfs around the eyes and on the margins of the lids.

Spigelia.—Vessels of the conjunctiva much congested; upper lids swollen and stiff; aching pains deep in the orbits when touched.

Sulphur.—Scrofulous ophthalmia; itching, burning in the eyes and eye-lids, worse by moving or exposing them to light; feeling as if sand were in the eyes; specks and ulcers on the cornea; flashes of heat, and weak spells; burning on top of the head.

SCLEROTITIS.

INFLAMMATION OF THE SCLEROTICA.

The sclerotic and cornea form the external tunic of the eye-ball, and give to it its peculiar form. It is the white portion of the eye-ball. Four-fifths of the globe are invested by the sclerotic, the remaining fifth by the cornea. This disease is sometimes called rheumatic ophthalmia.

Symptoms.—The globe of the eye is of a bright redness, especially around the cornea, where the straight vesicles

of the sclerotic are seen arranged as radii extending a short distance over the margin of the cornea, and there abruptly terminating. There is intolerance of light, and a great flow of tears. There is intense pain at times, the patient suffering most towards evening, and reaches its acme by midnight, when the pain abates towards morning. The vision is somewhat impaired owing to a haziness of the cornea.

Diagnosis.—Conjunctivitis has superficial redness and flow of mucus, while scleratitis has deep redness and pain with a great flow of tears.

The prognosis is favorable if treated promptly.

Treatment.—*Belladonna*.—Vivid redness of the sclerotic, with discharge of hot, salt tears, or great dryness of the eyes; sharp pains in the orbits, extending to the brain; stinging pains, worse from candle-light.

Aurum metallicum.—Red sclerotic, burning, stitching drawing and itching at the inner canthus.

Arsenicum.—Yellowness of the sclerotic.

Colchicum.—Violent, sharp tearing pain in and around the eye-ball; drawing digging pain, deep in the orbit, like in scleritis.

Euphrasia.—Aching pain in the eyes and redness of the sclerotic; copious flow of tears; fluent coryza and headache; photophobia.

Spigelia.—Rheumatic and arthritic ophthalmia; aching pains deep in the orbits when touched.

Sulphur.—Specks and ulcers on the cornea; this is a valuable remedy, as it were, to cleanse the system and hasten the cure where the disease seems tardy about yielding.

CORNITIS.

INFLAMMATION OF THE CORNEA.

Symptoms.—The cornea has at first a hazed appearance which finally ends in opacity and ulceration. The vessels of the conjunctiva and sclerotic become injected. The

cornea sometimes has the appearance of a cloth, or pannus, spread over it, due to the fact that its mucus covering is loosened and thickened. I have seen one case in which a deposit of lymph appeared between the layers of the cornea, and gave the appearance of ivory, and nearly obscured the sight. As a rule this disease is free from the acute suffering observed in other diseases of the eye.

Diagnosis.—It is of a slow chronic nature, and free from those severe attacks of other diseases of that organ.

Prognosis.—Unfavorable in scrofulous, syphilitic, and broken-down constitutions. But under homœopathic treatment many diseases of the eye heretofore considered incurable are often amenable to treatment.

Symptoms.—The first thing to be done is to change the patient's mode of diet and surroundings. All forms of pork and lard should be avoided; milk, soft-boiled eggs, malted milk, fresh meat of all kinds, except pork, should be allowed.

Arsenicum.—Specks or ulcers on the cornea, unhealthy skin and debility.

Calcarea carb.—Specks and ulcers on the cornea, scrofulous diathesis, glandular swelling, and want of assimilation.

Graphites.—Ulcers on the cornea, unhealthy skin, with oozing eruptions.

Mercurius cor.—Deep ulcers nearly covering the cornea. I once cured a case with this remedy when the cornea was nearly covered with a deposit of lymph resembling ivory. He recovered his sight entirely, and the cornea was perfect.

Silicea.—Opaque cornea; spots and cicatrices on cornea; corneal fistula.

Sulphur.—Speck and ulcers on cornea; scrofulous diathesis.

IRITIS.

INFLAMMATION OF THE IRIS.

This affection may be either acute or chronic. The iris is a movable curtain, having a circular aperture nearly in its center, and occupies the space between the cornea and crystalline lens. Its function is the regulation of the proper amount of light to the eye by its power of contraction and dilatation.

Symptoms.—A red zone arranged as radii around the circumference of the cornea, and terminating abruptly near its edge, the redness after a time extending to the conjunctiva, are the first symptoms pointing to iritis. The iris soon loses its brilliancy and color, and becomes muddy; lymph is either effused into its substance, thrown out from its edge, or deposited upon its anterior or posterior surface, the whole chamber of the eye is often filled with it. The pupil contracts, and becomes irregular in shape, from effusion into its substance and adhesions to surrounding parts. The sight becomes dim, and often vision is entirely lost. The pains are often severe in the eye, darting to the cheek and temple, worse at night.

Prognosis.—Very grave unless seen early and yields readily to treatment.

Causes.—Rheumatic, gouty, scrofulous and syphilitic diathesis. The exciting causes are over-use of eyes, surgical operations, and mechanical injuries.

Treatment.—If there are febrile symptoms *aconite* should be given at first.

Arnica.—This remedy should be given both internally, and used externally after all operations or blows on the eye.

Belladonna.—Sharp pains in the orbits, extending to the brain.

Clematis erecta.—Inflammation of the iris, complains from bright light.

Euphrasia.—Rheumatic inflammation of the eyes.

Kali bichromicum.—Rheumatic iritis, pains, pricking, stinging, wandering.

Rhus tox.—Iritis in rheumatic or gouty subjects, with suppurative tendencies.

Mercurius.—Iritis, syphilitic; pains around the eye, on forehead and temple; throbbing, shooting pains in the eye.

The iris must be kept dilating and contracting until all danger of adhesion is past.

CHOROIDITIS.

INFLAMMATION OF THE CHOROID.

Symptoms.—The symptoms of this disease are so blended with the other membranes of the eye that it is sometimes difficult to distinguish except by the blue zone around the cornea, followed by the protrusion of small dark-blue tumors. The pupil is displaced or contracted, with a narrowing of the iris, and opacity of the cornea. The pain and intolerance of light are almost unbearable. Dimness of sight, and total blindness often supervene on account of the pressure on the retina. The globe of the eye often becomes enlarged, due to an effusion of a serous fluid between the choroid and retina.

Diagnosis.—The blue zone around the cornea and bluish protrusions through the sclerotica.

Treatment.—This must be upon general principles in accordance with pain and photophobia. If the eyes are painful and feverish then *aconite* is a good remedy.

Belladonna.—Vision obscured as from a white vapor; deep-seated dull pain in back of the eye.

Rhus tox.—Of rheumatic origin, and where the ciliary body and choroid are involved.

Spigelia.—Eye-balls feel too large; bluish rings around the cornea, iris discolored.

RETINITIS.

INFLAMMATION OF THE RETINA.

The retina is the inner coat of the eye, containing the sensory nerve-endings which receive the impressions resulting in the sense of vision. Retinitis may be acute and chronic.

Symptoms.—The pain in the globe of the eye is often intense, with headache, intolerance of light, dimness or loss of vision, the pupils are contracted and motionless, shining spectra of various forms appear. Delirium is often present. The chronic variety is only a milder type of the acute.

Prognosis.—If seen in time, and treated promptly, the prognosis is generally favorable, but it must be guarded when the whole eye becomes involved.

Treatment.—*Belladonna.*—Deep-seated dull pain in the back of the eye. Bright sparks before the eyes, objects appear double, and seem to revolve and run backwards, inverted. Halo around the light parti-colored, red predominating; at times light seems broken into rays. Headache and delirium.

Mercurius cor.—Retinitis albuminurica.

Spigelia.—Photophobia; over-sensitive retina; asthenopia (accommodative), slight retonitis; neuralgia; or with anæmia of the optic nerve; sharp stabbing pains through ball back into head, worse from moving the eyes and at night.

Nux vomica.—Sight blurred by overheating; vision impaired by dissipation; hyperæsthesia of the retina; pains to the top of the head.

Sulphur.—Retinitis, caused by over-use of eyes, congestion of optic nerve; obscuration of sight; like a gauze before eyes; halo around gas or lamp-light.

GUTTA SERENA.

AMAUROSIS.

This is sometimes called nervous blindness.

Symptoms.—A blindness or obscurity of vision caused by disease of the optic nerve, and this cause may be situated

either at the origin of the nerve in the brain, in some part of its course, or at its termination in the retina; and of course the degree of blindness will be in proportion to the extent these parts are involved. The patient's movements are uncertain; the expression of countenance vacant; the eye-balls either fixed or oscillating; his gaze fixed on vacancy, the pupil generally dilated and insensible to light.

Diagnosis.—The pupil is clear and transparent, while in other diseases of the eye this is not the case. The ophthalmoscope is a valuable aid in diagnosis; for the condition of the optic nerve gives evidence as to the gravity of the case. It is also valuable in prognosis, for a hope of cure depends upon the condition of the optic nerve.

Treatment.—*Arnica.*—This is a valuable agent for over-use of the eyes, with dimness of sight.

Arsenicum.—Everything appears green, sees as through a white gauze and weakness of sight.

Aurum metallicum.—Sees objects as if divided horizontally; sees only half of an object, other half as if covered with a dark body. Tension in the eyes; sees things double or mixed up; fiery sparks before the eyes; optical illusion in bright colors.

Belladonna.—Objects appear double, and seem to revolve and run backwards, inverted; bright sparks before the eyes; flashes of light before the eyes. Halo around the light, parti-colored, red predominating; at times light seems broken into rays.

China or cinchona.—Nocturnal blindness; worse from light; better in the dark. Scintillations or black motes before eyes; letters pale, surrounded by white borders.

Cimicifuga.—Dark spots before the eyes, dilated pupils, double vision; intense pains in the eye-balls, worse from moving the head or eyes.

Crocus sativa.—The light seems dimmer than usual, as if obscured by a veil; appearance of a spot jumping up and down before the sight.

Euphrasia.—Excessive lachrymation; also when the complaint is traceable to catarrh.

Gelsemium.—Amaurosis of congestive origin; after apoplexy; sees double, when inclining the head towards the shoulder; confused vision, eyes heavy; astigmatism, a defect in eye-sight, attended with dimness of vision, arising, it is believed, from a structural error or accidental malformation of the lens of the eye; if, in such cases, a luminous point be viewed by the eye, it will not appear like a point, but will put on some other appearance dependent on the nature of the error or malformation. When this trouble is detected early homœopathic remedies will often relieve the patient without the annoyance of glasses. Here the homœopathic ophthalmologist has the advantage over his brother in the old school.

Glonoinum.—Flashes of lightning, sparks before eyes; objects dance with every pulsation; dim sight with vertigo, with fainting, black spots before eyes.

Lithium carbonicum.—Black motes before eyes; sensitive eyes after using them by candle or gas light; vision uncertain; right half of objects invisible, pain over the eyes; sunlight blinds.

Nux moschata.—Objects look larger, very distant; or vanish; red; motes before the eyes; worse from light, from exerting vision; better in the dark; blindness, then fainting.

Opium.—This remedy is strictly homœopathic to hyperæsthesia or an exalted irritability of the nervous centers; there is obscuration of vision, amblyopia or an incomplete or incipient amaurosis; or weakness of sight; 30x, or higher.

Phosphorus.—Letters look red when reading; momentary blindness, as from fainting. Amblyopia from loss of fluids; also morbus brightii, paroxysms of nyctalopia; or, a sensation as if things were covered with a veil.

Nyctalopia means night-eye, or day-blindness, called owl-sight. There are two opposite conditions of vision described by Dr. Forbes. Nyctalopia, vision lost or obscure by day, comparatively good at night—night-sight, day-blindness.

Hemeralopia.—Vision lost or obscure by night, good or comparatively good by day—day-sight, night-blindness, hen-blindness.

Phosphoricum acidum.—Sees colors, as of the rainbow; blindness, with frequent desire to wink; torpid amaurosis, caused by debilitating losses; eyes look glassy, lusterless; also with staring.

Ruta graveolens.—Green halo around light in evening.

Santoninum.—Hyperæsthesia of the retina, then the sight becomes suddenly dim. Amblyopia; retinal anæmia; after eating, the eye-sight becomes suddenly dim; rubbing clears the eye for a few moments. After diphtheria, flashes of light.

Veratrum album.—Vision obscure by night, comparatively good by day.

Veratrum viride.—Dimness of vision, with dilated pupils; green circles around the candle, which turn to red.

Zincum.—Amaurosis; during severe headache, eyes dim, watery; brain affections; sees luminous bodies.

MUCÆ VOLITANTES.

This means a floating of black motes, or thin gray films resembling flies, before the vision. They are supposed to be debris of cells, floating in the vitreous humor.

Causes.—It may sometimes be the forerunner of amaurosis or cataract. But usually it is due to over-use of the eyes, artificial light, badly ventilated rooms, and some forms of fever.

Treatment.—*Agaricus muscarius*.—Indistinct sight; focal distance changes while reading; first grows shorter, then longer. Dim sight; things look obscure; muscæ volitantes; vibrating spectra, with vertigo; reads with difficulty, type seem to move. Diplopia, that is the patient sees an object double or triple; black spot before left eye.

Carbo veg.—Black spots float before the eyes; must make exertion to distinguish letters when reading.

China.—Scintillation, or black motes before eyes.

Cocculus.—Dark spots before the eyes, though objects appear clearly.

Conium maculatum.—Objects look red; rainbow-colored; striped, confused spots.

Digitalis purpurea.—Diplopia; objects appear either green or yellow.

Kali carbonicum.—While reading or looking at a bright light, muscæ volitantes; sharp stitches; fog before the eyes; bright sparks, blue or green spots before the eyes.

Silicea.—Black spots before eyes; a persistent speck before right eye.

CATARACT.

This is an opacity of the crystalline lens, and produces dimness of sight, and if not relieved leads to total blindness. There are two varieties, the hard and the soft.

Treatment.—I have cured two cases of senil cataract with *sanguinaria* and *silicea*. One case the patient could not distinguish one letter from another. After six to eight months she could see to sew by gas-light.

Colchicum.—Inflammation of the eyes, dim sightedness; soft cataract.

Conium maculatum.—Sluggish adaptation of the eye to varied range of vision; cataract from contusion.

Sanguinaria.—Diminished power of vision, cataract.

Silicea.—Dim vision; cataract.

Sulphur.—Obscuration of sight; like a gauze before eyes; cataract.

When cataract is hard and of long standing, medicines will have no effect, and the knife must be used to restore sight. I think, however, that a course of treatment before an operation will greatly enhance the probabilities of success.

Dr. D. D. Hurd claims to have cured a case of cataract of both eyes with the juice of *cineraria maritima*. I know of

no proving of the drug, but if it proves to be curative for such a grave trouble as cataract without the use of the knife, then we should use it.

GLAUCOMA.

This is an opacity of the vitreous humor, characterized by a bluish tint seen from without, and the absence of the peculiar characters of cataract, which, in some respects, it resembles as regards the gradual obscuration of vision. As the disease advances the vitreous humour is increased, halos of various colors around the candle or gas-light, the globe hardens, sight grows dim, and often neuralgia and inflammation supervene.

Treatment.—*Aconite* is indicated for inflammation and a feverish condition of the eye.

Arsenicum.—Gray spots and serpent-like bodies moving before the vision; letters become blurred; run together; vanishing of sight.

Belladonna.—Vision obscured as from a white vapor; pupils dilated; deep seated dull pain in back of the eye.

Bryonia.—Eye-balls so painful that the patient can not bear to have them touched.

Iodium.—Optical illusions in bright colors; obscuration of sight, like a veil before the eyes

Ipecac.—Worse from light, especially of a candle. Blue and red halo around the light. Obscuration of sight; eyes inflamed, red.

Phosphorus.—Letters look red when reading; momentary blindness; glaucoma.

Phosphoricum acidum.—Sees colors as a rainbow; blindness, with frequent desire to wink.

Santoninum.—Idiopathic glaucoma, same indications as given under amaurosis.

STRABISMUS.

SQUINTING.

This is a condition in which the axis of one eye is not parallel with that of the other. This is commonly called cross-eyed. When the squint is towards the mesial line, it is called convergent; if outwards, divergent; if confined to one eye, monocular; if the squint alternate between the two eyes, it is called binocular.

Treatment.—*Belladonna*.—Spasmodic motion of the eyes.

Gelsemium.—Eye-balls oscillate when using them.

Hyoscyamus.—Quivering in the eye; spasmodic closing of eye-lids.

Spigelia.—Strabismus from nervous irritation.

Stramonium.—Eyes wide open, staring; brilliant, vacillating, rolling, squinting.

I had a little patient that had strabismus following diphtheria, which readily yielded to *gelsemium* and *spigelia*.

MYOPIA.

NEAR-SIGHTED.

This affection is called short-sight, and depends either on an increase in the refractive power of the eye, or else on an elongation of its axis, so that in either case the rays of light are brought to a focus, before they reach the retina. This condition is usually congenital. It may be acquired.

Treatment.—When congenital, medicines can have but little effect, but if caused by an inflammatory condition of the eyes, then the treatment laid down elsewhere for those conditions must be adopted. If congenital and ordinary type can only be seen at less than twelve inches, the vision is myopic and suitable glasses must be applied.

Conium maculatum.—Weakness of eyes; short-sighted.

Sulphur.—This should be tried in acquired cases,

PRESBYOPIA.

LONG-SIGHTEDNESS.

This depends apparently on a diminished quantity and density of the humors of the eye-ball, through which it becomes flatter, and its refractive powers are diminished. It is one of the earliest signs of impaired nutrition in the aged.

Treatment.—A regulation of the diet and habits of the patient, and the use of the following remedies, should be tried before having a resort to glasses.

Belladonna.—Far-sightedness.

Conium.—Presbyopia, especially of far-sightedness of old persons when it comes on prematurely.

Hyoscyamus.—Far-sighted, clear-sighted; pupils dilated.

Spigelia.—Dilated pupils; far-sighted.

INFLAMMATION OF THE EYE-LIDS.

This affection begins on the margin of the eye-lids; they become red, sore and swollen.

Treatment.—*Apis.*—Bright redness; dread of light; lids feel sore, congested and swollen. Lids dark-red, swollen, excoriation of edges; Edematous, with bag-like swelling under the eyes; feel stiff.

Hepar sulph.—Inflammation of the eye-lids; sore to the touch; lachrymation; little pimples surrounding the inflamed eyes.

Rhus tox.—Lids much swollen and inflamed; the cheek under the eye is dotted with red pimples; lids spasmodically closed.

HORDEOLUM.

STY.

This is an inflammatory projection or boil on the margin of the eye-lids.

Treatment.—*Aconite.*—For pain, inflammation and restlessness.

Calcareo carb.—As sties occur in debilitated persons, or of a strumous diathesis, *calcareo carb.* is a valuable remedy to ward them off or prevent their return.

Lycopodium.—Sties generally appear on the upper lids, near the internal canthus.

Phosphoric acid.—Inflammation of the eyes, and sty on the upper lids.

Pulsatilla.—This remedy is almost specific for sties, especially on upper lids.

Rhus tox.—Inflammation of the lids, and sties on lower lids.

Staphysagria.—Margins of lids dry, with hardened sties, or tarsal tumors.

TARSAL OPHTHALMIA.

GRANULAR EYE-LIDS—ECZEMA PALPEBRARUM.

This is an inflammation causing a thick condition of the conjunctiva lining the lids.

Symptoms.—The lids look red, rough and crusted with dry mucus, which cause an agglutination when sleeping.

Treatment.—*Clematis.*—Chronic inflammation of the borders of the eye-lids, with soreness and swelling of the meibomian.

Kali bichromicum.—Lids red, itching, tender; tarsi seem rough, causing a sensation as from sand in the eyes; granular lids; edema of the lids, great desire to rub them.

Mercurius cor.—Lids edematous, or erysipelatous; red, excoriated; edges swollen, burning, smarting, edges covered with thick crusts or pustules.

Pulsatilla.—Granular lids, dry, or with excessive bland secretion; better in open air, but not in wind.

Sulphur.—Ulceration of the margins of the lids.

Zincum.—Upper lids heavy, as if paralyzed; granular lids after ophthalmia neonatorum.

AGGLUTINATED EYE=LIDS.

In this affection there is irritation or slight inflammation sufficient to cause an exudation of mucus which causes the lids to stick together during the night, and often have to be bathed before they can be opened in the morning:

Treatment.—*Calcareo carb.*—Redness and swelling of the lids, sticking together at night; scrofulous diathesis.

Kali bichromicum.—Edema of the lids; great desire to rub them; lids agglutinated in the morning; yellow matter in the canthi.

Digitalis.—Agglutination of the lids in the morning; dimness of vision; things appear green or yellow (appear red—Bell; black—Cap.); various colors before the eyes.

Kali carbonicum.—Agglutination of lids in the morning; spots, gauze, and black points before eyes; swelling over the upper eye-lids in the morning, like little bags—under the lids, *apis*.

Phosphorus.—Agglutination of the lids in the morning, with secretion of gum during the day.

Mercurius.—Lids swollen, edges ulcerated and scabby.

Rhus tox.—Inflammation of the lids, with agglutination in the morning.

Sulphur.—Coldness of the lids; agglutination of lids at night.

VESICULAR LIDS.

This condition is manifested by small vesicles or blisters forming on the lids.

Treatment.—*Apis.*—Edematous, with bag-like swelling under the eyes, with vesicles.

Euphrasia.—Lids swollen, with vesicles.

Hepar sulphur.—Little pimples and vesicles surround the inflamed eye.

Rhus tox.—Eye-lids edematous, or erysipelatos, with

scattered, watery vesicles; meibomian glands enlarged, cilia fall out.

FISTULA LACHRYMALIS.

This signifies a fistulous aperture at the inner corner of the eye, communicating with the lachrymal sac.

Symptoms.—The eye looks weak and watery, the tears flowing over the lid. The corresponding side of the nostril is dry, owing to the fact that the nasal duct is thickened or closed, which prevents the fluids from passing from the eye through the nose. The lachrymal sac distended with tears forms a small tumor by the side of the nose. At first the fluid is clear, but at last becomes muco-purulent. It may be squeezed upwards through the puncta, or if the obstruction is not complete, it may be pressed downward through the nose.

Causes.—If not congenital, it may be induced by inflammation of the lachrymal sac, and nasal duct.

Prognosis.—If congenital the prognosis is unfavorable, yet a few cases may be benefited by dilating the nasal duct. If due to inflammation, then a large majority may be cured.

Treatment.—I have cured several cases by homœopathic treatment, even after the introduction of the style, or silver probe had failed. I cured two cases of seven and fifteen years standing.

Calcarea carb.—Inflammation and closure of lachrymal ducts; suppurating fistula lachrymalis.

Nitric acid.—Fistula lachrymalis.

Petroleum.—Inflammation of the lachrymal canal; lachrymal fistula.

Pulsatilla.—Inflammation of the lachrymal apparatus, with profuse muco-purulent discharge and fistula lachrymalis.

Silicea.—Inflammation of the lachrymal sac; acute lachrymal fistula.

DISEASES OF THE EAR.

The ear is composed of three parts. 1. External ear. 2. Middle ear, or tympanum. 3. Internal ear, or labyrinth.

The following plate shows some of the most important affections of the ear.

DISEASES OF THE EAR	}	Otitis Externa. Boils or Abscesses. Accumulation of Wax. Absence of Wax. Otitis Interni and Tympani. Deafness. Noises in Ear.
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OTITIS EXTERNA.

INFLAMMATION OF THE EXTERNAL EAR.

This is characterized by heat, redness and swelling of the mucous membrane of the external opening of the ear; that is, between the meatus and drum of the ear. Noises in the ear, deafness and pain, followed by a discharge from the ear; inflammation is followed by enlargement of the mucous follicles, and terminates in suppuration, ulceration, and the formation of scabs, or of painful granulations.

This affection is apt to terminate in resolution, or it may assume the chronic form, accompanied by chronic deafness.

Treatment.—*Aconite* in the first stages may often arrest the disease. If very painful, two drops of the 2x dilution in a teaspoonful of warm water may be put into the ear, and repeated every thirty to sixty minutes till pain subsides.

Belladonna.—Tearing in right external ear and whole right side of face; pinching in ears, first right, then left.

Pulsatilla.—This is the great ear remedy. Otalgia, with

darting, tearing pains, and pulsating at night. External and meatus red and swollen.

Sulphur.—Chronic inflammation, and when the disease is very apt to return. Ears very red.

BOILS OR ABSCESSSES.

Boils or abscesses often form within the meatus. They are very tender or painful, but lead to no serious trouble. Their presence is diagnosed by their closing the meatus.

Treatment.—*Belladonna*, *hepar sulphur* and *silicea* are all beneficial at certain stages. *Belladonna* to arrest their formation, but if they cannot be arrested, then *hepar sulphur* will hasten suppuration. If the ear is very painful and the *aconite* and warm water put in the ears, as recommended under the head of external inflammation, then a small bit of cotton containing a few drops of chloroform wrapped in a piece of dry cotton and placed within the meatus and covered with paper, will often give immediate relief for a short time.

ACCUMULATED WAX.

Sometimes patients complain of being deaf, and hear a cracking sound in the ear when pressing it. The speculum often reveals the ear filled with hard, dry wax.

Treatment.—I order the ear filled with warm olive oil and let it remain several minutes, and syringe the ear with a small ear syringe and warm water until the wax is loosened and washed out.

The following remedies will usually prevent the accumulation of wax in the ears.

Conium maculatum.—Painful, sensitive of hearing; ears feel as if stopped up; accumulation of ear-wax, looking like decayed paper, mixed with pus or mucus.

Petroleum.—Dryness and disagreeable sensation; wax increased, thick or thin; discharge of blood and pus from the ear.

ABSENCE OF WAX.—*Graphites*.—Loss of hearing, with dryness of the ears; sensation as if a skin was before the ears.

Lachesis.—Hardness of hearing with want of wax; dryness in the ears; numbness about the ear and cheek. Ear-wax too hard, pale and insufficient.

OTITIS INTERNA AND TYMPANI.

INFLAMMATION OF THE INTERNAL AND MIDDLE EAR.

There is such an intimate connection existing between the internal and middle ear, and as inflammation can scarcely attack one without involving both, I will treat them as one, for the remedies that are indicated for one are applicable for the other.

These diseases manifest themselves by pain in the internal and middle ear, extending to head, face and throat. There is a throbbing sensation in the ear with roaring and deafness. The fever is often high, face flushed, patient is restless, sleepless, and often delirious. If the disease is not early arrested an abscess forms, and the membrana tympani is perforated. If the perforation is small, there is no damage to the hearing, but if the aperture is large then the hearing may be entirely lost. With prompt and judicious treatment a large majority can be cured without much damage to the hearing. Inflammation of the ear may be acute or chronic, but as they are similar except in the severity of the acute symptoms I will treat of them as one.

Diagnosis.—A child often complains of pain in the ear when it is a reflex from a decayed tooth; by running the finger along the angle of the jaw, if the tooth is involved there will be a tender cord passing to the ear. After an abscess breaks the ear should be cleansed and examined through a speculum and a bright light when the rent in the drum may be plainly seen; but, as often happens, the perforation is barely large enough to permit the pus to flow from the internal ear. If, in that case, and in doubt, we place one end of a rubber tube in our

own ear, and the other end in the affected ear of the patient, and inflate the eustachian tube with the politzer bag, if there is a perforation we feel the air in our own ear.

Treatment.—Our first object is to try to arrest inflammation and prevent abscess.

Aconite.—For fever, pain, heat in ear, and restlessness.

Arsenicum iodatum.—Otitis, with fetid corrosive discharge.

Belladonna.—Face and eyes red with congestion to the head.

Chamomilla.—Pain almost unbearable, and child fretful and wants to be carried all the time.

Mercurius.—Pains extend to the teeth, and are worse in a warm bed.

Pulsatilla.—Darting, tearing pains; inflammation following measles.

Warm local applications are often beneficial to give a few moments temporary relief.

If an abscess bursts, and perforation of the tympanum takes place, then our whole effort must be put forth to try to heal the rent. The ear must be gently syringed out with warm carbolized water. Too much force must be avoided lest the rent might be enlarged, and then again we must avoid filling the internal ear with water, unless the rent is large to permit the wash to flow out again. Immediately after washing out the ear the politzer bag should be used several times so as to cleanse the internal ear of water and pus. The washing and politzer should be used often enough to keep the edges of the rent in the tympanum free from pus or other irritating secretions. The patient may be taught to blow air through the eustachian tube by holding his nose tightly, close the mouth, and then make an effort to expel the air from the lungs, and as it has no other outlet it must pass into the internal ear and out through the perforation in the tympanum. In this way the internal ear can be kept clean. After each washing the ear should be thoroughly dried with absorbing cotton on a probe, and by means of a small rubber bag with a tube the ear

can be dusted with compound *sterated zinc*. This is drying and healing and prevents the excretion of mucus.

OTORRHŒA.

RUNNING OF THE EAR.

This is characterized by an offensive discharge from the ear. It is usually a chronic condition following inflammation. The ear is tender; rough handling causes pain, the child is constantly putting its hand to the ear. Deafness is apt to follow in many cases.

Treatment.—The internal ear must be treated upon the same general principles as laid down in perforation of the tympanum. If the rent is small and the otorrhœa is checked, the patient may hear fairly well; but if the perforation is large, and of long standing, then there is but little hope.

I have relieved several cases of otorrhœa and roaring in ears of from eight to ten years standing; so we can never tell the full capability of the law of similia until fairly tested. I mention some of the most appropriate remedies alphabetically, but the remedy must always be selected by the totality of the symptoms.

Arsenicum.—Roaring in the ears, with each paroxysm of pain. Discharges of cadaverous odor, profuse, ichorous.

Arsenicum iodatum.—Fetid corrosive discharge from the ear following otitis.

Aurum metallicum.—Caries of the mastoid process; obstinate otorrhœa.

Calcaria carb.—Purulent, offensive discharge from the ears; in the scrofulous diathesis.

Capsicum.—Valuable remedy in chronic suppuration of the ears, with bursting headache, chilliness; suppuration of the middle ear, with perforation of the drum, and discharge of yellow pus; particularly in mastoid disease, with tenderness over the petrous bone, threatening to involve the meninges of the brain.

Causticum.—Feeling of obstruction in the ears, with offensive purulent discharge.

Kali brochromicum.—Thick, yellow, fetid discharge from both ears.

Mercurius.—Tearing pains, thick, bloody fetid discharge; glands swollen.

Nitric acid.—Eustachian tubes obstructed, terribly offensive, purulent otorrhœa.

Petroleum.—Eustachian tubes affected, causing whizzing, roaring, cracking, with hardness of hearing; discharge of blood and pus from ear.

Silicea.—Ringing, or roaring in the ears, otorrhœa; offensive, watery, curdy, with soreness of inner nose and crusts on upper lip; after abuse of *mercury*; caries.

Tellurium.—Vesicular eruption on membrane, then supuration and perforation; membrana tympani permanently injured and hearing greatly diminished.

The patient's general health and diet must be looked after.

DEAFNESS AND HARDNESS OF HEARING.

There are many varieties of this affection and many causes. I need not go into detail as the indicated remedy will tell the variety.

Diagnosis.—Mr. Hinton gives the following distinction between deafness from nerve affection and tympanic lesion. He says: The chief means of distinction is the tuning-fork, used in certain ways; the only drawback to its value being the fact that a certain number of persons, otherwise of good hearing, are unable to hear it when placed upon the head; but this is not often of consequence.

1. In a normal state a tuning-fork is heard before the meatus after it has ceased to be heard on the vertex.

2. When placed on the vertex, it is heard more plainly when the meatus is closed.

3. Consequently, when one meatus is closed, the tuning-fork is heard most plainly in the closed ear.

Consequently, says Hinton, in cases of disease, the following inferences seem justified.

1. In case of one-sided deafness, if the tuning-fork when placed on the vertex, is heard more plainly in the deaf, or more deaf-ear, the cause is seated in the conducting apparatus; if it is heard loudest in the better ear, the cause is probably in some part of the nervous apparatus.

2. If on closing the meatus, the tuning-fork is heard decidedly louder, there is no considerable impediment to the passage of sound through the tympanum.

3. If the tuning-fork is heard louder on the vertex, than when placed close before the meatus, the cause of the deafness is in the conducting media.

4. However imperfect the tuning-fork may be heard when placed on the vertex, it gives reason for suspecting only and is not proof of a nerve affection.

When a tuning-fork is not at hand the ticking of a watch placed in the same positions as recommended by Mr. Hinton for the tuning-fork will answer every purpose. In making out our diagnosis as to the degree of deafness we must be governed by the distance a watch is heard ticking from the ear.

Prognosis. — We must be guarded in our prognosis, for there are many circumstances to be taken into consideration before we can be able to give an intelligent opinion as to the curability or the non-curability of any case. If the deafness is due to heredity, and if the drum of the ear has been destroyed by disease, then there is no hope of restoring the hearing. But if the tympanum has not been perforated, and it is in a fairly healthy condition; if there is thickening of the eustachian tubes, or accumulation of mucus from nasal or pharyngeal catarrh; if deafness is caused by acute diseases, and from nervous conditions, then we can hold out fair hopes for the restoration of the hearing.

During my long experience, I have restored many cases

to fairly good degree of hearing, which had been considered hopeless. My own case is proof of this fact. I feel confident that I would be incapable of attending to business to-day, had I not become acquainted with homœopathy, and saved by that treatment. It is a remarkable fact that there is only about one out of every five persons that has perfect hearing in both ears.

Treatment.—In the treatment of deafness, we must look after the cause. If the trouble is in the eustachian tubes, or from catarrhal troubles, etc., we must look after those conditions. Under the head of deafness I will only mention the characteristics of the remedies for that condition, and reserve those for dullness of hearing and roaring in the ears for a separate article.

Arnica.—Deafness from concussion.

Arsenicum.—Hardness of hearing; cannot hear the voice.

Arsenicum iodatum.—Catarrhal inflammation of the throat, nose and middle ear; swelling of the tissues within the nose; hypertrophied condition of the opening of the eustachian tube and increasing deafness. Chronic irritability of the middle ear following scarlet fevers; thickening of the tympanum.

Belladonna.—Extreme sensibility of hearing; deafness, as if a skin were drawn over the ears.

Cactus grandiflorus.—Hardness of hearing from congestion; pulsation in the ears; noise like running water, or buzzing; after otitis.

Calcarea carb.—Deafness; scrofulous inflammations of the ear, with muco-purulent otorrhœa, enlarged glands; chronic inflammation of ear, thickening of the drum.

Gelsemium.—Deafness, the result of catarrh of the middle ear and eustachian tube; several brilliant cures have been made by it. Deafness resulting from *quinine* has been cured.

Graphites.—Deafness, consequent upon catarrh of the middle ear, with feeling as if a membrane covered the ear, or with sensation of valves opening and shutting, and cracking on swallowing, especially with eruptions behind the ears.

Hydrastis.—Catarrhal inflammation of the middle ear and deafness from scarlet fever. Otorrhœa, with thick mucus discharge.

Iodum.—Chronic deafness, with adhesions in the middle ear or granular enlargement; deafness, with chronic catarrh of the eustachian tube, inflammation of the tonsils, roaring in the ears.

Kali bichromicum.—Deafness from chronic suppurative perforation of the drum, and discharge of yellow tenacious pus; eczema of the ears externally, with oozing.

Mercurius.—A valuable remedy for acute and chronic catarrh of the tympanum involving the eustachian tube, with deafness, enlarged glands.

Natrum muriaticum.—Chronic catarrh of the ear, with deafness and various noises, especially cracking when chewing.

Nux vomica.—Deafness, with roaring; auditory canal dry and sensitive, with coryza; itching in the eustachian tube, headache, nausea, creeping chills.

Petroleum.—Deafness, with frequent occipital headache, tearing pains in the ears, as if water were in them; pain in the eustachian tubes, with noises in the ears and deafness.

Pulsatilla.—Deafness, with feeling as though the ears were stopped, or sometimes with pulsation in the ear as from a pulse, nervous deafness, hears better when there is noise, from cold after having hair cut.

Silicea.—Deafness in consequence of inflammation; caries of the mastoid; inflammation in middle ear, with hissing sound; the discharges from the ear are generally curdy and ichorous.

Sulphur.—Deafness, with a variety of inflammations in external and middle ear, and perhaps also in the internal ear.

NOISES IN EAR.

This is a condition with a variety of sounds. There is roaring like the ocean, hissing like steam, and warbling and chirping like insects.

Treatment.—*Cactus*.—Noise in ear like running water or buzzing.

Calcarea phosphorica.—Difficult hearing; singing and other noises, mostly in the right ear.

Causticum.—Buzzing, roaring in ears, with re-echoing of sounds.

China.—Ringing and roaring in the ears, loss of hearing; hearing extremely sensitive to noises. Give it high.

Digitalis.—Buzzing or noises like a steam-engine.

Graphites.—Reverberations in the ear, even his own words and every step; hissing, ringing, rushing, roaring, cracking, or clucking sounds in the ears; violent nocturnal roaring; ears feel stuffed at times; sound of rolling thunder before ears; snapping in the ear after every eructation, as if air penetrated the eustachian tube.

Hepar sulphuris.—Whizzing and throbbing in the ears, with hardness of hearing.

Ignatia.—Sensitiveness to sounds; sound before the ear, as from a strong wind; hard hearing except for speech.

Iodum.—Hearing first sensitive to noise; buzzing in ears.

Stramonium.—Sensation as of wind rushing out of ear.

Sulphur.—Roaring in the ears in evening in bed, with rush of blood to the head; ringing in head coming out at ears.

Veratrum viride.—Roaring in ears; congestion; nausea, vomiting.

GENERATIVE DISEASES.

Under this head I will only treat of female diseases belonging to the general practitioner without any reference to gynecological operations.

FEMALE DISEASES.	{	Amenorrhœa	Suspended Menstruation.
		Dysmenorrhœa	Painful Menstruation.
		Menorrhagia	Excessive Menstruation.
		Hysteralgia	Irritable Uterus.
		Metritis	Inflammation of the Uterus.
		Vaginitis	Inflammation of the Vagina.
		Leucorrhœa	The Whites.
		Metrorrhagia	Hemorrhage from the Uterus.
	Puerperal Peritonitis. .	Child-bed Fever.	
	Ovaritis		

AMENORRHŒA.

SUSPENDED MENSTRUATION.

Under this head may be noticed the following varieties of amenorrhœa: Suppressed; irregular; scanty; recurring too early; lasting too long; vicarious, and cessation at the critical age.

Symptoms.—**DELAY OF THE FIRST.**—Girls complain of back-ache, dark circles around the eyes, and some headache.

Treatment.—*Natrum muriaticum.*—First menses delayed; amenorrhœa. Before menses, anxious, sad, qualmish; sweetish eructations in the morning; headache; eyes heavy, palpitation.

Pulsatilla.—Amenorrhœa at puberty, with nose-bleed, headache, colic, back-ache, gastric catarrh; tearful melancholia, general chilliness.

Sepia.—Amenorrhœa at the age of puberty or later ; delayed menstruation.

Sulphur.—Delayed and difficult first menstruation.

When there are symptoms of the approach of the menses, but tardy, a warm sitz bath in connection with the medicine will hasten its arrival. If the girl is anæmic or chlorotic, then she must be treated for those conditions.

SUPPRESSED MENSTRUATION.—When once the catamenia has been established and it is stopped by cold, wet feet, mental shock, or any other cause, it is called amenorrhœa suppressa—suppressio mensium—suppressed menstruation.

This sometimes leads to serious results to the health of the individual. There is often fever, nausea, headache, back-ache, etc.

Treatment.—*Aconite*.—Feverish ; suppression of the menses from fright.

Colocynthis.—Suppression of menses, caused by chagrin.

Conium maculatum.—Menses suppressed ; too late and scanty.

Dulcamara.—Suppression of the menses from cold.

Lycopodium.—Suppression of menses from fright ; delay of the the first menses.

Opium.—Amenorrhœa from fright ; irresistible drowsiness ; eclampsia, or appearance of flashing of light.

Podophyllum.—Suppressed menses in young females, with pain from motion ; better from lying down.

Pulsatilla.—Menses suppressed, or flow intermittingly ; after getting feet wet ; in chlorosis ; from nervous debility ; with throbbing headache ; pressure in stomach ; pain in uterus ; dysuria ; ophthalmia ; morning nausea ; or bad taste in mouth.

IRREGULAR OR INFREQUENT MENSTRUATION.—This is the condition in which the menses are regular at one time, and at the next they are too late.

Treatment.—*China*.—Profuse and consisting of dark lumps.

Conium maculatum.—Menses suppressed, too late ; scanty.

Cyclamen Europæum.—Menses suppressed or scanty.

Dulcamara.—Menses too late, too short ; bloody, watery, thin.

Iodum.—Menses irregular ; sometimes too early, at others too late ; premature, violent and copious.

Nux moschata.—Menses, irregular in time and quantity ; flow generally dark, thick ; bearing down in abdomen, with drawing in limbs ; pains from small of back downward ; unconquerable drowsiness, mouth dry, hysteric laugh.

Pulsatilla.—Menstruation too late, scanty and of short duration ; flow thick, black, clotted ; or thin, watery ; or changeable in appearance ; flows more during day while walking.

Sulphur.—Menses too late ; of short duration ; or suppressed ; blood thick, dark, acrid, sour smelling ; makes the thighs sore.

MENSES SCANTY.—*Aconite*.—Menses too scanty, or suppressed lochia in plethoric females.

Baryta carb.—Menses scanty, lasts only one day ; before menses, toothache, swollen gums, colic with swelling of the limbs.

Conium maculatum.—Menses ; suppressed ; too late and scanty.

Cyclamen Europæum.—Menses suppressed or scanty, and painful ; dread of fresh air ; after menses, swelling of mammæ, with secretion like milk.

Graphites.—Menses too scanty, with colic.

Natrum muriaticum.—The menses delay, and growing more and more scanty ; very sad and gloomy during the menses, with palpitation of the heart, and morning headache.

Phosphorus.—Menses too early and scanty, with constitutional debility ; chronic diarrhea ; tendency to chest diseases.

Sepia.—Menses too late and too scanty ; suppressed.

MENSES RECURRING TOO EARLY, OR LASTING TOO LONG.
 —*Calcarea carb.*—Catamenia too early and too profuse. The least excitement causes the menses to return; during the menses vertigo, rush of blood to the head, toothache and cold, damp feet.

Calcarea phosphorica.—Menses too early, blood bright, with girls; too late, blood dark, or first bright, then dark, with women.

Causticum.—Menses too early and too profuse, and after ceasing, a little is passed from time to time for days; smell badly and excite itching of the vulva; only during the day.

Ignatia.—Menses scanty, black, of a putrid odor.

Iodum.—Menses, sometimes too early, at others too late; premature, violent and copious.

Ignatia.—Menses, too soon; scanty or too profuse.

Natrum carbonicum.—Menses too early and long lasting; accompanied by tearing headache; nervous, can not bear music; worse in a thunder storm.

Nux vomica.—Menses too early and profuse; flow dark; over-sensitiveness to nervous impressions; faints easily.

Phosphorus.—Menses early, profuse, long lasting; or early, scanty and pale; weeps before the menses; during menses, pains in the small of the back; palpitation.

DYSMENORRHEA.

PAINFUL MENSTRUATION.

This is a condition in which a female often suffers intense pain before, during, or after the flow of the menses.

Treatment.—*Belladonna.*—Painful menstruation, and great pressing towards the genitals, as if everything would protrude; face red.

Caulyphyllum.—Painful menstruation; the flow being normal in quantity; spasmodic dysmenorrhœa; spasmodic, intermittent pains in bladder, stomach, broad ligaments, congestion and irritability of the uterus; scanty flow.

Chamomilla.—Dysmenorrhœa, with labor-like pains; discharge dark and clotted, with tearing pains in the legs.

Cimicifuga.—Menses, profuse, early, dark; blood coagulated; scanty, slightly coagulated; sharp pains across abdomen; has to double up; labor-like pains; debility between periods; scanty flow between menses; suppressed by mental emotions; from cold; from fever.

Cocculus.—Menstrual, colic; the pains are spasmodic and irregular; dysmenorrhœa, always followed by hemorrhoids.

Gelsemium.—Dysmenorrhœa, preceded by sick headache, vomiting; congestion to head; deep red face; bearing down in the abdomen.

Hamamelis virginica.—Dysmenorrhœa, with severe pains through the lumbar and hypogastric region and down the legs; pain in head causing stupor, deep sleep.

Secale cornutum.—Menses too profuse, and lasting too long; with tearing and cutting colic, cold extremities, cold sweat, great weakness, and small pulse; with violent spasms.

Xanthoxylum.—Neuralgic dysmenorrhœa, pains going down the anterior portions of the thighs, mostly left-sided; neuralgic headaches, great bearing down in the abdomen, pains in the back, and down the legs, menses very scanty, thick, almost black.

I wish to advise young practitioners never to dilate the os uteri with instruments for the relief of dysmenorrhœa until medicines have failed to cure. I can say to the praise of homœopathy, that I have cured many and all cases that came under my observation. Some of them were desperate cases. I have never used an instrument to dilate the os uteri since I have been a homœopathist. The indicated remedy should be given a week before the expected monthlies.

MENORRHAGIA.

EXCESSIVE MENSTRUATION.

This includes all conditions of menstruation as to time, quantity, and character of the flow, over and above the nor-

mal conditions. I need not consume time by giving the various symptoms, for as I repeat the remedies it will be readily seen what condition each patient is in. The drain makes telling inroads upon the constitution, unless speedily arrested.

Treatment.—*Aconite*.—Profuse menses, in plethoric females and young girls.

Belladonna.—Profuse discharge of hot, bright red blood; sometimes dark, clotted, and of bad odor; bearing down in the abdomen and womb.

Calcarea phosphoricum.—Menses every two weeks, black and clotted.

Chamomilla.—Profuse discharge of dark and clotted blood, flowing at intervals; frequent desire to pass urine.

Cimicifuga.—Discharge dark and coagulated; severe pain in the back, and down the thighs; aching across the hips and pressing down in the uterus.

Crocus sativa.—Menses profuse and lasting too long, but come at proper time; blood clotted, stringy.

Ignatia.—Menses too frequent, profuse, and long lasting; menstrual blood black, of putrid odor, in clots; patient seems full of grief, frequent sighing.

Iodum.—Menses premature, copious and violent, with great weakness; emaciation, with a good appetite.

Nux moschata.—Menses too early and profuse, with discharge of thick, black blood; tongue and mouth dry, especially after sleeping.

Nux vomica.—Menses too early and too profuse; discharge dark-colored blood; the flow after continuing several days, stops and returns.

Platina.—Too long and profuse menstruation; discharge partly fluid and partly in clots; great pressing down in the genitals.

Sabina.—Menses profuse and debilitating; discharge partly pale-red and partly clotted blood; drawing, tearing pains from the back through to the pubes; very nervous and hysterical.

Secale cornutum.—Too profuse and long-continued menses; discharge dark, liquid blood, increased by motion; suitable to thin, scrawny women.

Sulphur.—The menses last too long; the patient seems almost well, and then it returns again, and again; constant heat on top of head.

Trillium.—Menses at first bright-red, but grow pale, lasting too long; sometimes profuse hemorrhages.

Ustilago.—Flooding lasts for weeks; blood dark-colored, with many clots, and vertigo; dull, heavy headache.

In the treatment of this affection the physician has a good opportunity of displaying his skill in diagnosing the remedies; for it will be seen that each have their own grand characteristics, corresponding with the symptoms of each case.

HYSTERALGIA.

IRRITABLE UTERUS.

This means a hyperæsthesia, or an exalted irritability and morbid sensibility of the nerves of the womb and its appendages. I think that nine-tenths of hysterical and nervous affections of females may be traced to an irritable uterus.

Treatment.—*Belladonna.*—Great pressing towards the genitals, as if everything would protrude.

Caulophyllum.—Sensation, as if the uterus was congested, with fullness and tension in the hypogastric region.

Cimicifuga.—Bearing down in uterine region and small of back, limbs feel heavy; great tenderness on pressure over the uterine region.

China.—Congestion of the uterus, fullness, pressing and heaviness, worse when walking.

Conium maculatum.—Stinging in the neck of the uterus; burning, sore, aching sensation in the region of the uterus.

Graphites.—Pain in uterus when reaching high with the arms; bearing down pain in the uterus to the back, with weakness and sickness.

Helonias dioica.—Profound melancholy, deep undefined depression, with a sensation of soreness and weight in the womb.

Lilium tigrinum.—Severe neuralgic pains in uterus; could not bear touch, not even weight of bed-clothes, or slightest jar.

Platina.—Painful sensitiveness and continual pressure in region of mons veneris and genital organs; induration of uterus.

Rhus tox.—Bearing down, when standing or walking; back-aches, better lying on something hard; prolapsus from over-exertion or straining.

METRITIS.

INFLAMMATION OF THE UTERUS.

This disease may be either acute or chronic, and involves the whole of the womb. When inflammation attacks the internal membranes of the uterus, it is called endometritis. But as the general treatment is about the same, I will include them under one head, and refer the student to works on gynecology for local treatment of endometritis. Acute and chronic metritis have similar symptoms, except the latter is milder in degree.

Symptoms.—The patient first complains of a fullness, heat and irritation of the uterus. Sometimes rigors precede the fever; the lower abdomen is tender on deep pressure, and as the disease progresses the bowels become tender and tympanitic, thus showing that the appendages of the womb are involved; nausea and vomiting are often present.

Diagnosis.—Moderate pressure over the whole abdomen causes pain in simple peritonitis, but deep pressure above the pubes shows tenderness and pain deep in the pelvis when the womb is involved. If in doubt, then a digital examination per vaginum reveals an enlarged, spongy and tender uterus, thus leaving no doubt as to the character of the dis-

ease. Cancer may be diagnosed by the hard, stony feel, and enlarged os uteri. Cauliflower excrescence may be known by the craggy appearance of the tumefaction, which bleeds by rough handling.

Treatment.—*Aconite*.—This is one of the first remedies suggested in all inflammatory conditions, and yet a judicious homœopathist will select his remedy in accordance with the totality of the symptoms. *Aconite* has cutting, lancinating, burning and tearing pains in the uterus, with anguish and fear; intense thirst, and full bounding pulse.

Arnica.—Is called for if inflammation is the result of a blow or concussion.

Arsenicum.—Burning, lancinating pains; the parts burn like fire; great restlessness and fear of death; drinks often, but little at a time.

Belladonna.—Tenderness of the abdomen, the least jar or motion causes suffering; pains excruciating and bearing down; headache and intolerance of light and noise.

Cantharis.—Great heat and burning in the abdomen; constant painful urging and tenesmus of the bladder, passing but a few drops at a time, sometimes mixed with blood.

Colocynth.—Colic, feeling as if the intestines were being squeezed between stones; vomiting and diarrhea.

Hyoscyamus.—Spasmodic jerking of the limbs, face, and eye-lids; furious delirium, with wild, staring look; muttering, and picking at the bed-clothes; wants to be naked.

Ipecac.—Cutting pains, continual nausea and vomiting; green, watery, fermented stools.

Lachesis.—Can not bear any pressure, not even the clothing over the uterine region; the pain in the uterus is relieved for a time by a flow of blood, but soon returns; abdomen distended.

Mercurius.—Lancinating, boring or pressing pains in the genital organs; tongue moist, with great thirst; green, slimy mucus stools with violent tenesmus.

Pulsatilla.—After taking cold; frequent chilliness, even

in a warm room ; metritis, with suppression of the lochial or menstrual discharge ; contractive or labor-like pains in the uterus ; nightly diarrhea.

Warm applications to the lower abdomen, and a vaginal douche of warm carbolized water, are often grateful and beneficial to the patient.

VAGINITIS.

INFLAMMATION OF THE VAGINA.

Symptoms.—The vagina has a dry burning sensation ; very tender and often hot and painful ; pulse full and bounding.

Diagnosis.—Redness and tenderness of the vagina distinguish vaginitis from other diseases of the female organs.

Prognosis.—This is sometimes grave ; fortunately it is a rare affection, except in parturient women. I have seen it in girls of five to fifteen years of age, and found it much more difficult to manage than that occurring in married women.

Treatment.—*Berberis.*—Sensation of burning and soreness in vagina, painful to touch.

Calcarea carb.—Itching or pressing in the vagina, constant aching ; inflammation and swelling of the genitals.

Ferrum.—Swelling and indurations in the vagina, too dry, and prolapsus.

Graphites.—Subacute or chronic inflammation of vagina and neck of uterus ; vesicles or excoriation in the vagina ; it is cold.

Hamamelis virginica.—Vaginitis, intense soreness, and great tenderness of the vagina.

Mercurius.—Inflammation of the vagina, and still more of the external genitals ; prolapsus of the vagina, with sensation of great rawness.

Sulphur.—Catamenia thick, black, acrid, making the parts sore ; burning, painful leucorrhœa, making the parts sore

Thuja.—Vagina extremely sensitive.

If the vagina is not too tender, it may be washed out once

or twice a day with equal parts of warm water and milk; a warm solution of tincture of *hamamelis* and water. Carbonized warm water is also an excellent wash.

LEUCORRHŒA.

THE WHITES.

This is a mucus discharge from the vagina of various colors and consistencies, as will be seen as I give the grand characteristic of the different remedies.

Treatment.—*Aluminum.*—Profuse, purulent, yellowish, corroding discharge, relieved by cold applications.

Ambra.—Discharge of bluish-white mucus, only at night.

Ammonium muriaticum.—Discharge like the white of egg, preceded by a pinching pain around the navel; brown slimy leucorrhœa.

Arsenicum.—Acrid, corroding leucorrhœa, making the parts sore; discharge thick, yellow; dropping out while standing.

Bovista.—Discharge like the white of egg, coming away while walking; also yellowish-green and corrosive.

China.—Bloody leucorrhœa, with occasional discharge of black clots, or fetid purulent matter.

Cocculus.—Discharge like serum, mixed with purulent, ichorous liquid.

Conium.—Leucorrhœa; smarting and excoriating the parts; discharge whitish or milk-colored and painful. Induration or ulceration of the os uteri.

Ignatia.—Purulent, corrosive leucorrhœa, with a weak, empty feeling in the stomach. She seems full of suppressed grief.

Kali bichromicum.—Yellow, ropy leucorrhœa, which can be drawn out in long strings.

Kreosotum.—Putrid, acrid, corrosive leucorrhœa, with great debility.

Lachesis.—Discharge copious, smarting, slimy, stiffening the linen, and staining it green.

Nux vomica.—Fetid leucorrhœa, tinging the linen yellow, with pain in the uterus as if sprained.

Podophyllum.—Discharge consisting of thick, transparent mucus; prolapsus uteri and ani.

Pulsatilla.—Burning; thin acrid leucorrhœa; milky leucorrhœa, with swelling of the vulva.

Sabina.—Excoriating leucorrhœa, with much pruritus; discharge rosy, glassy.

Sepia.—Yellowish, watery, milk-like or mucus leucorrhœa. Dirty yellow spots on the face; very fetid urine, depositing a clay-colored sediment.

Sulphur.—Burning, painful leucorrhœa, making the parts sore; discharge thin, yellowish, preceded by pinching in the hypogastrium; burning in the vagina; constant heat on top of the head.

I have had very gratifying success with *ova testa* 3x, in leucorrhœa of a whitish discharge. I have found good results by washing out the vagina, with a solution of *hydrastis canadensis*, *tincture of calendula*, *borax* and *carbolyzed water*. Either of the tinctures mentioned may be used in the strength of twenty to thirty drops to a pint of tepid or cold water, whichever is most agreeable.

If the case is simple vaginal leucorrhœa, the above treatment will usually cure. If they do not relieve, then we may suspect uterine leucorrhœa, as the result of chronic endometritis, which will require local treatment to the internal organ.

METRORRHAGIA.

HEMORRHAGE FROM THE UTERUS.

This has reference to hemorrhage from the unimpregnated uterus. I may mention that the remedies given under metrorrhagia are also applicable to hemorrhage after miscarriage, during abortion, and post partum hemorrhages. If, however,

there is any uterine obstruction to hinder the contraction of the womb, such as polypus, fibroid, placenta, and clots, they must be removed before the hemorrhage can be arrested.

Treatment.—*Aconite*.—Persons of full habit, especially young girls. Active hemorrhage, with fear of death; very restless and anxious.

Belladonna.—Profuse bright-red blood, which feels hot to the parts; violent pressing downward as if everything would escape through the vulva.

Bryonia.—Discharge of dark-red blood in large quantities, with violent back-ache; nausea and faintness on sitting up in bed; worse when moving.

Chamomilla.—Dark, coagulated blood, with labor-like pains; very impatient and cross.

China.—Dangerous hemorrhage after miscarriage or labor; discharge of clots of dark blood; heaviness of the head, ringing in the ears, loss of sight, and fainting.

I tested this remedy when I first became a homœopathist. I was called to see a case of post partum hemorrhage; I found her sighing, purple around the eyes, dim sight, and nearly pulseless. I put her on *china* every three minutes, and after taking three doses I observed a little rise in the pulse. I continued the remedy every five to thirty minutes, and in half to three quarters of an hour she rallied and made a rapid recovery.

Crocus sativa.—After miscarriage or labor, or from over-exertion; discharge of dark stringy blood, worse from the least exertion; sensation as of something alive in the abdomen; passive hemorrhage, in nervous, hysterical women.

Hyoscyamus.—Labor-like pains in the uterus with hemorrhage; bright-red blood continuing to flow all the time.

Ipecac.—Profuse hemorrhage of bright-red blood, coming away in a gush, with cutting pains around the navel, with bearing down; great weakness and inclination to vomit; after parturition or miscarriage.

Sabina.—Profuse discharge of bright-red blood; sometimes the discharge is dark, leaving blackish clots mixed with thin

watery blood ; pains extending from the back through to the pubes.

Secale cornutum.—Hemorrhage after parturition or miscarriage ; want of action in the uterus ; discharge of dark liquid blood, with little or no pain.

Sepia.—Induration of the neck of the uterus, with spasmodic painful pressure over the sexual organs ; chronic metrorrhagia, when it is excited from the least cause.

Sulphur.—Frequent attacks of hemorrhage ; she seems to get almost well, when it occurs again and again.

If the case is very urgent we should grasp deep in the abdomen and excite the uterus to contraction. A towel rung out in cold water and spread over the bowels, often gives temporary relief, or the abdomen should be showered from a pitcher of cold water from a height. A wet handkerchief may be introduced into the vagina if the other means fail. If the flooding is due to a miscarriage, and the foetus and secundines are still in the womb then a tampon of cotton or other material should be introduced into the vagina and packed tightly and left intact until hemorrhage ceases, then it can be taken out and replaced if necessary. The remedy may be given right along. If the above remedies are given early in threatened abortion they will arrest its progress.

PUERPERAL PERITONITIS.

CHILD-BED FEVER.

This condition often involves the womb and all of its attachments. It is different, however, from simple metritis in view of the fact that the former is contagious, while the latter is not. That is to say in child-bed fever there is an erysipelalous virus generated which is contagious by contact.

Symptoms.—This disease develops, as a rule, between the third and fifth day after delivery. The patient complains of chilliness followed by rigors ; the countenance has a sad, anxious look ; the pulse ranges from 120 to 150

beats per minute; the temperature often going above 105° ; the lochia is suppressed, or intermits, and has a foul odor; the abdomen becomes tender and tympanitic; the knees are drawn up to shield the abdomen from the weight of the bed-clothes; the head aches; the eyes are glistening, and the patient is sometimes delirious. Five or six days are the average duration of the disease, but it may last ten to eleven days.

Prognosis.—In former years this was a most fatal disease among parturient women. Homœopathy, however, has greatly curtailed its mortality, as it has done in all other diseases, and it will still be less, when homœopathic physicians will lay aside the hypodermic syringe, and stick close to the law of similia in the treatment of childbed fever.

Treatment.—*Aconite* and *mercurius cor.* are the remedies, *par excellence*, in child-bed fever, and if given early will give the best show for recovery. As other symptoms may arise, I give a few remedies with their indications.

Belladonna.—Headache, great tenderness in the abdomen, violent pains.

Rhus tox.—Metritis after confinement; she can not lie still, but must change continually to get a little rest; the lower limbs seem powerless, she can hardly draw them up; dry tongue with red lips; typhoid condition, aggravation during rest, especially at night.

Veratrum album.—Puerperal metritis with violent fits of vomiting and diarrhea; coldness of the extremities with deadly-pale face, covered with cold perspiration, suppression of the lochial discharge.

For other indicated remedies see under metritis.

PUERPERAL CONVULSIONS.—Convulsions coming on during labor.

Symptoms.—At some stage of labor the patient has premonitory symptoms of the approach of convulsions. The pain in the head, giddiness, confusion, ringing noises in the ears, obscure vision, temporary loss of sensation, rigors, nausea,

or vomiting. Sometimes, however, the patient has no warning and is immediately thrown into convulsions. The face is swollen, dark-red or purple, tongue protruded, and is often lacerated by the closure of the jaws, with issuing of froth from the mouth.

Causes.—Some suppose it to be due to a reflex action from the irritated uterus to the nervous centers. When death occurs it is preceded by symptoms of uremic poisoning of the brain. Hence this might be avoided by an examination of the urine once in awhile during the latter months of gestation, and keep the urine in a normal condition.

Treatment.—If the convulsions appear suddenly the patient should be anæsthetized as speedily as possible either by *chloroform* or *ether*, and when the patient rallies sufficiently one of the following remedies should be given as indicated.

Aconite.—When the attack is apprehended; flushed face, dry, hot skin, thirst and great restlessness; vertigo on rising.

Argentum nitricum.—Tremor of the limbs, and faintish, weak feeling; sensation as if the body, and especially the face and head expanded. She feels as if the bones of the skull separated, with increased temperature; continually in motion between the spasms.

Belladonna.—Red, bloated face, with distorted eyes and dilated pupils; convulsive jerking of the limbs and muscles of the face. With every pain a spasm comes on, and during the interval more or less tossing about.

Cicuta.—Violent contortions of the upper part of the body and limbs; convulsive tossing of the extremities from one side to another; bluish face with interrupted breathing, and foam at the mouth. After the convulsion she lies motionless, with rigidity of the jaws, and as if dead.

Cuprum metallicum.—Spasms first of the limbs, then of the body; eyes spasmodically closed, and the mouth distorted. Rigidity of the trunk and lower extremities, with closed jaws; vomiting and retching, with colic and cramps in legs.

Hyoscyamus.—Twitching and jerking of the muscles in

the body ; clenching of the thumbs in the palms of the hands ; oppression of the chest, with stertorous breathing.

Opium.—Spasms followed by sopor and stertorous respiration ; bluish, bloated face, with swollen lips.

OVARITIS.

INFLAMMATION OF THE OVARIES.

I will include under this head neuralgia and enlargement of the ovaries.

Symptoms.—Tenderness and pain are felt on one or both sides of the iliac region. The parts become swollen and hot ; she feels languid, with back-ache, headache, and a general nervous condition is developed. If the disease is not arrested at this stage, the ovary enlarges, and frequently an abscess forms.

Treatment.—I wish to emphasize the fact, that if females would apply to homœopathic physicians, in the very first stages of ovarian troubles, nineteen-twentieths of the cases could be cured, and thus save the annoyance of ovarian tumors and the danger of ovariectomy.

Aconite.—If caused by cold, dry winds.

Apis.—Stinging pains in the ovary, right side, which is swollen and tender to touch. Numbness in the right side of the abdomen, extending to the thigh ; ovarian tumor on the right side ; dropsy of the right ovary.

Arsenicum.—Burning or tensive pain in the ovary, extending to the thigh, which feels numb, with great restlessness.

Belladonna.—Stitching, throbbing pains in the right ovary, which is hard and swollen ; great heat and tenderness of the abdomen ; can not bear the least jar ; constant bearing down as if everything would issue from the vagina.

Bryonia.—Stitches in the ovaries on taking a deep inspiration ; suppressed menses, with bleeding of the nose.

Cantharis.—Burning pain, worse during menstruation ;

ovaries extremely sensitive ; constant desire to urinate, passing but a few drops, often mixed with blood.

Conium.—Induration and enlargement of the ovary, with lancinating pains, nausea and vomiting.

Hepar sulphuris.—Enlargement of the ovaries, with great soreness, pain in back ; where suppuration has occurred or abscess imminent.

Lachesis.—Ovaritis of left side ; swelling of the ovary, with drawing, pressing pains ; if pus has already formed ; can not lie on right side.

Platinum.—Ovaries inflamed, with burning pains in paroxysms ; chronic inflammation of ovaries, especially right ; ovaritis has been relieved, even after suppuration has taken place.

I have cured many cases of enlarged ovaries, the size of a large orange, by the use of the foregoing remedies, and the local application of a liniment composed of tincture of *iödine*, one ounce, tincture of *aconite* and *belladonna*, half an ounce each. I have the liniment applied morning and night.

VICARIOUS MENSTRUATION.—This is a condition in which blood issues from the gums, nose, lungs, stomach, arms, bladder, nipples, the end of the fingers and toes, when nature is unable to restore the menses through their normal channel.

Treatment.—This must be adapted to hemorrhages in general, and the menses restored by the remedies given under suppressed menstruation.

CESSATION OF MENSES.

CRITICAL AGE.

This is a period which most women dread. I can not see any reason for it ; for nine-tenths pass through the period with but little inconvenience. The period of ovulation with females is thirty years ; hence if they begin to menstruate at fifteen years of age, they will cease about forty-five. If they begin younger or older they will cease before forty-five or go over.

I knew a lady that bore a child at sixty years of age. It is because some latent disease is developed about the change of life that it is called the critical age.

Treatment.—This must be adapted to the general condition of the patient. If there are excessive flowings at times, then the remedies suggested for hemorrhage will be indicated.

Ferrum.—Before menses, stinging headache, ringing in ears, discharge of long pieces of mucus from uterus; pressure and burning on top of the head.

Glonoinum.—Rush of blood to the head, with throbbing and noises in the head or ears; giddiness.

Lachesis.—Headache and sleeplessness; also flushes.

MISCARRIAGE.

If an impregnated uterus gives up its contents before the sixth month, it is called an abortion; subsequent to this period, premature labor.

Treatment.—*Aconite.*—Threatened miscarriage in consequence of fright; hemorrhage with fear of death.

Apis.—Stinging, labor-like pain in the uterus; sensations as if something in the abdomen would break.

Arnica.—After a fall, blow, concussion, especially if labor-pains set in, with discharge of blood or serous mucus; a sore, bruised feeling all over.

Belladonna.—Face and eyes red, throbbing carotids, severe bearing down; profuse discharge of bright red blood

Cantharis.—Threatened abortion from congestion or ulceration of the cervix uteri. Constant desire to urinate.

Caulophyllum.—Threatened miscarriage, with profuse hemorrhage. Want of action in the uterus; protracted lochia.

Chamomilla.—Periodical labor-like pains, with discharge of dark-colored or coagulated blood.

China.—Hemorrhage unto fainting, giddiness, and loss of

consciousness, ringing in the ears, and coldness of the extremities after miscarriage.

Hyoscyamus.—Discharge of light red blood, with labor-like pains; twitching and jerking of single muscles or spasm of whole body.

Ipecac.—Profuse discharge of bright red blood, with pressure downward; nausea, and cutting pain around the navel.

Pulsatilla.—The discharge is arrested for a little while, then returns with redoubled violence; suffocative spells; she craves fresh air, worse in a close, warm room; retention of the after-birth; mild, tearful women.

Sabina.—Violent forcing or dragging pains extending from the back through to the pubes; discharge profuse, consisting of bright-red, partly fluid and partly clotted blood.

Secale cornutum.—After miscarriage has occurred; copious flow of black, liquid blood, worse from the slightest motion.

MORNING SICKNESS.

From one to five weeks after conception, nausea and vomiting sets in, and lasts until after the third month. The patient feels worse in the morning when first rising, hence it is called morning sickness. It is due to reflex action from the uterus to the stomach.

Treatment.—The case is sometimes a most annoying thing to handle, but when we get symptoms corresponding to our remedies it is readily managed.

Antimonium crudum.—Persisting vomiting, with convulsions.

Arsenicum.—Vomiting, especially after eating or drinking; wants little water but often.

Bryonia.—Nausea immediately on waking in the morning; lips dry and parched; dry mouth and tongue, with much thirst; headache, she feels better by keeping perfectly quiet.

Cocculus.—In the morning she can scarcely rise up on account of nausea and inclination to vomit.

Conium.—Nausea and vomiting; sour eructations, with burning in the stomach; swelling and soreness of the breasts.

Ipecac.—Continual nausea all the time, not a moment's relief; vomiting of large quantities of mucus.

Nux vomica.—Acrid and bitter eructations and regurgitations. She feels as if she would be better if she could vomit.

Phosphorus.—Nausea with hunger early in the morning; sour vomiting and sour eructations.

Sepia.—Nausea in the morning as if all the viscera were turned inside out. The very thought of food sickens her; yellowness across the nose.

Tabacum.—Nausea and vomiting as soon as she begins to move; during pregnancy deathly nausea.

Tartar emetic.—Continuous nausea; vomiting of large quantities of mucus.

Veratrum album.—Constant nausea and ptyalism. Excessive vomiting of bile, mucus, and, lastly, blood. Cold sweat on the forehead; craves cold drinks.

A cup of strong coffee before rising in the morning will give quiet during the day. I have relieved patients by letting them drink sour milk. The colon douche sometimes gives relief. I have seen good results from the application of a bag of ice along the spine for a few minutes. I let my patients eat and drink whatever they crave.

SPERMATORRHŒA.

INVOLUNTARY EMISSIONS.

Like most other writers, I was about to pass this subject by, and yet the health, mentally and physically, of more young men are undermined by this habit than almost anything else. I have heard physicians say to young men that it was a physiological necessity, and hence nothing could be done for it. This is a mistake, for I have relieved many with homœopathic treatment. After the habit continues for several months, the patient becomes despondent, and finally the intellect becomes

impaired. The same results follow by masturbation or self-abuse, both in boys and girls. Nurses should be taught to handle the genital organs of children as little as possible. Spanking children on the hips often develops the sexual desire. Children should be taught that it is very immodest for them to handle those organs more than is absolutely necessary. There is a little too much mock modesty on the part of physicians in giving parents instructions on this all important subject, for if neglected, a bright intellect may be dwarfed.

Treatment.—A cold sponge bath is the first thing to be mentioned to a patient before retiring at night.

Agnus castus.—Emissions at night; semen discharged in a stream, without ejaculation.

Argentum nitricum.—Emissions at night; with lascivious dreams; frequent and copious.

China.—Nocturnal emissions, frequent and debilitating.

Digitalis purpurea.—Nightly emissions, with great weakness of the genitals.

Ferrum.—Seminal emissions, anæmic persons.

Gelsemium.—Involuntary emissions without erections; spermatorrhœa; emission of semen during stool.

Iris versicolor.—Nocturnal emissions, with amorous dreams; coldness and itching of the parts.

Staphysagria.—Effects of onanism; face sunken; abashed look; nocturnal emissions; backache; weak legs; organs relaxed.

Sulphur.—Involuntary discharge of semen, with burning in the urethra.

There are other valuable remedies mentioned, but I have found the above to be sufficient. I neglected to mention *mercurius biniodide* as a valuable remedy in some cases.

APPENDIX.

TOOTHACHE.

As a rule, when a tooth is decayed and can not be saved by filling, it should be extracted. But as there are times when it is best not to extract, then the following remedies are very valuable.

Treatment.—*Aconite*.—Stitching or throbbing pains, with congestion of blood to the head, and great restlessness.

Antimonium crudum.—Pains worse after eating, or from cold water. The gums bleed readily, and recede from the teeth.

Arnica.—Pain after a bruise; cheek swollen, red and hard; sore feeling all through body.

Arsenicum.—Elongation and painful looseness of the teeth; pains extending to ears, cheeks, and temples; restless; drinks often, and but little.

Bryonia.—Pains in carious, and still more in sound teeth; worse at night, or from taking any thing warm in the mouth.

Calcarea carb.—The pains worse from air, by any thing warm or cold, or by the slightest change; scrofulous diathesis.

Carbo veg.—Receding and bleeding gums, with ulcers; teeth loose and sensitive after any thing salty.

Chamomilla.—Pains drive one almost to despair; worse during the night; gums red and swollen.

China.—Periodical pains, relieved by pressing the teeth firmly together; worse from cold air. Nursing females, and persons debilitated from loss of animal fluids.

Coffea.—The pain is relieved by ice-cold water. Head feels contracted or too small; can not sleep; loss of taste.

Cyclamen.—Tearing in the three left molar teeth, as if they were being torn out; lasting all night.

Dulcamara.—From cold, damp weather.

Euphorbium.—Teeth sore to the touch, and are liable to crumble and break off.

Fluoric acid.—Fistula about the teeth and gums. The teeth are extremely sensitive.

Glonoinum.—Pulsating toothache, with headache.

Hyoscyamus.—Swelling of the gums, with a tearing pain and buzzing in the tooth, which appears loose. Spasmodic twitching of the fingers, hands, arms and facial muscles.

Kreosotum.—Toothache, pain extending to the gums. It not only gives relief, in carious toothache, but arrests caries.

Mercurius.—Pains extend to the ear, or jumping toothache, especially at night. Teeth feel sore, loose and too long.

Mezereum.—Pain in the periosteum of the sockets of the teeth, extending to the malar bones and temples.

Nux moschata.—Suitable to children, and women during pregnancy. Better from warm water applications; great dryness of the mouth, and disposition to faint.

Nux vomica.—Toothache after dinner; boring, gnawing toothache, better on inspiring air; worse from mental exertion.

Phosphorus.—Tearing, shooting pains; worse in open air, or from warm food. Decayed teeth, with gum-boils.

Pulsatilla.—Drawing toothache, as if the nerves were put upon the stretch, and let loose again suddenly; worse from warmth, better from cold.

Rhus tox.—Painful soreness of the face; aggravated during rest and in damp weather; better from the application of external heat; prevents caries of the teeth.

Sepia.—Toothache during pregnancy; the pains extend to the ears, and along the arm to the fingers, where they terminate in a creeping sensation.

Silicea.—Suppurations about the sockets of the teeth; toothache from warm food.

Spigelia.—Pain most violent in the decayed teeth; painful jerks, aggravated by cold water.

Staphysagria.—Black, carious teeth which crumble; pale, white, ulcerated, swollen, and painful gums.

Sulphur.—Toothache in the open air, or from draught; the teeth feel elongated; the teeth feel loose when eating; burning heat in top of the head, and cold extremities.

The people should be instructed to keep their teeth clean and free from tartar, and as soon as a tooth begins to decay have it filled with gold or anything but amalgam, for as that contains *mercury* it is liable to affect the system.



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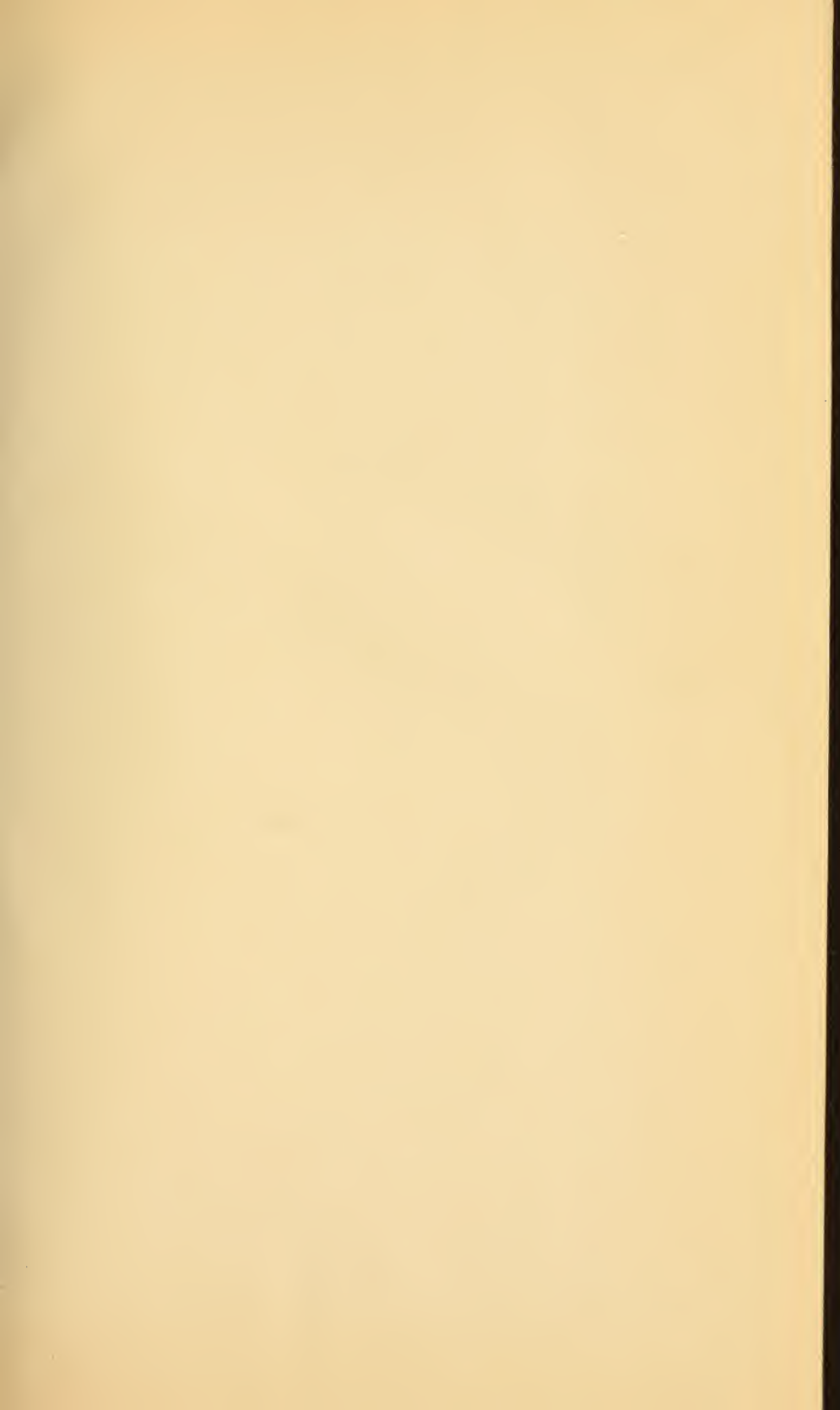
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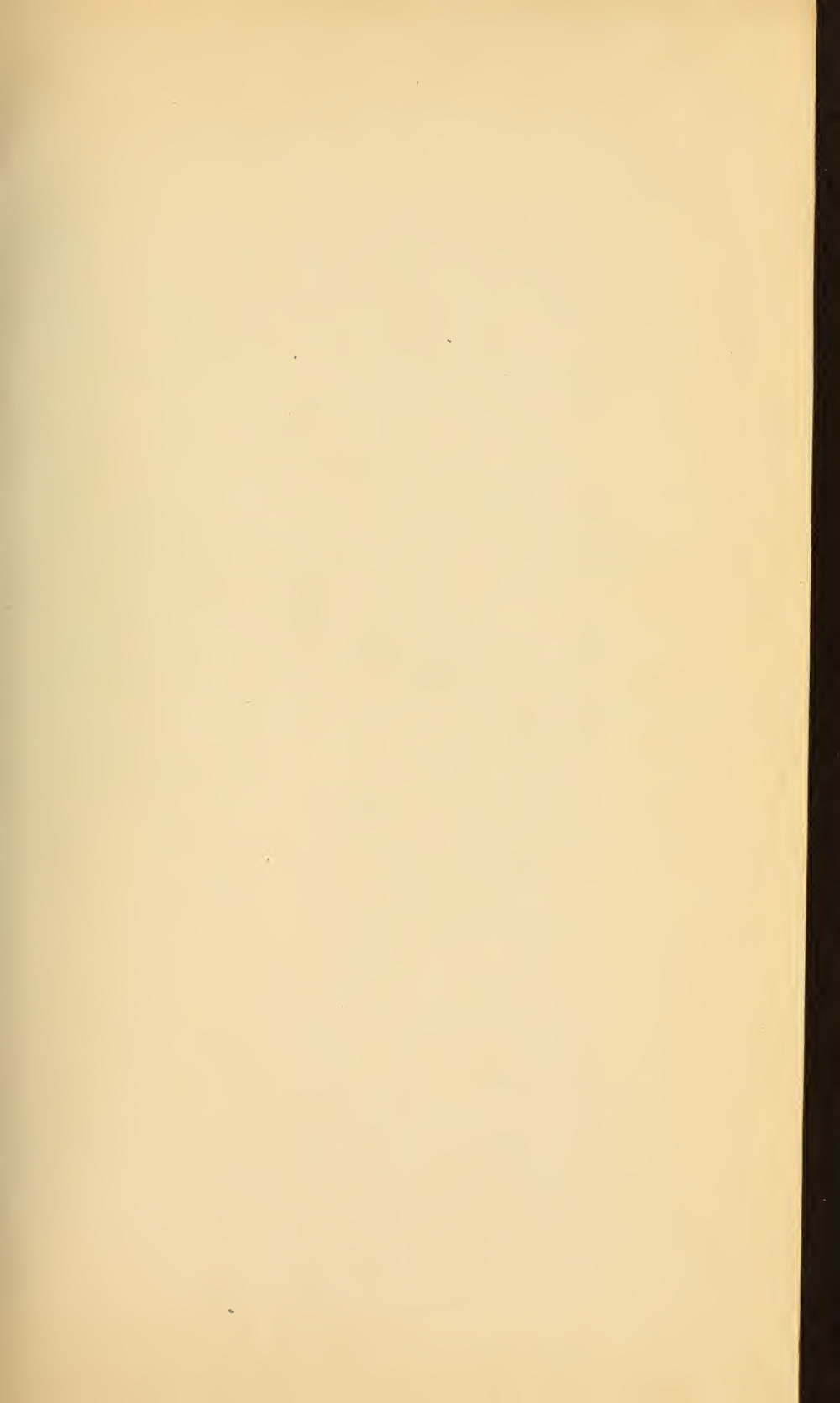
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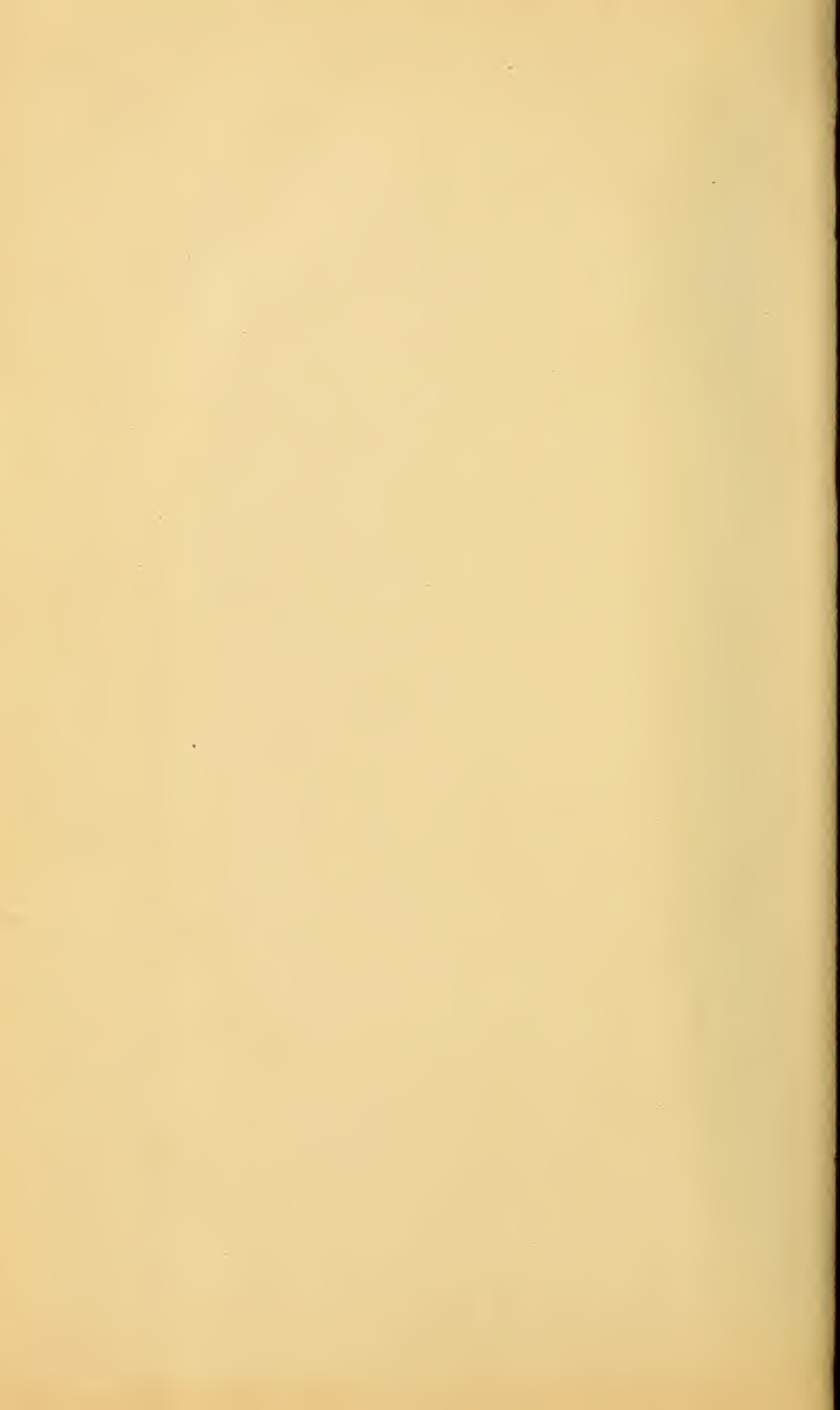
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